



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
January 7, 2019 at 6:00PM
SPECIAL MEETING

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

Board of Directors

Kristin Carpenter exp. 3/20
April Horton exp. 3/19
Greg Meyer exp. 3/19
Linnea Ronnegard exp. 3/21
Gary Graham exp. 3/21

CCMC CEO

Scot Mitchell

OPENING: Call to Order

Roll Call – April Horton, Kristin Carpenter, Linnea Ronnegard, Gary Graham, and Greg Meyer. Establishment of a Quorum

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

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

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

D. BOARD DEVELOPMENT - None

E. APPROVAL OF MINUTES

1. November 29, 2018 Regular Meeting Minutes

Pgs 1-3

F. REPORTS OF OFFICER and ADVISORS

1. Board Chair – None
2. CEO – None
3. Finance – None
4. LTC Nursing – None
5. CAH Nursing – None
6. Quality Improvement/Infection Control – None

G. CORRESPONDENCE

H. ACTION ITEMS

1. CCMC Authority Board of Directors Bylaws Approval
2. 2019 QAPI Plan Approval
3. CAH Periodic Evaluation Approval

Pgs 4-15

Pgs 16-25

Pgs 26-45

I. DISCUSSION ITEMS

J. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker)

Members of the public are given the opportunity to comment on matters which are within the subject matter jurisdiction of the Board and are appropriate for discussion in an open session.

K. BOARD MEMBERS COMMENTS

L. EXECUTIVE SESSION

1. CEO Annual Review

M. ADJOURNMENT

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

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

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
November 29, 2018 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the Board Meeting to order at 6:00pm.

Board members present: **Kristin Carpenter, April Horton (arrived at 6:09pm), Linnea Ronnegard, and Gary Graham.**

A quorum was established. 3 members present.

CCMC staff present: Scot Mitchell, CEO; Kadee Goss, LTC DON; Bill Storck, Interim CFO, Lee Bennett, Barb Jewell, and Faith Wheeler-Jeppson.

A. APPROVAL OF AGENDA

M/ Graham S/ Ronnegard “move to approve the Agenda.”

3 yeas, 0 nay

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Participation ~ None

2. Guest Speaker ~ None

D. BOARD DEVELOPMENT – Energizing Health Care in Cordova – Clay Koplin

Clay provided a PowerPoint presentation outlining several options that could be beneficial to Cordova Electric Cooperative as well as CCMC in the event of an outage that would provide essential power to the hospital.

E. APPROVAL OF MINUTES

M/ Graham S/ Horton “move to approve the October 25, 2018 Regular Meeting Minutes”.

4 yeas, 0 nay

Motion passed

F. REPORTS OF OFFICERS and ADVISORS

1. Board Chair– Kristin Carpenter reported that she had spoken with the Auditor on the 19th of November, there were a couple of things they’re still working through. Kristin, Linnea, and Scot attended the Health Care Collaboration Meeting, and also attended the City Council Budget Worksession with Scot.

2. CEO – Scot Mitchell reported that the CEO report is in the packet, a few additional items to mention are that we have a CFO starting the end of December. Alan Lanning and Scot have a call with PERS tomorrow afternoon. There are a few other CAH hospitals that are in the same situation that CCMC is in with PERS. ASHNHA is willing

to help push this issue. CCMC is also looking into whether Exceptional Relief is a possibility for the hospital.

3. **Finance – Bill Storck** reported that the September and October finance reports are in the packet, and that he would be happy to answer any questions the Board may have.
4. **LTC Nursing – Kadee Goss** reported that her November LTC Nursing report is in the packet, an additional point to bring up is that the CNA's and the Activity Aide had feeding assistance training. The Speech Therapist came, she evaluated our residents and made recommendations and she will continue to come quarterly.
5. **CAH Nursing – Kelly Kedzierski's** November CAH Nursing report is in the packet, if there are any questions Kadee can answer those as Kelly was unable to be here this evening.
6. **Quality Improvement/ Infection Control – Kelly Kedzierski's** QI and Infection Control reports are in the packet.

G. CORRESPONDENCE ~ None

H. ACTION ITEMS

1. 2019 Budget.

M/ Graham S/ Ronnegard "I move that the CCMC Authority Board of Directors approve the 2019 Budget."

4 yeas, 0 nay

Motion passed.

2. CCMC Authority Board of Directors Bylaws

M/ Graham S/ Ronnegard "I move that the CCMC Authority Board of Directors approve the CCMC Authority Board of Directors Bylaws."

4 yeas, 0 nay

Motion passed.

I. DISCUSSION ITEMS

1. Sound Alternatives Update

Barb Jewell, Behavioral Health Program Manager, provided an overview of Community Behavioral Health; what it is and what it isn't. Community Behavioral health is rarely, if ever, provided through or in a hospital which presents challenges in structure, funding and service delivery. Also in the presentation Barb provided information on how Community Behavioral Health is provided here, including populations served, services, and funding streams, much of which has changed in the last three years. Challenges include difficulty recruiting qualified staff, steadily decreasing grant funding, increasingly difficult credentialing and regulatory requirements and significant instability at the state level in terms of administration and leadership turnover. There are opportunities for growth including expanding substance use disorder services and group services, community based services and Developmental Disability services. Barb identified that developing these opportunities

will require increased community outreach, seeking grant opportunities, aggressive recruiting, program development, expanding community partnerships and working on the integration of Behavioral Health and Family Medicine.

2. **CEO Annual Evaluation**

The CEO Evaluation will be at the January 7th Board Meeting.

J. AUDIENCE PARTICIPATION ~ None

K. BOARD MEMBERS COMMENTS

Horton ~ No comment.

Ronnegard ~ No comment.

Carpenter ~ No comment.

Graham ~ No comment.

L. EXECUTIVE SESSION ~ None

M. ADJOURNMENT

M/ Horton S/ Graham "I move to adjourn the meeting."

Carpenter declared the meeting adjourned at 8:37pm.

Prepared by: Faith Wheeler-Jeppson



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: CCMC Authority- Board of Director's Bylaws
Date: 12/31/2018

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Board of Director's Bylaws as presented."

**Cordova Community Medical Center Authority
Board of Directors Bylaws**

Contents

ARTICLE I: ORGANIZATION3
 Section 1: PREAMBLE3
 Section 2: DEFINITION OF CORDOVA COMMUNITY MEDICAL CENTER OR CCMC3
 Section 3: LIMITATIONS OF BYLAWS3
 Section 4: PRINCIPAL OFFICE3
ARTICLE II: GOVERNING BOARD3
 Section 1: GENERAL POWERS3
 Section 2: QUALIFICATIONS3
 Section 3: NUMBER AND TERM OF DIRECTORS4
 Section 4: VACANCIES4
 Section 5: POWERS OF THE AUTHORITY4
ARTICLE III: OFFICERS5
 Section 1: ELECTION AND TERMS5
 Section 2: DUTIES AND RESPONSIBILITIES5
ARTICLE IV: COMMITTEES OF THE GOVERNING BOARD5
 Section 1: DESIGNATION5
ARTICLE V: MEETINGS6
 Section 1: PUBLIC ATTENDANCE6
 Section 2: TIME AND PLACE6
 Section 3: MINUTES6
 Section 4: QUORUM AND ACTION6
ARTICLE VI: CHIEF EXECUTIVE OFFICER7
 Section 1: AUTHORITY AND DUTIES7
ARTICLE VII: MEDICAL STAFF7
 Section 1: ORGANIZATION AND APPOINTMENT7
 Section 2: MEDICAL CARE AND EVALUATION8
 Section 3: MEDICAL STAFF BYLAWS, RULES AND REGULATIONS8
ARTICLE VIII: CONFLICT OF INTEREST8

Section 1: DISCLOSURE8

ARTICLE IX: GENERAL CORPORATE MATTERS9

 Section 1: FISCAL YEAR9

 Section 2: SIGNATURE AUTHORITY AND CONTRACT AUTHORITY.....9

 Section 3: CORPORATE RECORDS9

 Section 4: BOARD INDEMNIFICATION9

 Section 5: CONFIDENTIALITY 10

 Section 6: RELATIONSHIP OF RESPONSIBILITIES..... 10

ARTICLE X: AMENDMENTS 10

ARTICLE XI: ADOPTION 10

Revision History 11

ARTICLE I: ORGANIZATION

Section 1: PREAMBLE

The Cordova Community Medical Center Authority was established as a public corporate authority of the City of Cordova (“City”) on December 21, 2016 by the City Council of the City of Cordova, Alaska, for the purposes of managing the operations of the Cordova Community Medical Center (“CCMC”). This authority is an instrument of the City, but exists independently of and separately from the City, with powers authorized under Section 1-4 of Title 15 of the Cordova Municipal Code. The authority shall continue to exist until terminated by ordinance. When the Authority’s existence is terminated, all of its rights, and control of assets and properties shall pass to the City.

Section 2: DEFINITION OF CORDOVA COMMUNITY MEDICAL CENTER OR CCMC

Cordova Community Medical Center or CCMC shall mean the group of facilities consisting of an acute care hospital, long term care facility and clinic, and all other health care facilities owned and/or operated by the City.

Section 3: LIMITATIONS OF BYLAWS

These Bylaws are subject to applicable provisions of Alaska Statutes relating to units of local government and health care facilities, including but not limited to government ethics, public records and meetings, performance of the duties imposed by statute upon the Cordova Community Medical Center Authority Board of Directors, and City elections as they may exist or hereafter be amended.

Section 4: PRINCIPAL OFFICE

The principal office for the transaction of the business of Cordova Community Medical Center Authority is hereby fixed as the Administration Office of Cordova Community Medical Center, 602 Chase Avenue, PO Box 160, Cordova, Alaska, 99574.

