



**AGENDA**  
**COMMUNITY HEALTH SERVICES BOARD**  
**Cordova Center – Community Room A&B**  
**January 12, 2017 at 7:00PM**  
**REGULAR MEETING**

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

**Health Service Board**

**President:**

Tim Joyce      Term expires 03/17

**Vice-President:**

Josh Hallquist      Term expires 03/18

**Secretary:**

James Wiese      Term expires 03/19

**Board members:**

James Burton      Term expires 03/19

Tom Bailer      Term expires 03/17

Robert Beedle      Term expires 03/18

David Allison      Term expires 03/19

**CCMC CEO/Administrator**

Scot Mitchell

**OPENING**

1. Call to Order
2. Roll Call –Tim Joyce, Josh Hallquist, James Wiese, James Burton, David Allison, Tom Bailer, and Robert Beedle.
3. Establishment of a Quorum

**A. APPROVAL OF AGENDA**

**B. CONFLICT OF INTEREST**

**C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**

1. Audience Comments (limited to 3 minutes per speaker).  
Speaker must give name and agenda item to which they are addressing.
2. Guest Speaker

**D. APPROVAL OF CONSENT CALENDAR**

**E. APPROVAL OF MINUTES**

- |  |           |
|--|-----------|
| 1. December 1, 2016 Special Meeting Minutes  | Pages 1-2 |
| 2. December 8, 2016 Regular Meeting Minutes  | Pages 3-4 |
| 3. December 15, 2016 Special Meeting Minutes | Pages 5-6 |

**F. REPORTS OF OFFICER and ADVISORS**

1. President's Report –
2. Administrator's Report – January CEO Report Attached      Pages 7-10
3. Finance Report – will be sent out separately
4. QHR Report –

**G. CORRESPONDENCE**

**H. ACTION ITEMS**

Pages 11-14

1. ADM 300 ~ Policy, Procedure, and Guideline Development and Review Approval

**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**

**M. ADJOURNMENT**

\*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**  
**Community Health Services Board**  
**Cordova Center – Community Rooms A & B**  
**December 1, 2016 at 12:00pm**  
**Special Meeting**

**A. CALL TO ORDER AND ROLL CALL –**

**B. James Wiese** called the HSB regular meeting to order at 12:00pm. Board members present: **James Wiese, Tim Joyce (telephonically), David Allison, Tom Bailer, and Robert Beedle.**

**Josh Hallquist and James Burton were absent.**

A quorum was established. 5 members present; 2 members absent.

CCMC staff present: Scot Mitchell, CEO (telephonically) and Lee Holter, CFO.

**C. APPROVAL OF AGENDA**

**M/ Allison S/ Bailer** “move to approve the agenda.”

**Vote on motion: 5 yeas, 0 nays, 2 absent.**

**Motion was approved.**

**D. CONFLICT OF INTEREST**

**Bailer** stated that he has a rental contract with hospital.

**E. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**

**1. Audience Participation ~ None**

**2. Guest Speaker ~ None**

Hallquist arrived at 12:11pm

**F. CORRESPONDENCE**

**G. DISCUSSION ITEMS**

**1. 2017 CCMC Budget**

**M/ Allison S/ Bailer** “move to refer the CCMC budget to City Council for \$550,000 for Operations and \$160,000 for Equipment.”

**Vote on motion: Joyce - Yes; Hallquist - Yes; Wiese – Yes; Allison – Yes; Bailer – Yes; Beedle – No. 5 yeas, 1 nays, 1 absent. Motion passed.**

**H. ACTION ITEMS**

**1. Proposed Governance Structure Ordinance for CCMC**

**M/ Joyce S/ Bailer** “I move to adopt the Ordinance for approval to be forwarded to the City Council for the Governance of the Cordova Community Medical Center as outlined.”

**Vote on motion: Joyce - Yes; Hallquist - Yes; Wiese – Yes; Allison – Yes; Bailer – Yes; Beedle – Yes. 6 yeas, 0 nays, 1 absent. Motion passed.**

**I. NEW BUSINESS**

**J. BOARD MEMBERS COMMENTS**

**Joyce** ~ I just wanted to remind everyone that the information in the Governance Model was the same information that was sent out in the last packet, only with minor changes. This was not all new information.

**Bailer** ~ I know I've asked for this before, but if we could get the page numbers on here it would be really helpful.

**Beedle** ~ It would be nice if we could get a little more advance notice on these meetings. Thanks for all your hard work.