ARTICLE II: GOVERNING BOARD

Section 1: GENERAL POWERS

Subject to the limitations of these Bylaws, and the statutes of the State of Alaska, and the City of Cordova (which, in any case of inconsistency shall supersede), the affairs and property of the Cordova Community Medical Center Authority shall be governed by and under the authority of the Board of Directors.

Section 2: QUALIFICATIONS

Board members shall be qualified electors of the City of Cordova. No member of the Board shall be an employee, or immediate family member (as defined in 42 CFR 1001.1001(a)(2)) or member of the

household of an employee of CCMC or other medical provider in Cordova either now or any time in the past twelve months; a tenant of the facility either now or any time in the past twelve months; a board member or director of a medical provider other than CCMC either now or any time in the past twelve months; a contractor that provides medical or other services to the facility either now or any time in the past twelve months; an employee of any such tenant or contractor either now or any time in the past twelve months; an individual, an immediate family member (as defined in 42 CFR 1001.1001(a)(2)) or a member of the household of an individual, or a managing employee of an entity, that has been excluded from participation in Medicare, Medicaid or any other Federal health care program as listed on the United States Department of Health & Human Services, Office of Inspector General's List of Excluded Individuals/Entities. No member, or former member, of the Board shall be eligible for employment or contracting to provide services to CCMC until at least twelve months have elapsed since they last served on the Board.

Section 3: NUMBER AND TERM OF DIRECTORS

The Authority shall be governed by a Board of Directors consisting of five members, elected by the voters to three year, staggered terms. The term of office of each elected Authority Board member shall begin immediately after the results of the election are certified by the City Council, and the Authority Board member has taken the oath of office and is sworn in.

Section 4: VACANCIES

Vacancies on the Board shall be filled by the Board until the next regular election, when a member shall be elected to serve the rest of the unexpired term in the same manner that a mayor is now or may hereafter be elected to serve the rest of an unexpired term.

Section 5: POWERS OF THE AUTHORITY

The Authority shall have the powers necessary or appropriate to accomplish the purposes of the Cordova Municipal Code Title 15. In furtherance of its corporate powers, the Authority has the following powers:

- A. To sue and be sued. To have a seal and alter it at pleasure.
- B. To adopt, amend, and repeal bylaws for its organization and internal management, however, bylaws regarding notice of meetings shall be adopted consistent with 3.14.020.
- C. To operate and manage the City land and facilities in Authority inventory.
- D. To design, construct, improve, alter, or repair the City land and facilities in the Authority's inventory, subject to budgetary approval.
- E. Subject to 3.10.020, to accept gifts, grants, or loans, and enter into contracts, partnerships, joint ventures, and similar agreements, or other transactions with any governmental or private agency or entity as the Authority considers appropriate.
- F. To deposit or invest its funds.

The Authority Board may maintain membership in any local, state, or national group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency of medical center and community health facilities administration, and in connection therewith, pay dues and fees thereto.

ARTICLE III: OFFICERS

Section 1: ELECTION AND TERMS

The officers of the Authority Board shall be a Chairperson, a Vice Chairperson, and a Secretary/Treasurer, all of whom shall be elected or appointed to one year terms by the Authority Board from amongst its own membership at the first regular meeting in May. Such officers shall hold office until successors shall have been duly elected and qualified. Officers may serve two consecutive one year terms in any office before having to vacate that Office for at least one year before being eligible to serve in that office again. An officer is eligible to serve in a different office, without having to wait for one year.

Section 2: DUTIES AND RESPONSIBILITIES

- A. The Chairperson, serving as the chief governance officer of the Authority Board, shall preside at all meetings of the Authority Board; ensure that the Authority Board fulfills its obligations as set forth in Alaska statutes, City of Cordova Municipal Code, these Bylaws and the Authority governing policies then in effect; and fulfill other responsibilities as may be delegated from time to time in the Board's governing policies.
- B. In the event of the Chairperson's absence, disability or refusal to act, the Vice Chairperson shall have the powers and perform the duties of the Chairperson, and shall have such other powers and duties as the Board may from time to time determine.
- C. The Secretary/Treasurer shall: ensure the issuance of notices of all regular and special meetings on orders of the Chairperson; shall receive and attend to all correspondence of the Board; keep or cause to be kept a record of the Board's proceedings, including minutes of all meetings; and ensure that custody of all records and documents are maintained by the Authority; advise the Authority Board on matters of fiscal policy; ensure that adequate and correct accounts of the Authority's properties and transactions are kept; and shall perform in general all duties incident to the office of Secretary/Treasurer and such other duties as may be required by law, these Bylaws, or which may be assigned, from time-to-time, by the Authority Board of Directors.

ARTICLE IV: COMMITTEES OF THE GOVERNING BOARD

Section 1: DESIGNATION

The Authority Board may establish committees as deemed appropriate in carrying out its purposes. The resolution establishing any such committee shall state the purpose, composition guidelines, timeline and authority of the committee. Committees may be delegated duties and functions not inconsistent with the statutes of the State of Alaska and the City of Cordova Municipal Code. Such committees may be composed of Board members, non-Board members or both. The designation and appointment of any such Committee and the delegation thereto of authority shall not relieve the Authority Board or any individual Board member of any responsibility imposed upon it, him, or her by law.

ARTICLE V: MEETINGS

Section 1: PUBLIC ATTENDANCE

All meetings of the Authority Board, whether regular or special, shall be open to the public unless the subject to be discussed falls within the exceptions pertaining to Executive Sessions contained in Alaska's Government Meetings Public law.

Section 2: TIME AND PLACE

- A. Frequency of Regular Meetings. Regular meetings of the Authority Board shall be held at least once each month.
- B. Special Meetings. The Board shall hold special meetings at the request of the Chief Executive Officer, Chairperson, or any two members of the Board. If the Chairperson is absent from the community, special Board meetings may be held at the request of the Vice Chairperson. Special meetings shall not be held upon less than 24 hours public notice of the time and place of such meeting and its purpose. No business shall be transacted except that which is described in the notice.
- C. Place. Cordova Community Medical Center shall be the usual location of regular Board meetings. With the consent of a majority of the Authority Board members, meetings may be held at any other place within Cordova.
- D. Notice of Regular Meetings. The Authority Board shall provide for and give reasonable, consistent public notice, of the date, time and place for all regular meetings. The notice shall also include a list of the principal subjects anticipated to be considered at the meeting.

Section 3: MINUTES

The Secretary of the Authority Board shall cause to be kept at the principal office of the Authority, a recording of the minutes of all meetings of the Board, showing the time and place, whether a regular or special meeting, and if special, how authorized, the notice given, the names of the directors present, substance of discussion and a statement of the vote of the directors on all motions and resolutions.

Section 4: QUORUM AND ACTION

A majority of the Authority Board members entitled to vote shall constitute a quorum for the conduct of all business. The act of the majority of the Authority Board members present at a meeting at which a quorum is present shall be the act of the Authority Board, unless a greater number is required by any provision of these Bylaws. Board members may participate in meetings in person or via telephone or video conference, as long as all members are able to hear and ask questions during the meeting. The act of a majority of the full five Authority Board members is required to terminate the Chief Executive Officer's employment or contract on a date earlier than the contractual termination date.

ARTICLE VI: CHIEF EXECUTIVE OFFICER

Section 1: AUTHORITY AND DUTIES

- A. The Board of Directors of the Authority shall select the Chief Executive Officer (“CEO”) of the CCMC. The CEO shall serve at the pleasure of the Board. The CEO shall establish and direct all operations of CCMC activities, both internal and external.
- B. The authority and duties of the CEO are as follows:
 - a. The CEO shall be responsible for the overall supervision and direction of the affairs and activities of CCMC. The CEO shall have such authority and duties as may be assigned and directed by the Board and those generally incumbent with CEOs at other hospitals.
 - b. Be responsible for carrying out all applicable federal and state laws, City code, and CCMC rules and regulations. Insure compliance of CCMC with national, state and local standards and accreditation agencies.
 - c. Establishes policies pertaining to total patient care, personnel, medical staff, financial status, public relations, maintenance of building and grounds, all other policies needed for the operation of CCMC under broad directives from the Board. Reviews compliance with established policies by personnel and medical staff. Periodically reviews policies and makes changes as found necessary.
 - d. Establishes departmental staffing patterns. Evaluates job performance, prepares job descriptions, establishes job classifications and sets wage and salary schedules. Hires and discharges employees at CCMC in a manner consistent with federal and state laws and in accordance with the personnel policies of CCMC. Evaluates competence of the work force.
 - e. Work with the professional staff and those concerned with the delivery of quality professional services at the hospital to insure that the best possible care may be rendered to all patients.
 - f. Regularly checks financial status of CCMC and maintains an efficient accounting system to meet the needs of the facility. Develops budget forecasting model, prepares changes to the fee schedules to insure coverage of cost of operations.
 - g. Attends all meetings of the CCMC Boards and all committee meetings of the Board.
 - h. Prepares such reports as may be required on any phase of hospital activity by the Board.
 - i. Represents CCMC in dealings with outside agencies, including governmental and third party payors. Represents CCMC at top level meetings, etc., and participates in such.
 - j. Perform other duties that may be in the best interests of CCMC.

ARTICLE VII: MEDICAL STAFF

Section 1: ORGANIZATION AND APPOINTMENT

- A. The Authority Board shall organize the physicians granted privileges in Cordova Community Medical Center into a Medical Staff under Bylaws, Rules and Regulations approved by the Authority Board. The Authority Board shall consider recommendations from the Medical Staff and appoint physicians, non-physician members, and dependent allied health professionals who meet the qualifications for membership as set forth in the Bylaws of the Medical Staff. Each member shall have appropriate authority and responsibility for the care of his/her patients subject to such limitations as are contained

in these Bylaws and in the Bylaws, Rules and Regulations of the Medical Staff and subject further to any limitations attached to his/her appointment and privileges.

- B. All applications for appointment to the Medical Staff shall be in writing and addressed to the Chief Executive Officer of Cordova Community Medical Center. They shall contain full information concerning the applicant's education and training, licensure, DEA registration, work history/current practice, previous and current hospital affiliations, and any unfavorable history with regard to licensure, privileges, and malpractice suits.
- C. Medical Staff Bylaws and related rules and regulations for the governance and operation of the Medical Staff may be proposed by the Medical Staff to the Authority Board, but only those which are adopted by the Authority Board shall become effective.

Section 2: MEDICAL CARE AND EVALUATION

- A. The Authority Board shall, in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority to insure appropriate professional care for the Cordova Community Medical Center's patients.
- B. The Medical Staff shall conduct an ongoing review and appraisal of the quality of professional care rendered in Cordova Community Medical Center and shall report such activities and their results to the Authority Board.
- C. The Medical Staff shall make recommendations to the Authority Board concerning:
 - a. Appointments, reappointments and other changes in medical staff status.
 - b. Granting of clinical privileges.
 - c. Disciplinary actions.
 - d. All matters relating to professional competency.
 - e. Such specific matters as may be referred to it by the Authority Board.

Section 3: MEDICAL STAFF BYLAWS, RULES AND REGULATIONS

There shall be Bylaws, Rules and Regulations and amendments thereto, for the Medical Staff that set forth its organization and government. Proposed Bylaws, Rules and Regulations should be developed by the Medical Staff and submitted to the Authority Board for adoption. The Authority Board may institute and adopt changes in Medical Staff Bylaws, Rules and Regulations, which are necessary to maintain licensing or accreditation or to meet legal or fiduciary duties, but it shall exercise such rights only after consultation with the Medical Staff.

ARTICLE VIII: CONFLICT OF INTEREST

Section 1: DISCLOSURE

- A. No Authority Board member may vote on any matter in which the member has any financial interest, either directly or indirectly, in their own name or in the name of any other person, association, trust or

corporation. No Board member may represent, either as an agent or otherwise, any person, association, trust or corporation, with respect to any application or bid for any contract or work in regard to which such Board member may be called upon to vote. Nor may any such Board member take or receive, either directly or indirectly, any money or other thing of value as a gift or means of influence in their vote or action in their official capacity.

- B. A board member shall disclose to the Authority Board any conflict of interest in a matter before the Board, before discussion and Board vote on any such matter. A Board member may not take part or be present during any discussion or vote on any matter in which the Board member has a conflict of interest. The Authority Board shall not count a Board member as present for purposes of determining a quorum on any matter in which the Board member has a conflict of interest.

ARTICLE IX: GENERAL CORPORATE MATTERS

Section 1: FISCAL YEAR

The fiscal year of the Authority shall be January 1 through December 31.

Section 2: SIGNATURE AUTHORITY AND CONTRACT AUTHORITY

- A. Except as otherwise provided by law, checks, drafts, promissory notes, orders for payment of money, and other evidences of indebtedness of the Authority shall be signed by the Chief Executive Officer, and countersigned by at least one other person, as designated by Authority.
- B. Contracts, leases or other such instruments executed in the name of and on behalf of the Authority shall be signed by the Chief Executive Officer.

Section 3: CORPORATE RECORDS

The Authority shall keep correct and complete books and records of account, and shall also keep minutes of the proceedings of its Board of Directors and individual committees. The Authority shall keep at its principal office a record giving the names and addresses of its Board of Directors members.

Section 4: BOARD INDEMNIFICATION

- A. Directors and Officers and former Directors and Officers of the Authority and Cordova Community Medical Center shall be indemnified to the fullest extent of the law as provided in the Alaska Statutes 10.20.011(14), or any successor provision or amendment thereto, against expenses actually and reasonably incurred by such person in connection with the defense of any action, suit or proceeding, civil or criminal, in which that person is made a party to by reason of being or having been a Director or Officer, except in relation to matters in which that person was adjudged, in the action, suit or proceeding, to be liable for negligence or misconduct in the performance of his/her corporate duties.
- B. Directors, Officers and employees of the corporation are not liable for corporate obligations.
- C. The Authority may provide insurance to effectuate this section.

Section 5: CONFIDENTIALITY

Board members will protect confidential information learned during the course of their duties and respect the confidentiality appropriate to issues of a sensitive nature. The Authority Board shall comply with all state and federal laws (including the Health Insurance Portability and Accountability Act, HIPAA) regarding the use of confidential patient information and personnel information.

Section 6: RELATIONSHIP OF RESPONSIBILITIES

The Authority Board is ultimately responsible for Authority operations and finances, including the quality of patient care at any hospital or healthcare facility operated by the Authority. Executive Officers of the Authority may be either employees or independent contractors of the Authority. The Authority Board of Directors appoints the Chief Executive Officer, who serves at the pleasure of the Board. The Chief Executive Officer appoints all other executive officers and employees, including employed or independent contractor Medical Staff members. The duties and responsibilities of such executive officers and employees shall be established by the Chief Executive Officer. At any hospital or healthcare facility operated by the Authority, the Medical Staff is a self-governing body, which may consist of employees or independent contractors of the Authority, or independent healthcare providers who are approved to provide healthcare services at the Authority by the Board. The duties and responsibilities of the Medical Staff shall be established in Medical Staff Bylaws adopted by the Medical Staff, subject to approval by the Authority Board of Directors.

ARTICLE X: AMENDMENTS

The power to alter, amend or repeal these Bylaws, or to adopt new Bylaws, is vested in the Authority Board of Directors. Any such amendment may be made at any regular meeting of the Authority Board and shall become effective at the conclusion of the meeting at which made, or at a later time so specified, provided that:

- A. The proposed amendment is presented to the Authority Board at a meeting prior to the meeting at which a vote on the amendment is sought; and
- B. The amendment is approved by two-thirds (2/3) of the Authority Board members serving at the time the amendment is voted on.

ARTICLE XI: ADOPTION

Upon adoption of these Bylaws, all prior Bylaws and amendments thereto are to be of no further force and effect and, provided further, that if any of these Bylaws, or any section or sections are found to be contrary to Alaska Statutes, such Bylaws, section or sections are deemed to have no force and effect, but all remaining Bylaws, section or sections are to remain in full force and effect.

ADOPTED by the Cordova Community Medical Center Authority Board of Directors at their regular meeting on the 27th day of December, 2018.

ATTEST: Kristin Carpenter, Chairperson

ATTEST: Linnea Ronnegard, Secretary/Treasurer

ATTEST: Scot Mitchell, Chief Executive Officer

Revision History

January 7, 2019

Original version approval



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: 2019 QAPI Plan
Date: 12/31/2018

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the 2019 QAPI Plan as presented.”

**QAPI Plan
CCMC Long Term Care
QAPI Plan 2019
Cordova Community
Medical Center Long-Term
Care, Cordova,
AK
Effective Date:
JANUARY 1, 2019**

Design & Scope

Statements and Guiding Principles:

Our Mission: As a partner in our community, Cordova Community Medical Center provides personalized service to support the health and well-being of all people through their journeys in life.

Our Values: Respect, Integrity, Stewardship, Compassion and Excellence

CCMC is dedicated to the highest level of professional and ethical standards in our service to the community. Staff and Administration work in partnership with one another, visiting specialists and their staffs, and other community providers, based on respect and the highest professional standards. Employees comply with all applicable federal and state laws and regulations in the course of carrying out CCMC's mission, act honestly and with integrity at all times, and provide the best possible care to all patients in a friendly, helpful and compassionate manner.

Types of Care and Services:

Skilled Nursing

Long-Term Care

Post-acute care

Pharmacy

Dietary

Dining

Dietician

Housekeeping

Laundry

Janitorial

Maintenance

Building

Landscaping/Grounds keeping

Therapy

Outpatient

Physical

Skilled Rehabilitation

Occupational

Equipment

Health Information Services

EHR/EMR

MDS

Social Services

Activities

Care Coordination

Mental Health

Staff Education

On-boarding and Orientation
Internal Continuing Education
External Continuing Education
(Conferences, Symposiums, etc.)

Business Office

Staffing
Billing
Human Resources

Addressing Care and Services:

CCMC Long Term Care QAPI Plan Effective date: January 1, 2019

The QAPI program will aim for safety and high quality with all clinical interventions and service delivery while emphasizing autonomy, choice, and quality of daily life for residents and family by ensuring our data collection tools and monitoring systems are in place and are consistent for proactive analysis, system failure analysis, and corrective action.

We will utilize the best available evidence (e.g. data, national benchmarks, and published best practices, clinical guidelines to define and measure our goals.

The scope of the QAPI program encompasses all types and segments of care and services that impact clinical care, quality of life, resident choice, and care transitions. These include, but are not limited to, customer service, care management, patient safety, credentialing, provider relations, human resources, finance, and information technology.

Aspects of service and care are measured against established performance goals and key measures are monitored and trended on a quarterly and/or annual basis.

Defining and Measuring Goals:

The organization will use national benchmarks provided by national associations, clinical organizations, and federal and state provided databases (e.g. CMS Quality Measures, Five-Star Quality Rating System, survey data) to establish baselines for organizational practices and goal-setting. The organization will continue to monitor progress toward goals by comparing its results to these benchmarks and its historical performance.

Governance & Leadership

Administrative Leaders:

Name Role:

Scot Mitchell Chief Executive Officer / Administrator

Kristin Carpenter Board Chairperson

April Horton Board Vice Chairperson

Linnea Ronnegard Board Treasurer

Gary Graham

Greg Meyer

Direction of QAPI Activities:

CCMC Long Term Care QAPI Plan Effective date: January 1, 2019

The Governing Body and Quality Improvement Committee of the nursing center develop a culture that involves leadership-seeking input from nursing center staff, residents, their families, and other stakeholders.