**Allison** ~ No Comment

**Hallquist** ~ I'd like to thank everybody for all of their time working on this.

**Wiese** ~ I'd second that, thank you.

**K. ADJOURNMENT –**

**M/ Allison S/ Bailer** "I move to adjourn the meeting."

**Wiese** declared the meeting adjourned at 12:49pm

**Prepared by: Faith Wheeler-Jeppson**

**Minutes**  
**Community Health Services Board**  
**Cordova Center – Community Rooms A & B**  
**December 8, 2016 at 7:00pm**  
**Regular Meeting**

**CALL TO ORDER AND ROLL CALL –**

**Josh Hallquist** called the HSB regular meeting to order at 7:00pm. Board members present: **Josh Hallquist, James Wiese, Tim Joyce (telephonically), David Allison, Tom Bailer, and James Burton.**

**Robert Beedle was absent.**

A quorum was established. 6 members present; 1 member absent.

COCM staff present: Scot Mitchell, and Lee Holter, CFO.

**A. APPROVAL OF AGENDA**

**M/ Bailer S/ Allison** “move to approve the agenda.”

**Vote on motion: 6 yeas, 0 nays, 1 absent.**

**Motion was approved.**

**B. CONFLICT OF INTEREST**

**C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**

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

**D. APPROVAL OF CONSENT CALENDAR** ~ None

**E. APPROVAL OF MINUTES**

**M/ Bailer S/ Allison** “move to approve the November 10, 2016 Regular Meeting Minutes.”

**Vote on motion: 6 yeas, 0 nays, 1 absent.**

**Motion was approved.**

**F. REPORT OF OFFICERS AND ADVISORS**

1. **President’s Report** ~ Joyce reported that since the last meeting I have worked quite a bit with Scot on the Governance Model and that you have all seen and Council has picked it up for their first reading.
2. **Administrator’s Report** ~ Scot Mitchell stated that his written report is in the packet, I have a couple of things that have come up since then. We’ve finished our Plan of Correction and submitted it today from our Long Term Care Survey that we had a couple of weeks ago. According to the Staff that has been here for a while, they’re saying that this was a better survey than we’ve had in quite a while. We were the first facility in the State of Alaska to be surveyed under the new Life Safety Guidelines. Staff did a great job working through the survey with the Surveyors and the Plan of Correction. We’re wrapping up the initial phase of our Community Health Needs Assessment, tomorrow is the deadline for them receiving the responses to the surveys. They have about a 22% response rate from the surveys as of yesterday. Tentatively we have a meeting that is scheduled for January 18<sup>th</sup>, the National Rural Health Resource Center will be in town and they will spend an afternoon going through the results and then working with us to come up with a plan of action.
3. **Finance Report** ~ Holter reported that financials for September and October are in the packet and then he hoped that they had all had a chance to go through the information. A few highlights for September, Days cash on hand were at 16.1, Net AR increased \$147K, Gross AR days are 58.6, and year to date we show a loss of \$356K versus budget

of \$91K. In October, cash decreased by \$236K from September, days cash on hand was 7.9. Net AR increased \$63K, Gross AR days are 59 and year to date we show a loss of \$547K versus budget of \$93K and the loss of the prior year of \$342K.

4. QHR Report ~ Ron Vigus reviewed the CCMC Annual Benefit Report provided by QHR, topics reviewed were Leadership, Financial Improvement, QHR Consultants, Management Development and the engagements for 2017.

**G. CORRESPONDENCE ~ None**

**HSB Vice-President Hallquist had to leave the meeting, Secretary James Wiese will be running the remainder of the meeting.**

**H. ACTION ITEMS**

1. Continuous Quality Improvement Plan

**M/ Bailer S/ Burton** “move to approve the CCMC 2017 Continuous Quality Improvement Plan.”

**Vote on motion: 5 yeas, 0 nays, 2 absent (Beedle and Hallquist).**

**Motion was approved.**

2. LTC 301 – Abuse, Prevention, Recognition and Reporting

**M/ Bailer S/ Burton** “move to approve the LTC 301 – Abuse, Prevention, Recognition and Reporting Policy.”

**Vote on motion: 5 yeas, 0 nays, 2 absent (Beedle and Hallquist).**

**Motion was approved.**

**I. DISCUSSION ITEMS ~ None**

**J. AUDIENCE PARTICIPATION ~ None**

**K. BOARD MEMBERS COMMENTS**

**Joyce** ~ Want to thank Scot for all of the effort he has put in to the Governance Model, also for all of the time working with Alan on the budget.