The Governing Body is responsible for the development and implementation of the QAPI program. The Governing Body is responsible for:

- 1) Identifying and prioritizing problems based on performance indicator data.
- 2) Incorporating resident and staff input that reflects organizational processes, functions, and services provided to residents.
- 3) Ensuring that corrective actions address gaps in the system and are evaluated for effectiveness.
- 4) Setting clear expectations for safety, quality, rights, choice, and respect.
- 5) Ensuring adequate resources exist to conduct QAPI efforts.

The Quality Improvement Committee reports to the executive leadership and Governing Body and is responsible for:

- 1) Meeting, at minimum, on a quarterly basis; more frequently, if necessary.
- 2) Coordinating and evaluating QAPI program activities.
- 3) Developing and implementing appropriate plans of action to correct identified quality deficiencies.

- 4) Regularly reviewing and analyzing data collected under the QAPI program and data resulting from drug regimen review and acting on available data to make improvements.
- 5) Determining areas for PIPs and Plan-Do-Study-Act (PDSA) rapid cycle improvement projects.
- 6) Analyzing the QAPI program performance to identify and follow up on areas of concern and/or opportunities for improvement.

Staff QAPI Adoption:

The QAPI program will be structured to incorporate input, participation, and responsibility at all levels. The Governing Body and Quality Improvement Committee of the nursing center will develop a culture that involves leadership-seeking input from nursing center staff, residents, their families, and other stakeholders; encourages and requires staff participation in QAPI initiatives when necessary; and holds staff accountable for taking ownership and responsibility of assigned QAPI activities and duties.

QAA/QI/QAPI Committee

QAA/QI/QAPI Committee Members:

Medical Director/Designee: Hannah Sanders, MD

Administrator/Owner/Board Member/Other Leader:

Scot Mitchell

Director(s) of Nursing Services: Kadee Goss, RN-LTC & Kelly Kedzierski, RN-CAH

Infection Prevention & Control Officer: Kelly Kedzierski, RN

Additional Committee Members:

Name Role

Hannah Sanders, MD Chief of Staff

Randall Draney, Chief Financial Officer

Faith Wheeler, Corporate Compliance

Kim Wilson, Human Resources

Holly Rikkola, Health Information Management (HIM)

Heidi Voss, PharmD Pharmacist

Vivian Knop, Materials Manager

Malvin Fajardo, Facility Manager

Susan Banks, Dietary Manager

Barbara Jewel, Sound Alternatives Executive Director

Carmen Nourie, Medical Laboratory Technologist

Radiology, Technologist: James Cowin

Physical Therapist, Mitchell Luce

Feedback, Data Systems & Monitoring

Monitoring Process:

The system to monitor care and services will continuously draw data from multiple sources. These feedback systems will actively incorporate input from staff, residents, families, and others, as appropriate. Performance indicators will be used to monitor a wide range of processes and outcomes, and will include a review of findings against benchmarks and/or targets that have been established to identify potential opportunities for improvement and corrective action. The system also maintains a system that will track and monitor adverse events that will be investigated every time they occur.

Action plans will be implemented to prevent recurrence.

CCMC will take a systematic approach to evaluating potential problems and opportunities for improvement through continuous cycles of data gathering and analysis. This is accomplished through a variety of assessments such as resident, family, and staff interviews; resident observations; medical record reviews; in-depth clinical reviews; facility level process reviews; and MDS data analysis.

Monitored Data Sources:

Assessments

QAPI Assessments

Resident-Level Investigations

Facility-Level Investigations

Resident Satisfaction

Family Satisfaction

CMS

Comparative Survey Data

Survey Data

Five Star Quality Rating System

CMS Quality Measures

State Survey Reports

Industry Associations

AHCA/NCAL Trend Tracker

Internal Systems

Resident/Family Complaints

Resident/Family Suggestions

Staff Complaints

Staff Suggestions

MDS

EMR/EHR

Additional Systems:

Adverse/Never Event Tracking System:

Medication Errors, Falls with Injuries, Infections, Elopement

Method of Monitoring Multiple Data Sources:

Information will be collected on a routine basis from the previously identified sources and the data will be analyzed against the appropriate benchmarks and target goals for the organization.

Performance Improvement Projects (PIPs)

Overall PIP Plan:

Performance Improvement Projects will be a concentrated effort on a particular problem in one area of the nursing center or on a facility-wide basis. They will involve gathering information systematically to clarify issues or problems and intervening for improvements. The nursing center will conduct PIPs to examine and improve care or services in areas that the nursing center identifies as needing attention.

PIP Determination Process:

Areas for improvement are identified by routinely and systematically assessing quality of care and service, and include high risk, high volume, and problem prone areas. Consideration will be given to the incidence, prevalence, and severity of problems, especially those that affect health outcomes, resident safety, autonomy, choice, quality of life, and care coordination. All staff are responsible for assisting in the identification of opportunities for improvement and are subject to selection for participation in PIPs.

Assigning Team Members:

When a performance improvement opportunity is identified as a priority, the Quality Improvement Committee will initiate the process to charter a PIP team. This charter describes the scope and objectives of the improvement project so the team working on it has a clear understanding of what they are being asked to accomplish. Team members will be identified from internal and external sources by the Quality Improvement Committee or designated project manager, and with relationship to their skills, service provision, job function, and/or area of expertise to address the performance improvement topic.

Managing PIP Teams:

The PIP project director or manager will manage the day-to-day operations of the PIP and will report directly to the Quality Improvement Committee.

Documenting PIPs:

PIPs will be documented continuously during execution. The documentation will include the overall goals for the project and will identify team members, define appropriate measures, root cause analysis findings, interventions, PDSA cycle findings, meeting minutes, target dates, and overall conclusions.

Systematic Analysis & Systemic Action

Recognizing Problems and Improvement Opportunities:

We will use a thorough and highly organized/structured root cause analysis approach (e.g. Failure Mode and Effects Analysis, Flow Charting, Five Whys, Fishbone Diagrams, etc.) to determine if and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. This systematic approach will help to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change.

These systemic actions will look comprehensively across all involved systems to prevent future events and promote sustained improvement. The focus will be on continuous learning and improvement.

Identifying Change as an Improvement:

CCMC Long Term Care QAPI Plan

Changes will be implemented using an organized and systematic process. The process will depend on the nature of the change to be implemented, but will always include clear communication of the structure, purpose, and goals of the change to all involved parties. Measures will be established that will monitor progress and change during PDSA cycles for PIPs and widespread improvement activities.

Communications & Evaluation

Internal and External QAPI Communication:

Regular reports and updates will be provided to the Board of Directors, management, staff, resident/family council, external partners, and other stakeholders. This will be accomplished through multiple communications channels and media such as staff meetings, new hire orientation, staff training sessions, e-mail updates and memos, storyboards, resident and family councils, newsletter articles, administration reports, local media, and social media.

Identifying a Working QAPI Plan:

On at least an annual basis, or as needed, the QAPI Self-Assessment will be conducted. This will be completed with the input from the entire QAPI team and organizational leadership. The results of this assessment will direct us to areas we need to work on in order to establish and improve QAPI programs and processes in our organization.

We will also conduct an annual facility assessment to identify gaps in care and service delivery in order to provide necessary services. These items will be considered in the development and implementation of the QAPI plan.

Assessment results over time.

Revising your QAPI Plan:

The Quality Improvement Committee will review and submit proposed revisions to the Governing Body for approval on an annual and/or as needed basis.

Record of Plan Review:

Name Date Reviewed:

December 19, 2018

This document is intended to contain information, reports, statements, or memoranda that are subject to the "medical peer review" privilege or comparable state statute. This document is confidential and is meant for the intended recipient only. It is prepared as an integral part of Quality Assurance and Performance Improvement (QAPI) and it is used by the QAPI Committee to help identify, assess, and evaluate, through self-critical analysis, quality and performance issues. Further, it is used to develop initiatives to improve quality of care and quality of life for residents. If you have received this document in error, please delete it from your records.

CCMC Long Term Care QAPI Plan Effective date: January 1, 2019



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: CAH Periodic Evaluation
Date: 12/31/2018

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the CAH Periodic Evaluation as presented.”

To: Cordova Community Medical Center Authority Board of Directors
From: Scot Mitchell, FACHE, Chief Executive Officer
RE: Critical Access Hospital Periodic Evaluation for 2017
Date: December 28, 2018

A review of Cordova Community Medical Center was conducted for the calendar year 2017 as required by the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation for Critical Access Hospitals. This annual report is submitted to you for your review and approval. The information for this report was collected by the Leadership Team at CCMC. I have compiled the report and it has been reviewed by the Leadership Team, Quality Management Committee and the Medical Staff.

EXECUTIVE SUMMARY

2017 was another year of transition for CCMC. For many years now, the facility has been subject to a great deal of staff turnover, which has led to a significant lack of continuity of leadership within the facility. CCMC started seeing a change in this phenomena in 2016. Dr. Sanders joined Dr. Blackadar on the Medical Staff in 2016, so the organization had two full-time local, board certified physicians in 2017. This is the first time in more than 15 years that CCMC had two full-time local physicians on staff. As the new CEO started in June 2016, a concerted effort was made to try to address the lack of full-time local staff. Numerous staff, especially in nursing were hired in 2017, which has reduced the reliance on temporary staff. The lack of leadership continuity is still a significant issue facing CCMC, without it you cannot adequately develop and implement improvement plans.

With the addition of the two new physicians over the past two years, CCMC has seen a continuity of the Medical Staff that has led to an increase in patient volumes and a reduction in transfers out of the facility. Our acute care patient days went down by 2%, while our emergency room visits dropped slightly to just under 2 per day. Clinic visits last year increased 9% over 2016, which is the second straight year of clinic visits increasing by 9%.

We saw a significant increase in swing bed patient days due to having several swing patients awaiting placement in a nursing home bed. We had 1,418 swing bed days in 2017, compared to 237 in 2016. Our average length of stay was 71.3 hours, below the CAH requirement of 96 hours. More detailed information is included in the main report.

We continued restoring our quality improvement program in 2017. Staff has developed and the board approved a QI plan for 2017, so we are now on the way to improving our quality program. CCMC participates in the Partnership for Patients program between the Alaska State Hospital and Nursing Home Association and the Washington State Hospital Association. Our Nursing Home was one of only three nursing homes in Alaska to be awarded the Excellence in Quality award in 2017.

CCMC has a contract with the Healthcare Quality Service for external physician peer review. 100% of acute and observation admissions, transfers, blood transfusions and unexpected deaths are subject to internal physician peer review. CCMC has a contract with Partners in Health Network, an NCQA certified Credentials Verification Organization, to perform the primary source verification for the physician privileging.

As part of this CAH evaluation, every clinical service impacting health and safety, including contracted services, were evaluated and reviewed by the Quality Management Committee. There was an issue noted in radiology services that has led to the process of changing radiology services providers in 2018.

The clinical policies review process was used, but not fully, to evaluate those policies. As a result most of the policies were reviewed and some changes were recommended and approved. A new process has now been implemented to improve this process.

2017 saw a change in the governance structure of CCMC. The hospital is owned by the City of Cordova, and in December 2016, the City Council passed an ordinance that created the Cordova Community Medical Center Authority. Instead of the City Council serving as the Health Services Board, the CCMC Authority Board of Directors is now a five member board elected by the voters of Cordova.

Recommendation

The Critical Access Hospital program continues to meet the needs of CCMC from a clinical perspective, as well as a financial one. While still financially struggling, it would be very difficult to continue operations without the CAH designation. The clinical services provided by CCMC are appropriate for the needs of the community.

MAIN REPORT

Financial Review

Like a lot of critical access hospitals, CCMC has struggled financially for many years. There are several factors at play for our facility. The geographic isolation of Cordova, combined with a small population limits the volume of utilization of services, but we are still required to provide certain services, which means having the staff, equipment and supplies for services that will never receive enough utilization to allow us to recover our fixed costs. The high cost of being located in Alaska also puts us at a disadvantage. It is extremely difficult to recruit and retain quality healthcare professionals in such a remote, frontier area. Despite these, and other factors, CCMC continued to make improvements in our financial situation for the second year in a row.

The end of 2017 was improved over 2016 as it pertains to the balance sheet. Total current assets increased to \$2,884,648, which is more than 115% above the previous year. Accounts payable increased by 25% compared to the prior year. Other changes included the reduction of net pension liability by almost \$3 million, based on updated data from the Public Employees Retirement System pension fund, which was finally determined by the State of Alaska under the GASB 68 accounting standard.

2017 total net patient revenue increased more than \$1.5 million dollars, or 21%. Total operating revenues in 2017 increased 19% to \$10,512,449. This is due mainly to the significant increase in swing bed volume from Medicaid patients.

Wages increased by 17% in 2017 as compared to 2016. This was due to a continued focus on reducing the reliance on temporary staff in the latter half of 2016 into 2017. Professional fees and purchased services dropped about 25% from 2016. A significant portion of the almost \$500,000 drop was due to hiring more permanent staff and reducing the use of traveling nurses.

Total expenses dropped around 21% from 2016 levels. A significant portion of that drop was due to the reduction in pension liability. CCMC ended 2017 with an operating gain of \$144,415 compared to a loss of \$3,726,310 in 2016.

Volume and Utilization of Services










Facility Capacity

Cordova Community Medical Center is licensed as a Critical Access Hospital by the State of Alaska for 23 beds. Ten of those beds are designated as long term care and the remaining 13 are dual licensed as acute care and swing bed. The emergency department has two beds, and does have the capability to expand when surge capacity is required. The laboratory was staffed with two full-time technicians. The imaging department had one full-time technician who also covered on-call almost entirely by himself. Our rehabilitation department had one Occupational Therapist, who left during 2017, and a Physical Therapist position that was covered by temporary staff for the entire year.

Our family medicine clinic had two full-time board certified family medicine physicians in 2017, who also covered call 24/7 for the emergency department. Dr. Hannah Sanders and Dr. Sam Blackadar were in the clinic all year, marking the first time in more than a decade that CCMC had two permanent, board certified full-time physicians who live in Cordova.

Volumes

CCMC saw both increase and decreases in utilization of services in 2017. For example, the number of acute care admissions dropped 15% from 2016 to 2017. Clinic visits increased 7% over the previous year. Although swing bed admissions increased by two admissions, the number of swing bed days actually increased by almost 600%. This was due to an increase in the Medicaid swing bed admissions that were awaiting placement in a nursing home bed. Emergency room visits and laboratory procedures dropped from 2016 volumes. Radiology procedures decreased 22% in 2017, partially due to the drop in ER visits. Rehabilitation services dropped by about one-quarter due to losing occupational therapy services in 2017. The occupancy of our nursing home increased slightly, as we were full for the entire year. The number of behavioral health visits increased 8%. The table below show utilization volumes from various CCMC departments, as pulled from our electronic health record system. We believe these numbers to be fairly accurate, but due to issues with the system we suspect slight variances from actual. We also made a few minor adjustments from previously reported volumes in 2016 due to a more accurate counting.

| Statistic | 2016 | 2017 | % Change |
|------------------------------|-------|-------|--|
| Acute Admissions | 81 | 69 | -15%  |
| Acute Patient Days | 210 | 205 | -2%  |
| Swing Bed Admissions | 17 | 19 | 12%  |
| Swing Bed Patient Days | 237 | 1,418 | 598%  |
| Long Term Care Resident Days | 3,637 | 3,650 | 0%  |
| Observation Patients | 71 | 48 | -32%  |
| Emergency Room Visits | 694 | 604 | -13%  |
| Clinic Visits | 2,593 | 2,775 | 7%  |
| Laboratory Procedures | 3,896 | 3,854 | -1%  |

| | | | | |
|--|--------|--------|------|---|
| Radiology Procedures | 871 | 679 | -22% | ↓ |
| Rehabilitation Procedures (includes PT & OT) | 5,318 | 3,895 | -27% | ↓ |
| Sound Alternatives Visits | 967 | 1,049 | 8% | ↑ |
| Total Meals Served | 20,935 | 24,116 | 15% | ↑ |
| Total Laundry Pounds | 56,398 | 67,750 | 20% | ↑ |

Average Length of Stay

In 2017 the acute care average length of stay for the 69 admissions was 71.3 hours, well under the 96 hour average required for the CAH conditions of participation. CCMC did have 14 acute care patients who had lengths of stay longer than the 96 hour average. In comparison, the acute care length of stay in 2016 was 62.2 hours for the 81 admissions. There were 16 patients that year with a length of stay longer than 96 hours.

| Average Length of Stay | 2016 | 2017 | % Change | |
|--|-------|-------|----------|---|
| Acute care average length of stay (hours) | 62.2 | 71.3 | 15% | ↑ |
| Number of patients with LOS more than 96 hours | 16 | 14 | -12% | ↓ |
| Swing bed average length of stay (days) | 13.9 | 74.6 | 537% | ↑ |
| Observation average length of stay (hours) | 17.85 | 19.45 | 9% | ↑ |

Transfers

With the addition of Dr. Blackadar and Dr. Sanders over the past two years, CCMC has seen a significant decrease in the number transfers out of our facility when compared to previous years. Another positive impact on reducing transfers was seen when the CT scanner was installed in the winter of 2016. We had 36 transfers in 2016 and only 22 in 2017. When you consider the average costs of emergency transfers via airplane from Cordova, the reduction in 2016 saved local citizens about \$500,000. The Medical Staff reviews all transfers to determine the appropriateness of the transfers as well as to identify any potential issues with EMTALA compliance. There were no instances of inappropriate transfers and no instances of lack of compliance with EMTALA regulations.

| Transfers | 2016 | 2017 | % Change | |
|--------------------------|------|------|----------|---|
| Inpatient Transfers | 6 | 5 | -17% | ↓ |
| Emergency Room Transfers | 30 | 17 | -43% | ↓ |
| Total Transfers | 36 | 22 | -39% | ↓ |

Medical Record Review

Health Information Management Reviews

The HIM department reviews 100% of the patient records, both inpatient and outpatient as well as the clinic, as part of their routine monitoring program. These chart reviews include abstracting data from each episode of care to determine if required documentation is present. The following items are reviewed for inclusion in the patient charts: complete and accurate physician and nurse notes, lab results and imaging reports are scanned into the chart, all ordered medications are documented appropriately, other test results are scanned into the chart and any other information specific to the patient is included to

make the chart complete and accurate. HIM also serves as a double check to make sure we are capturing all charges for services provided.

In 2017 the HIM department reviewed 6,072 patient episodes (which is a 31% increase from 2016 when there were 4,629 patient episodes) and abstracted the inpatient, outpatient and clinic charts for their review. The table below shows the top deficiencies and opportunities for improvement noted during the review. We saw improvement in clinical documentation in 2017 over 2016 in order status, incomplete or inaccurate documentation and missing or inaccurate charges. We did see an increase in the number of charts with missing diagnoses that needed to be addressed.

| Deficiency Area | Number of Charts with Deficiency | Percentage of Charts |
|--|----------------------------------|----------------------|
| Order status | 81 | 1.3% |
| Incomplete or inaccurate documentation | 165 | 2.7% |
| Missing or inaccurate charges | 126 | 2.0% |
| Missing diagnosis | 58 | 0.1% |

When a documentation deficiency is found during the chart review, the HIM department works with the appropriate provider, nurse or ancillary staff member to correct the problem. This process is completed shortly after the patient episode has occurred, which helps increase accuracy for future charts.