**Bailer** ~ It would be nice to know who the auxiliary is, and then Tim a comment for you as the President, I like the fact that we've downsized the employees a little bit, maybe for your report you could put it in writing, it can go in the packet so we could read it. And thanks to staff for all you do.

**Burton** ~ I agree, and thank you Lee for the details on the financials.

**Allison** ~ I agree, thank you to Scot, Lee, the DON and staff. Also, if you haven't had a chance yet, go down to the hospital lobby, the auxiliary is doing a silent auction and there are a lot of nice things down there.

**Wiese** ~ Tim and Scot, thank you both so much for all of your hard work. I have spoken with two people just this morning that have expressed interest in serving on the hospital board.

**L. ADJOURNMENT –**

**M/ Bailer S/ Allison** “I move to adjourn the meeting.”

**Wiese** declared the meeting adjourned at 7:46pm

**Minutes**  
**Community Health Services Board**  
**Cordova Center – Community Rooms A & B**  
**December 15, 2016 at 12:00pm**  
**Special Meeting**

**CALL TO ORDER AND ROLL CALL –**

- A. Josh Hallquist** called the HSB regular meeting to order at 12:00pm.
- B. Board members present: Josh Hallquist, David Allison, James Wiese, and Robert Beedle. Tim Joyce, Tom Bailer and James Burton were absent.**  
A quorum was established. 4 members present; 3 members absent.

CCMC staff present: Scot Mitchell, CEO and Lee Holter, CFO.

**C. APPROVAL OF AGENDA**

**M/ Allison S/ Wiese** “move to approve the agenda.”

**Vote on motion: 4 yeas, 0 nays, 3 absent.**

**Motion was approved.**

**C. DISCLOSURES AND CONFLICTS OF INTEREST**

**E. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**

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

**F. CORRESPONDENCE**

**G. ACTION ITEMS**

1. **Approve purchase of additional software needed for Meaningful Use 2 requirements.**

**M/ Beedle S/ Allison** “I move to approve the purchase of additional Healthland Centriq Software in the amount of \$49,297.50 that is needed to meet Meaningful Use 2 requirements.”

**Scot Mitchell** ~ What we have to purchase here in order to meet this second stage of Meaningful Use is a couple of different pieces of software. One is the interface with the Lab system that allows up to report electronically if we get a patient in that has a reportable disease. Another one is to allow us to have an interface with a Lab surveillance system. The other parts allow us to report our Quality measures for both the hospital and the physicians. If we do not do this, we are subject to a 3% penalty in 2107 on our Medicare charges that we generate. An estimate based on last year’s actual numbers would be a penalty in excess of \$200,000.

**Vote on motion: 4 yeas, 0 nays, 3 absent.**

**Motion was approved.**

**I. NEW BUSINESS**

**J. BOARD MEMBERS COMMENTS**

**Hallquist** ~ Merry Christmas

**Allison** ~ No comment

**Wiese** ~ No comment

**Beedle** ~ Merry Christmas

**K. ADJOURNMENT –**

**M/ Allison S/ Wiese** “I move to adjourn the meeting.”

**Hallquist** declared the meeting adjourned at 12:10pm

**Prepared by: Faith Wheeler-Jeppson**



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CEO Report to the HSB  
January 12, 2017 Meeting  
Scot Mitchell, CEO

### The Big Picture

I'm sure you've seen some of the media coverage of the Presidential transition that is going on. We still don't know how things will play out with the new administration, but all indications are that they will attempt to make significant changes to the Affordable Care Act. The newly seated Congress has already started working on repealing the ACA, but the jury is still out as to what they will replace it with. Even though President-Elect Trump has stated he wants to make the ACA repeal one of his first accomplishments after taking office, there are several items complicating the time line and could possibly delay action:

- All of Trump's Cabinet members will need to be confirmed.
- The vacant Supreme Court position will need to be confirmed.
- The debt-limit extension is due March 15, 2017, but will likely be extended.
- The current government funding package expires April 28, 2017 so a funding bill will need to be passed that funds the government until the September 30, 2017 year end.
- The CHIP program needs to be reauthorized this year.

There are numerous challenges facing the ACA repeal and replace process, and Congress has a few options on how to do it.

- They can repeal the ACA immediately, but delay the actual repeal for 24 to 36 months, and then work on a replacement. This approach would require Democratic support to reach the 60 votes needed to replace it. The repeal can be achieved by the reconciliation process which only needs a simple majority to approve, thereby eliminating a Democratic filibuster.
- Congress could first replace the ACA with a Republican alternative and then repeal the ACA. This assumes there is a GOP consensus on a replacement, which is probably not there. Any replacement would need 60 votes in the Senate (i.e., Democratic support), for those provisions that cannot be enacted through reconciliation.
- They can take simultaneous action to repeal and replace the ACA in the same process. This seems unlikely at this time.
- There are already several proposals that have been presented that could be used as models for this process. The most comprehensive is one presented by House Budget Chairman Tom Price, who is also



Trump's nominee for leading the Health and Human Services department. I have some detailed information on some of these proposals if you would like to learn more about them please let me know.

The incoming Administration also has several options they can use to impact the ACA.

- Stop Justice Department lawsuits defending the ACA.
- Provide assistance to stabilize the insurance market.
- Disable or defund the CMS Center for Consumer Information and Insurance Oversight.
- Create additional exemptions to the employer mandate.
- Avoid IRS enforcement of individual penalties.
- Not enforce the employer mandate.
- Revise the medical loss ratio.
- Extend availability of non-compliant ACA plans.
- Increase barriers to enrolling in marketplace plans.
- Constrain the Center for Medicare and Medicaid Innovation.

The ACA has had both positive and negative impacts on the hospital industry. The American Hospital Association has been very active in advocating for hospitals on this issue. The overarching focus of the hospital industry is to preserve health coverage for the 21 million people who gained it under the ACA. If the ACA is repealed and not replaced immediately, hospitals will lose billions of dollars if the payment reductions to hospitals from the ACA are not repealed as well.

- If the ACA is repealed without a new plan to continue coverage for those currently covered, the net impact to hospitals would be a loss of \$165.8 billion from 2018 to 2026.
- Hospitals also suffered payment reductions as part of the original ACA. If the ACA is repealed and the Medicare inflation updates are not restored, hospitals would lose \$289.5 billion between 2018 and 2026.
- If the ACA is repealed and Medicare and Medicaid DSH payments are not restored, hospitals would lose another \$102.9 billion.

There are still a lot of unknowns with the upcoming transition, so we cannot be sure yet what impact it will have on hospitals. Below are some of the potential changes that could be in store for the ACA, and whatever comes after it.

- Both the individual and employer mandates could be repealed.
- Subsidies for the exchanges could be eliminated.
- Medicaid expansion funding could be eliminated.
- Tax credits for small businesses that cover their workers through exchanges could be eliminated.
- States could be allowed to scale back eligibility standards for children under 19.
- Elimination of the taxes on the "Cadillac Plans."
- Elimination of the taxes on medical devices, health insurance plans and brand name prescription drugs.
- Reductions in payments to providers could be eliminated.

As you can see, there are numerous potential pitfalls to hospitals from the upcoming transition. I am staying abreast of these changes as they occur and will develop strategies to help CCMC address those

transformations in the health care system. I will continue to provide updates to the HSB on this interesting topic.