Medical Staff and Peer Review

The Medical Staff of CCMC has undergone significant changes over the past several years. The current Medical Staff has been actively involved in improving the many roles that the Medical Staff plays in the hospital, clinic and nursing home settings. For example in 2015 there was really no peer review process until Dr. Blackadar joined the staff and he instituted an internal review process and led the process to contracting with an outside peer review entity for cases that needed an external review. CCMC contracted with Healthcare Quality Service, based out of Seattle, Washington in October 2015 for external physician peer review services.

The CCMC Medical Staff has implemented a process whereby they perform internal reviews of 100% of all of the following cases:

- Admissions to acute care
- Admissions to observation
- Transfers
- Blood transfusions
- Unexpected deaths

These internal reviews of the physician’s cases are conducted by the other physician. The Medical Staff has also recently started utilizing locum tenens physicians to perform peer reviews when they are onsite. There were no instances of inappropriate care or adverse outcomes noted as part of these reviews in 2017.

Review of Services

Nursing Services

The CCMC Nursing Department provides nursing services for several areas, including acute care, swing bed, emergency room, observation and clinic. A Registered Nurse (RN) is on duty 24 hours a day, 7 days a week in the acute care department. An RN or Licensed Practical Nurse (LPN) is also available 24/7 in the nursing home as well. In addition, Certified Nursing Assistants are also scheduled on both the day and night shifts in the nursing home. All of the nursing staff is trained in Basic Life Support and the RN's are also trained in Advanced Cardiac Life Support, Pediatric Advanced Life Support and specialty training in trauma care.

In the acute care setting, the nurses provide skilled nursing services for those patients who are generally expected to stay less than 96 hours. The acute care status is generally what people think of when someone is admitted to the hospital. Swing bed care is a category whereby the status of the patient can 'swing' between acute care and skilled care. Observation bed services are available when a patient needs short term care and monitoring, while giving the physician an opportunity to determine if the patient needs to be admitted for a longer amount of time.

The CCMC long term care unit is licensed for 10 beds, which stayed full the entire year of 2017. Our nursing home provides restorative care that focuses on helping the residents maintain their functional abilities and preventing their physical decline. The nursing staff is trained in managing difficult behaviors, dementia and Alzheimer's disease along with the nuances of caring for the completely disabled.

The emergency room is available 24 hours a day, 7 days a week to provide care to those with serious illnesses and injuries. Initial assessment and stabilization is provided by a Registered Nurse, who contacts the physician to come to the ER to treat the patient. Our policies require our physicians to arrive in the emergency room within 30 minutes of being called. In reality, our physician response time is much quicker than 30 minutes.

The nursing department was active in 2017 in many improvement processes. Below is a brief overview of some of the nursing services accomplishments last year.

- Continued evidence based nursing procedures by ongoing use of Lippincott Learning system
- During 2017 we reviewed new Electronic Health Records which we implemented in 2018.
- Participated in two disaster drills along with the Cordova Fire Department.
- All immunizations performed are being tracked on the Alaska VacTrak system
- Successfully developed a Plan of Correction for the nursing area deficiencies in the long term care surveys
- In conjunction with the Medical Staff continued education on all new hired nurses as well as annual education on clinical protocols for conscious sedation.

Clinic

CCMC's provider based family health clinic continued to establish a regular patient base in 2017 with two permanent, full-time physicians on staff. Patients appreciated the continuity of care and generally saw either Dr. Hannah Sanders or Dr. Charles Blackadar for non-emergent symptoms, creating a primary care provider relationship many patients had not had for years. Patient numbers increased from 2,377 in 2016 to 2,775 in 2017, the same increase of 9% from the previous year.

Services offered in the clinic include:

- Comprehensive family medicine
- Routine health prevention
- Coordinated disease management including diabetes, heart disease, pulmonary and rheumatologic conditions
- Comprehensive women’s healthcare
- Family planning
- Prenatal care
- Well child checkups
- Adult and pediatric vaccines
- Merchant Marine/Coast Guard physicals
- Sports physicals and school entry physicals
- Non-operative orthopedics
- Dermatologic conditions including skin exams and removal or biopsy of suspicious lesions
- Visits from a pediatrician in January, April, and July 2017

Additional services began in 2018 include regular visits from an OB/GYN and we are currently working on bi-monthly visits from a pediatrician.

Laboratory

Services and Scope:

Cordova Community Medical Center Laboratory is a CLIA certified, moderate complexity laboratory, operating under the direction of Patricia Morse, MT (ASCP), under contract with Providence Alaska Medical Center.

Tests Performed in House:

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

Tests Added in 2017:

Lactate (Abbott iSTAT system)

Additional Services:

Cordova Community Medical Center Laboratory offers collection and processing of chain of custody drug screening specimens for employers and healthcare providers.

Hours and Availability:

Laboratory service personnel are available for outpatient services Monday through Friday from 8:00 am 12: 00 noon and from 1:00 pm to 5:00 pm. Testing personnel are on call and available any time outside those hours, including weekends. Drug screen collection services are provided on a walk in basis Monday through Friday from 9:00 am to 11:00 am, and 1:00 pm to 3:00 pm.

Test Statistics:

| CHEMISTRY | # | CHEMISTRY (continued) | # | HEMATOLOGY | # |
|----------------------|----------|----------------------------------|---------------|-----------------------------------|----------|
| Albumin | 367 | Hemoglobin A1C | 71 | Complete Blood Count | 621 |
| Alkaline Phosphatase | 367 | Lactate | 7 | Hemogram | 641 |
| ALT | 369 | Lipase | 45 | Platelet Count | 622 |
| Amylase | 1 | Magnesium | 118 | Sedimentation Rate | 63 |
| AST | 369 | Myoglobin | 4 | WBC Differential, automated | 621 |
| Bilirubin, Direct | 10 | Phosphorus | 98 | | |
| Bilirubin, Total | 377 | Potassium | 669 | COAGULATION | |
| Blood Gases | 8 | Sodium | 669 | PT/INR | 100 |
| BNP | 65 | Total Protein | 367 | | |
| BUN | 669 | Triglycerides | 115 | Screening / Kit Testing | |
| Calcium | 672 | Troponin | 97 | Clostridium difficile | 0 |
| Carbon Dioxide | 669 | Uric Acid | 672 | Drugs of Abuse (qualitative) | 70 |
| Chloride | 669 | | | HCG, qualitative (serum or urine) | 39 |
| Cholesterol | 115 | URINE | | Helicobacter pylori | 41 |
| Creatine Kinase | 7 | Urinalysis, auto microscopy | 329 | Influenza A/B | 38 |
| CK-MB | 4 | Creatinine | 1 | Mononucleosis | |
| Creatinine, blood | 699 | HCG(qualitative) | see kit tests | Respiratory Syncychial Virus | 16 |
| D-Dimer | 34 | Microalbumin | 1 | Streptococcus A | 71 |
| Ethanol | 35 | | | Stool Occult Blood | 6 |

Totals: Chemistry 8438 Urine 331 Hematology 2568 Coagulation 100 Kit Tests 281
Total Tests Performed in 2017: 11,718

Blood Utilization:

| Product | # |
|--|----------|
| Uncrossmatched O negative, emergency release | 2 |
| Crossmatched, transfusion scheduled at CCMC | 18 |

Reference Testing Statistics:

| LABORATORY | # |
|-------------------|----------|
| PAMC | 85 |
| Quest | 1376 |

Total Reference Lab Tests: 1461

Top 20 Reference Tests:

| TEST NAME | # |
|-------------------------------|----------|
| Culture, urine | 132 |
| TSH | 102 |
| Chlamydia/Gonorrhea | 44 |
| Organism Identification | 37 |
| Susceptibilities (antibiotic) | 31 |
| PSA, total | 26 |
| Culture, wound | 25 |
| RPR | 21 |
| Free T4 | 20 |
| C-Reactive Protein | 20 |

Radiology

Cordova Community Medical Center has maintained x-ray and ultrasound equipment for use in providing diagnostic imaging services. Computed Tomography (CT or CAT scan) services were launched in February 2016, which added a much needed modality to the diagnostic imaging services repertoire. Not only did the CT services help enhance the quality of care to the community we serve, it was also a significant component in helping to reduce the number of transfers from CCMC to other hospitals outside Cordova. We performed 541 x-rays in 2017. There were 138 CT scans performed in 2017.

Rehabilitation

In 2017, the CCMC Rehabilitation department went through some organizational changes. Occupational Therapy had been provided by a permanent OT, who was also the director of the Rehabilitation department. The OT person moved to another state, and due to the low volumes, we were not able to justify replacing the OT. Physical Therapy was provided by temporary staff that was available full time throughout the entire year. Physical therapy billed units decreased 27% from 5,318 in 2016 to 3,895 in 2017.

Behavioral Health

The Sound Alternatives Behavioral Health and Developmental Disabilities Department exists to help improve the quality of life for all local residents, particularly those with mental or emotional problems, substance abuse and addiction problems and/or developmental disability limitations. We do this by

promoting health and well-being, fostering self-sufficiency and empowering all individuals toward a more productive community contribution.

2017 was a year of transition for Sound Alternatives. Two long time administrators and a clinician retired which prompted a review of both operations and service delivery. For most of the year the department operated with 1-1.25 FTE clinicians rather than the planned for 2FTE's and an Interim Executive Director. The administrative positions were combined and beginning in October 2017, the department was restructured to function with 4.5 FTE, a decrease of 1 FTE, not including the casual DD direct service providers.