### Status Updates

- Our standard LTC licensure and certification survey was conducted in November and our resulting Plans of Correction were completed and accepted in December. We had a follow-up survey the first week of January to make certain that we are meeting the Plans of Correction. We should hear back from the surveyors soon on whether we are in compliance with the POC.
- The Community Health Needs Assessment survey process has been completed. The next step will be to conduct a community meeting to obtain input on CCMC developing an action plan to address the needs found. We have scheduled this meeting for January 18, 2017 starting with lunch at noon. The meeting should last three to four hours, and it would be great for the HSB members to attend and participate in the planning process.
- We have completed our CMS revalidation for the hospital and swing beds. This is required every five years.
- Our year-end statistics from 2016 revealed that we had some increases in utilization, as well as some decreases. Below are some highlights from last year.
  - We averaged almost 7 acute care admissions per month in 2016 compared to just over 3 in 2015.
  - We had just over 200 acute patient days last year compared to 80 in 2015.
  - We had 19 swing bed admissions compared to 14 in 2015, but our swing bed patient days dropped from 375 in 2015 to 250 last year.
  - ER visits were down about 2% from the previous year.
  - Lab procedures dropped about 15% to 3,900 from 4,500 the year before.
  - Radiology procedures increased almost 20% from 648 in 2015 to 774 last year.
  - Physical Therapy billed units increased by more than one-third from 3,200 in 2015 to 4,400 last year.
  - Occupational Therapy billed units decreased by about 8% from 988 in 2015 to 911 in 2016.
  - Clinic visits increased about 9% over 2015, averaging almost 200 per month in 2016.
  - Total Sound Alternative visits dropped almost 6% from 2015, averaging 90 per month in 2016.
  - LTC resident days increased almost 3% in 2016, with an occupancy rate of 99.5%.
  - The total meals served dropped about 1% last year, averaging over 1,700 meals per month.
  - The pounds of laundry washed last year increased 17% over the previous year, averaging 4,700 pounds per month.
- As we've discussed in previous HSB meetings, I would like to streamline the process for approving policies within the facility. I have never been at a hospital where the board approved every policy, which increases the amount of time it takes staff to get policies developed, approved and implemented. I have amended the current hospital policy how policies are developed, approved and reviewed for approval at this meeting. The HSB would still need to approve certain policies, but most would go through the same process we have used for a long time here, but the final approval would be delegated to the CEO instead of taking up time at the HSB.
- The recent budget process for the City of Cordova resulted in some changes to the CCMC request for funding support. As a result, we have already started working on several approaches to continue our cost containment and revenue increase strategies. We've presented some of these to the HSB previously, and Lee Holter will discuss some of these during his report at the HSB meeting.

- Starting next month we will add a Director of Nursing report to the HSB agenda. I have been giving Dr. Lisa Cuff, our new DON, a chance to get situated in her new role before having her do a monthly report to the HSB. You will see some very interesting new approaches in nursing as we move forward.
- We recently received a check for \$85,200 for our Alaska Medicaid Meaningful Use EHR incentive. This will help us with our short term cash flow issues. As you know, our utilization is very seasonal and that affects our cash flow. We are now in our slow time of the year which will last until the summer increase. The cuts in the City budget will affect us, so it is still possible that we will need to come back to the City with emergency requests prior to our summer season.
- At the December 2016 HSB meeting, it was requested that a list of the current auxiliary members be provided to the HSB. Here is the current membership list: Sharon Ermold, Elaine Zeine, Joy Rawlins, Ann Schultz, Kari Collins, Wanda Moore, Gerri Koechling, Vicki Blackler, Karen Sundby and Vivian Knop. The auxiliary has been doing a lot of work to benefit the nursing home and hospital. A big thank you to all of the auxiliary members!

**Cordova Community Medical Center  
Policy**

<b>SUBJECT:</b> Policy, Procedure & Guideline Development & Review <b>DEPARTMENT:</b> Administration <b>Original Approval Date:</b> January 24, 2006 <b>Approved by:</b> Scot Mitchell, CEO	ADM 300	
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	<b>Date:</b> 01/12/2017
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**Policy:**

Policies, Procedures, and Guidelines establish standards of consistent practice within and throughout the departments and committees of Cordova Community Medical Center (CCMC). These documents are written for any task that should remain consistent regardless of who is performing it.

The Health Services Board (HSB) of the Cordova Community Medical Center (CCMC) has overall governance and authority in relation to policies, procedures and guidelines (PPG) of CCMC. Where appropriate, the HSB delegates PPG Development and Review authority to the CEO who then delegates to the appropriate Committee/Group/Individual (e.g.: Executive Leadership Team, Quality Management Committee (QMC), Directors and Department Head etc.) or the appropriate person as indicated in the table below or designated by the CEO. The HSB delegates Final Approval of the PPG's to the CEO, with the exception of the PPG's that must be Final Approved by the HSB as noted in the table below. PPG's have no effect until Final Approval, and signed by the CEO.

The QMC will review and recommend final approval of policies, procedures, and guidelines, as well as any forms used at CCMC. In limited critical situations the CEO may provide Final Approval to PPG's prior to QMC recommendation. Paper copies of approved documents will be stored in specifically-designated policy binders in Administration and listed in an index for each policy department. The paper copies will include the CEO signature in the signature section of the footer, and the Compliance Officer will update the binder with a new printed and signed document any time there is a revision to the document. Electronic copies of all policies, procedures, guidelines, and associated forms or other attachments will be stored in an online database on CCMC's network server, accessible to all staff through the facility's internal home page.

Content	PPG Examples	Initial Body Approval	Final Approval Body (New/Major Revisions)	Final Approval Body (Minor Revisions)
Mission, Vision, Values, Goals, Processes, Bylaws, Rules and Regulations.	Board Bylaws	CEO	Health Service Board	Health Service Board
Delegation of Signing Authorities and Financial Controls	Conflict of Interest	QMC		
Any Policies having direct application to the Board.	HSB Code of Conduct and Confidentiality			
Policies required to go to the HSB by regulations.	QI Plan			
Controversial policies	Restrictions on Foundation Fundraising	CEO	Health Service Board	CEO
Policies that could potentially affect CCMC's reputation	Complimentary Health Practices			
High Resources Impact Policies	Physician Assisted Suicide	QMC		

**Cordova Community Medical Center  
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Administrative Policies	Personal Health Information Act	CEO QMC	CEO	CEO
Non-Clinical Policies	Respectful Workplace Occupational Health and Safety Rights and Responsibilities	Department Head or Appropriate Committee QMC	CEO	CEO
Clinical Policies (Interprofessional or discipline specific) Includes policies addressing standards of practice	Organ & Tissue and Donation Code Blue Least Restraint	Medical Staff Department Head QMC CEO	CEO	CEO
Research	Research Ethics Board Jurisdiction Research Agreements Intellectual Property	Medical Staff CEO QMC	CEO	CEO
Infection Prevention and Control	Outbreak Management Management of Patient Exposures Blood or Body Fluids Personal Pet Visitation	Director of Nursing Infection Control Committee QMC	CEO	CEO
Care/Medical Directives Delegated Medical Functions	Suturing Flu Immunization Champions	Medical Staff QMC	CEO	CEO
Policies Addressing Medication Practices	Medicinal Marijuana Medication Orders Chemotherapy	Pharmacy & Therapeutics Committee Medical Staff QMC	CEO	CEO
Program based and Department based Policies (Diagnostic Imaging, Laboratory, Pharmacy, Housekeeping, etc.)	Environmental Cleaning and Disinfection	Department Head QMC	CEO	CEO

Policies and procedures should be reviewed annually, to be completed by the respective department manager. Once the PPG's have been reviewed by the department manager, they should be presented to the QMC for review. The QMC should document the review of all presented PPG's. Individual PPG's that are reviewed and do not require revision should be signed and dated by the department

**Cordova Community Medical Center  
Policy**

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	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	<b>Date:</b> 01/12/2017
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manager in the signature section of the footer. This review should be completed between January 1st and September 30th of each calendar year, according to the chart below.

<b>First Quarter</b>	Administration Corporate Compliance Employee Health Environmental Services Long Term Care Materials Management Radiology Social Services Sound Alternatives Sterile Processing
<b>Second Quarter</b>	Finance Fire, Safety, Disaster Health Information Management Laboratory Services Nursing Quality Improvement Quality Management Committee Rehabilitation Services Senior Services
<b>Third Quarter</b>	Clinic Dietary Human Resources Infection Control Medical Staff Pharmacy Pharmacy and Therapeutics Utilization Review

**Definitions:**

Policy: This is a statement that says what is done and in some cases, why it is done. Policy statements may or may not have a procedure, guideline, form, or other attachment.

Procedure: This information will state what is done to accomplish the policy statement; this may include who will do it, where it will be done, and when it will be done. The procedural steps can be general information. Procedures must have an associated policy statement.

Guideline: This states step by step how to accomplish a task. The steps are comprised of specific information and details. Guidelines stand on their own and do not reference a policy. Guidelines may include attached forms or other documents that are required in performing the steps of the guideline.

**Reference:**

ADM p300a Policy, Procedure and Guideline Development

**Cordova Community Medical Center  
Policy**

<b>SUBJECT:</b> Policy, Procedure & Guideline Development & Review <b>DEPARTMENT:</b> Administration <b>Original Approval Date:</b> January 24, 2006  <b>Approved by:</b> Scot Mitchell, CEO	ADM 300	
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	<b>Date:</b> 01/12/2017
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ADM p300b Policy & Procedure Annual Review

**QMC Approval Date:** 01/05/2017

**HSB Approval Date:** 01/12/2017

**Revision History:**

01/12/2017 Approval Process Revised and Review Timeline Added

10/11/2016 Policy Template Updated

05/17/2012 Policy Revised

01/24/2006 Original Policy Approval

Department Mgr. Signature _____	Date _____
CEO Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

DRAFT 1/05/2017