Below is an overview of the services provided by Sound Alternatives staff.

- Comprehensive integrated intake assessment for mental health and substance abuse
- Individual outpatient psychotherapy for children, youth and adults
- Family therapy
- Group therapy
- Psychiatric evaluations
- 24/7 on-call crisis intervention
- Functional assessments
- Referral to other providers as necessary
- Outreach services
- EAP counseling to CCMC employees
- Consultation for hospital staff and community agencies as requested
- Rehabilitation services for substance abuse and behavioral health disorders
- Medicaid Waiver Services
- Case Management
- Disability awareness and training
- Tele-psychiatry for medication evaluation and management

The total volume of behavioral health visits to Sound Alternatives in 2017 was 1022 compared to 1,081 in 2016 and 1,152 in 2015.

A survey of community members (N=27) taken during the annual Health Fair indicated that 96% would feel comfortable seeking services at Sound Alternatives, 44% had received services at Sound Alternatives, but most of those surveyed were unaware of the range of services offered (only 11% were aware of most services offered).

Disability Services

In 2017 Developmental Disability services were provided to 4 Medicaid Waiver recipients and 3 grant recipients. Services included Respite, Day Habilitation and In Home Habilitation supports. 7000 hours of service were provided. This area of service also underwent significant changes in 2017 due to several factors; Waiver Recipients moving out of town or being terminated from service, staffing changes and structural changes at the state level including requiring Care coordination to be provided by agencies that were not also providing services.

Of 4 participants surveyed, 1 recipient was dissatisfied with services, the remainder were satisfied but wanted more services, more access to qualified staff and care coordination provided in town.

Food & Nutrition Services

The Food & Nutrition Services (FNS) department provides Long Term Care (LTC) residents, Swing Bed residents, and Acute Care patients with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration their preferences.

A rotating 5-week cycle menu and a daily alternative menu are used to offer meal choices to help residents and patients maintain acceptable parameters of nutritional status.

In 2017, as part of our continuing process of improving the resident's dining experience, we replaced meal tray service with a Breakfast Bar, and 100% of residents surveyed rated the breakfast bar from good to excellent.

CCMC employs a Certified Dietary Manager (CDM) and contracts with a Registered Dietitian. They work together to complete nutrition assessments for LTC and Swing Bed residents and represent FNS at the resident care conferences. The care conferences provide the opportunity for residents, family members, and POAs to ask questions and express concerns about the nutrition care provided, and establish goals to reach desired outcome while residing at CCMC.

CCMC has partnered with a State of Alaska Nutrition, Transportation and Support grant for more than 20 years. This program provides congregate meals in the CCMC cafeteria or home delivered meals to elderly shut-ins. Transportation is also provided for the elderly as well as the disabled. These services are available Monday-Friday, excluding CCMC holidays. The meals and transportation are provided for a suggested donation, but no payment is required. In the annual 2017 satisfaction survey, 100% of the surveyed are in the program's target population, rated services good to excellent and said these services help to maintain or increase quality of life. 12% of all recipients need assistance with 2 or more instrumental and/ or basic activities of daily living. In 2017 CCMC provided 4042 cafeteria meals, 2944 home delivered and 2053 rides, including 363 rides involving wheel chair assistance.

Total meals served in 2018 rose 12% from the previous year, from 20,891 meals in 2016 to 24,116 in 2017. The largest increase was in Swing Bed patient meals, rising for 691 in 2016 to 4,293 in 2017.

Social Services

The Social Services department carries out the following broad categories of duties for CCMC: work with other health care entities to facilitate transfers to our facility; completes long term care and swing bed authorizations and re-authorizations when due; assess and document bi-psycho-social assessments of patients and residents; discuss discharge plans with patients and families; facilitates interdisciplinary team meetings and quarterly care conferences; helps arrange for the safe discharge of patients and residents. These are just a few of the social services duties performed.

Retail Pharmacy

Cordova Community Medical Center opened a retail pharmacy at the end of November 2017. In December, CCMC purchased Cordova Drug's prescription files and inventory and CCMC Pharmacy became

the only pharmacy in Cordova. While open in 2017, the pharmacy filled 568 prescriptions in a very short time. CCMC Pharmacy is a 340b pharmacy, which allows us to purchase some medications at a discount. The savings from this program allows CCMC to stretch federal resources and provide more comprehensive services to patients.

The pharmacy provides many services:

- New prescriptions
- Refills
- Prescription transfers
- Over-the-counter products
- Pharmacist consultation
- Medication adherence services
- Medication therapy management
- Contracts with most insurance plans
- Workers compensation billing

In the future CCMC Pharmacy is looking to expand services. We started providing long term care pharmacy services to our nursing home in 2018, and we're planning to grow our prescription and over the counter sales, provide adherence and bubble packing services for retail patients, and administer immunizations covered by Medicare Part D insurance.

Review of Contract Services

Pharmacist

CCMC currently has contracted with a Consultant Pharmacist, Adam Baxter, RPh. Mr. Baxter comes onsite to CCMC on a quarterly basis which coincides with the quarterly care conferences for the long term care residents. During his visits, the Pharmacy and Therapeutics (P&T) Committee also meets. He completes medication reviews each month while off site, so we do not incur travel expenses. The P&T Committee conducted a yearly evaluation of pharmacy services and found the service from Mr. Baxter was meeting the needs of our facility.

Dietician

Renee Legan, RDN, LD is our contract dietitian. She comes on-site quarterly to coincide with the LTC resident care conferences. During her on-site visit she attends the care conferences as a member of the Interdisciplinary Team and also conducts chart reviews and audits to assure compliance with Local, State, and Federal regulations. Throughout the year she is available for consultations, approves menu changes, assists in reviewing and drafting FNS policies & procedures.

Reference Laboratory

The CCMC laboratory has been using Quest Diagnostics as our main reference lab for several years now. Quest performs the majority of our reference lab tests. Specimens are transported via Alaska Airlines Goldstreak service to Quest. In 2016, the medical staff expressed concerns about the turnaround time for receiving results of cultures sent to Quest for review. As a result of the analysis of this issue, it was

found that we can receive faster turnaround times on cultures by using Providence Alaska Medical Center instead of Quest. There are several factors at play in this issue, so staff is using the quickest method to get these results returned so the physicians can use that information in their care plans for patients. Providence Alaska Medical Center is also contracted with CCMC to provide a CLIA director for our laboratory.

Blood Bank Services

Blood Bank of Alaska provides blood products for CCMC. We receive four units of O negative blood every three weeks. These units are kept in the laboratory for use in case of an emergency transfusion. If the units are not used before the next shipment is received, the original units are returned to Blood Bank of Alaska so we will always have four fresh units of blood on stock. Blood Bank of Alaska also provides processing and transport of blood products in the event a CCMC patient requires a transfusion of type specific, cross matched blood. The services received from Blood Bank of Alaska have been sufficient to meet the needs of our patients.

Radiology

Radiology Associates, PC (RAPC) has been the contracted radiology service for several years now. They read all of the images produced in our radiology department. RAPC provides their services via telemedicine only, and do not provide onsite medical services. Over the past year or so, we have seen some issues with a lack of providing us with quality improvement reports as well as some credentialing issues. With the concerns about RAPC service, we have been conducting research into switching our radiology professional services to a different group. The transition process to a new provider is still ongoing and will be completed before the end of 2018.

Pediatrics Specialty Clinic

Dr. Susan Beesley is certified by the American Board of Pediatrics and provided care to the children of Cordova on a quarterly basis in the CCMC clinic. Dr. Beesley provided comprehensive pediatric care in a very busy schedule that fills up weeks in advance of her visits. Due to changes in air transportation in 2017, Dr. Beesley is no longer able to provide these services. CCMC is now negotiating with Alaska Neonatology Group to provide pediatrics specialty clinics.

Medication Management

Medication management is an important component of the care plan for our patients. CCMC takes a multi-disciplinary approach to medication management that involves the Medical Staff, Nursing Staff, Pharmacy and Therapeutics Committee and the consulting pharmacist. Both formal and informal communication strategies are utilized to review medication therapy for our patients, and any one of the above groups can escalate concerns about any medication issues.

Quality Improvement

Excessive turnover in the past has made it very challenging for the facility to develop and implement an effective quality improvement program. The Health Services Board approved the 2017 Continuous Quality Improvement Plan in December of 2016. In July of 2017 hired a nurse as Quality Improvement Coordinator as one of her essential responsibilities. There were a total of 7 Quality Improvement

Committee meetings in 2017: Which were held in February 2017, April 2017, July 2017, August 2017, September 2017, November 2017, December 2017. At these meetings each department was responsible to report on the progress of their Quality improvement project along with supplying to the committee chair a brief written summary.

The CCMC Quality Management Committee (QMC) is tasked with the responsibility to oversee this plan. Below are the specific responsibilities as outlined in the approved plan.

- Ensuring that the review functions for each department and sub-committee are completed
- Ensuring that the quality plan is reviewed and acted upon appropriately and includes:
 - Review of long term care and critical access hospital regulatory updates
 - Review of life safety regulatory updates
 - Provide a summary report to the QMC on a quarterly basis
- Prioritizing and reviewing issues referred to the QMC
- Ensuring that data obtained through QI activities are analyzed, recommendations made and appropriate follow-up of problem resolution is done
- Covering utilization review
- Ensuring completion of periodic evaluation functions to meet Conditions of Participation requirements as a critical access hospital.

For 2017 CCMC did submit MIPS quality data for Dr. Blackadar, in the areas of hemoglobin A1C control in diabetic patients, Breast cancer screening, tobacco use in adults, and tobacco use in adolescents, Medication reconciliation post discharge, and documentation of current medications. As a result of this data submission, Dr. Blackadar was not subject to the reimbursement penalty in 2018.

Infection Control

The same lack of continuity in leadership that impacted the infection control program in 2016 also affected it in the beginning of 2017. Accountability for the infection control program had been the responsibility of the Director of Nursing. There had been minimal activity in this area in the first half of 2017. There was a positive shift in July of 2017 when CCMC hired a nurse with Infection Prevention and Control as one of her essential responsibilities. October 9, 10, and 11th, 2017 CCMC's Infection Control Nurse attended an Infection Prevention Boot Camp sponsored by ASHNA. On November 16, 2017 CCMC's Infection Control nurse received a Certificate of Completion of Specialized Training for successfully completing "Infection Preventionist Control Officer Training".

To mitigate the risk of infection, to protect our patients, community and staff CCMC's infection control committee has been having quarterly or more frequent meetings to ensure that we are keeping track of the infection prevention and control needs throughout the hospital as well as addressing concerns that could potentially affect the community. In 2017 CCMC's infection control committee meetings were held in July, September, October, November and December. These meetings consist of multidisciplinary reports and review of compliance of areas being monitored.

Some areas we monitor include:

- Food storage, preparation, serving and dish rooms, refrigerators, freezers, ice machines, inpatient rooms, treatment areas, lab, supply storage, equipment cleaning, and laundry.
- Hand hygiene– infection prevention through monitoring of hand hygiene compliance.
- Equipment cleaning– preventing the spread of infection through ensuring equipment cleaning compliance.
- Education and Compliance– preventing the spread of infection through administering an effective education and compliance program.
- Isolation practices– infection prevention by adhering to established evidence based isolation practices. Including educating patients and patient visitors and family.
- Antibiotic Stewardship- a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.

Policy Review

CCMC has utilized the Quality Management Committee (QMC) as the main method for reviewing and approving policies. The members of the QMC are the Chief Executive Officer, Medical Director, Director of Nursing, Department Managers and the Chief Financial Officer. The individual departments are responsible for reviewing current policies and writing new policies as needed. Once the policies are reviewed by the Department Managers, they are brought to the QMC for final review. New policies followed the same procedure and were then taken to the Health Services Board for final approval.

Again, the lack of continuity in staffing has led to less than perfect performance in this area. The following departments did complete the full review of their policies in 2017: Administration, Dietary, Health Information Management, Infection Control, Materials Management, Pharmacy, Radiology, Senior Services, Social Services and Sterile Processing. The Long Term Care and Nursing departments completed a partial review of their policies. In order to address this area of need, in early 2017 CCMC developed a new more streamlined methodology for the annual policy review process, and is now using a new online process for writing and reviewing policies utilizing the MCN Healthcare system.

Organizational Plans

Quality Improvement

The quality improvement plan utilizes the following sub-committees to help complete its functions:

- Fire/Safety/Disaster
- Infection Control
- Medical Staff
- Pharmacy and Therapeutics
- Quality Improvement
- Utilization Review.

The Board approved a plan for 2017 in December of 2016. The approved plan for 2017 includes 39 different quality improvement projects between the hospital, nursing home and clinic. Each department manager is responsible for identifying quality indicators, collecting and analyzing data, developing and implementing changes to improve service delivery, identifying educational needs and ensuring that staff education for quality improvement takes place and monitoring to assure that improvement is made and sustained.

Infection Control

CCMC's infection control plan has been updated to include the purpose and policy statement. The goals of the infection control program are to:

1. Decrease the risk of infection to patients/residents and personnel.
2. Monitor for occurrence of infection and implement appropriate control measures.
3. Identify and correct problems relating to infection prevention practices.
4. Limit unprotected exposure to pathogens throughout the hospital.
5. Minimize the risk associated with procedures, medical devices, and medical equipment.
6. Maintain compliance with state and federal regulations relating to infection prevention.

Corporate Compliance

In 2017 the existing CCMC Corporate Compliance policies were combined to establish an updated and more comprehensive Corporate Compliance Plan, this plan was instituted in January of 2018.

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

When a compliance issue is reported, an initial investigation is started, all of the supporting information is gathered and the details are reported to the Chief Executive Officer. The CEO will review the complaint and if an employee is involved, the employee related information will be shared with the department manager for resolution. When the matter is resolved, the method of resolution is documented and the issue is closed. In 2017, there was one potential compliance issue reported relating to a potential HIPAA Violation, it was resolved appropriately. This is a reduction from the two issues reported in 2016.

Disaster

The CCMC Emergency Management Plan was reviewed and approved with limited changes by the Fire/Safety/Disaster Committee in 2016. After this approval, copies of the previous plan were replaced with the updated version and distributed throughout the facility. Work was started in 2016 on developing a presentation to be used for educating staff on the various components of the plan. This presentation was completed in 2017. The Fire/Safety/Disaster Committee held quarterly meetings in 2016. Three CCMC staff members attended the Hale Borealis statewide emergency management conference last fall in Anchorage. CCMC participated in the statewide earthquake exercise in the spring of 2016.

Survey Readiness

In April of 2017 CCMC formed a Survey Readiness Committee to get CCMC prepared and ready for future surveys. The committee addressed repeat survey tags, a clean sweep tool was created for facility rounds,

and these findings were discussed at each meeting. The Survey Readiness Committee did not prove to be effective therefore the committee dissolved and meetings ended. . A mock CAH survey was conducted on July 24-27, 2017 by a Senior Consultant with the Healthtechs3 to assist the organization in survey readiness. A report was provided to Leadership Team with findings and recommendations.

Evaluation Participants

The following staff members participated and provided data and information in the CAH Periodic Evaluation of Cordova Community Medical Center for 2016.

- Hannah Sanders, MD, Medical Director
- Scot Mitchell, Chief Executive Officer
- Bill Storck, Interim Chief Financial Officer
- Lee Bennett, Interim Chief Financial Officer
- Kelly Kedzierski, CAH Director of Nursing
- Kadee Goss, LTC Director of Nursing
- Heidi Voss, Pharmacist
- Carmen Nourie, Laboratory Manager
- Vivian Knop, Materials Manager/Pharmacy Technician
- Faith Wheeler-Jeppson, Compliance Officer
- Holly Rikkola, HIM Manager
- Kim Wilson, Support Services Director
- Tamara Russin, Clinic Manager
- Susan Banks, Dietary Manager
- Barb Jewell, Behavioral Health Program Manager
- Mitchell Luce, Physical Therapist

Applicable CAH Conditions of Participation

- **C-0331 §485.641(a) Standard: Periodic Evaluation**
 - The CAH carries out or arranges for a periodic evaluation of its total program. The evaluation is done at least once a year and includes review of:
- **C-0332 §485.641(a)(1)(i)**
 - The utilization of CAH services, including at least the number of patients served and the volume of services.
- **C-033 §485.641(a)(1)(ii)**
 - A representative sample of both active and closed records. A representative sample of both active and closed records means not less than 10% of both active and closed patient records.
- **C-0334 §485.641(a)(1)(iii)**
 - The CAH's health care policies.
 - C-0272 §485.635(a)(2) The policies are developed with the advice of members of the CAH's professional health care staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners or clinical nurse specialists, if they are on staff.
 - C-0272 §485.635(a)(4) These policies are reviewed at least annually by the group of professional personnel required under paragraph (a)(2) of this section, and reviewed as necessary by the CAH.

- **C-0335 §485.641(a)(2)**
 - The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed.
- **C-0336 §485.641(b) Standard: Quality Assurance**
 - The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcomes. An effective quality assurance program means a QA program that includes:
 - Ongoing monitoring and data collection
 - Problem prevention, identification and data analysis
 - Identification of corrective actions
 - Implementation of corrective actions
 - Evaluation of corrective actions, and
 - Measures to improve quality on a continuous basis
- **C-0337 §485.641(b)(1)**
 - All patient care services and other services affecting patient health and safety, are evaluated.
- **C-0338 §485.641(b)(2)**
 - Nosocomial infections and medication therapy are evaluated.
- **C-0339 §485.641(b)(3)**
 - The quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialists and physician assistants at the CAH are evaluated by a member of the CAH staff who is a doctor of medicine or osteopathy or by another doctor of medicine or osteopathy under contract with the CAH.
- **C-0340 §485.641(b)(4)**
 - The quality and appropriateness of the diagnosis and treatment furnished by doctors of medicine or osteopathy at the CAH are evaluated by:
 - One hospital that is a member of the network, when applicable
 - One QIO or equivalent entity
 - One other appropriate and qualified entity identified in the State rural health care plan
 - In the case of distant-site physicians and practitioners providing telemedicine services to the CAH's patients under a written agreement between the CAH and distant-site hospital, the distant-site hospital, or
 - In the case of distant-site physicians and practitioners providing telemedicine services to the CAH's patients under a written agreement between the CAH and a distant-site telemedicine entity, one of the entities listed in paragraphs (b)(4)(i) through (iii) of this section.
- **C-0341 §485.641(b)(5)(i)**
 - The CAH staff considers the findings of the evaluations, including any findings or recommendations of the QIO, and takes corrective actions if necessary.
- **C-0342 §485.641(b)(5)(ii)**
 - The CAH also takes appropriate remedial action to address deficiencies found through the quality assurance program.
- **C-0343 §485.641(b)(5)(iii)**
 - The CAH documents the outcome of all remedial action.

**Cordova Community Medical Center
Critical Access Hospital Periodic Evaluation for 2017
Approvals**

Quality Management Committee:

Kelly Kedzierski, RN, Committee Chair

Date

Medical Director:

Hannah Sanders, MD

Date

Chief Executive Officer:

Scot Mitchell, FACHE

Date

Cordova Community Medical Center Authority Board of Directors:

Kristin Carpenter, Board Chair

Date