



AGENDA
COMMUNITY HEALTH SERVICES BOARD
Cordova Center – Community Rooms A&B
JANUARY 14, 2016 at 7:00pm
REGULAR MEETING

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

President

Kristin Carpenter
term expires 04/16

Vice-President

Tim Joyce
term expires 03/17

Secretary

David Reggiani
term expires 03/16

Board Members

James Burton
term expires 03/16
Tom Bailer
term expires 03/17
Joshua Hallquist
term expires 03/18
Robert Beedle
term expires 03/18

CEO/Administrator

Stephen Sundby

A. OPENING

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

B. APPROVAL OF AGENDA

C. CONFLICT OF INTEREST

D. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

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

E. APPROVAL OF CONSENT CALENDAR Pages 1 - 51

1. ADM 102 - Retention and Destruction of Documents
2. ADM 702 – On Call Response Time
3. ADM 104 – Mortuary Services
4. ADM 105 – Retention of Incident Reports
5. ADM 106 – Perks, Gifts and Gratuities
6. ADM 107 – Vehicle use for Cordova Community Medical Center
7. ADM 201 – Hours of Operation
8. ADM 202 – Solicitation of Medical Advice
9. ADM 203 – Non-English Languages
10. ADM 204 – Courtesy Care
11. ADM 801- Community Health Services Board Statement of Cooperation
12. CC 101 – Compliance Committee Components
13. CC 102 - Committee Operations and Functions
14. CC 103 - Code of Conduct
15. CC 104 – Education and Training
16. CC 105 – Employee Compliance Obligations
17. CC 106 – Compliance Issue Reporting Mechanism
18. CC 107 - Response to Violation Reports
19. CC 202 – Privacy Complaints

*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.

- F. APPROVAL OF MINUTES** **Pages 52 - 61**
1. Minutes from the October 7, 2015 Regular Meeting
 2. Minutes from the November 18, 2015 Special Meeting
 3. Minutes from the December 3, 2015 Special Meeting
 4. Minutes from the December 8, 2015 Special Meeting
- G. REPORTS of Officers** **Pages 62 - 66**
1. President's Report
 2. Administrator's Report – Attached
 3. Finance Report - Attached
 4. Medical Director's Report - Attached
 5. Sound Alternatives Report – None
- H. CORRESPONDENCE** **Pages 67 - 70**
1. QView December 2015
 2. QHR Board Minutes
- I. ACTION ITEMS** **Pages 71 - 78**
1. Credentialing and Privileging of Dr. Stuart Embury.
 2. Updated 2016 CCMC Authorized Check Signers.
 3. Funding for Rehab Medical Vacuum System.
 4. Request for \$450,000 from City of Cordova to assist with CCMC cash flow shortage.
 5. Shall the City contract with QHR for QRate rate charge review of CCMC rates for medical services?
 6. Select candidate for Interim CEO in person interview.
- J. DISCUSSION ITEMS**
1. Sound Alternatives Advisory Board
 2. Purchase of handheld Ultrasound machine
- K. 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.
- L. BOARD MEMBERS COMMENTS**
- M. EXECUTIVE SESSION**
- N. 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.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 102
SUBJECT: Retention and Destruction of Documents	EFFECTIVE DATE:
Page 1 of 3	March 19, 2008

Policy:

All documents will be destroyed after the retention time has expired.

Procedure:

1. Contracts-Permanent
2. Cancelled Checks-7 years
3. Deposit slips and bank statements-7 years
4. Paid invoices-7 years
5. Payroll-Permanent
6. Payroll logs and journals-Permanent
7. Accounts Receivable-10 years
8. Financial Statements-Permanent
9. Budget information-Final budget-Life of Business plus 7 years
10. Board-
 - A. Packets-Retention not required
 - B. Minutes-Life of Business plus 7 years
 - C. Agenda-Life of Business plus 7 years
11. Survey Information-3 years
12. Personnel Records-Permanent
13. Fixed Asset Lists-Life of Asset plus 7 years (life of business plus 3 years)
14. Tax Returns-Permanent
15. Expense Reports-7 years
16. Stock Records-Permanent
17. Journal & General Ledger-Life of Business plus 7 years

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 102
SUBJECT: Retention and Destruction of Documents	EFFECTIVE DATE:
Page 2 of 3	March 19, 2008

- 18. Inventory Records-7 years
- 19. Credit Card Receipts-7 years
- 20. Employment Tax Return-7 years
- 21. Expense Records-7 years
- 22. Cost Reports-Permanent
- 23. Employee Health Records-Period of Employment plus 30 years

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 102
SUBJECT: Retention and Destruction of Documents	EFFECTIVE DATE:
Page 3 of 3	March 19, 2008

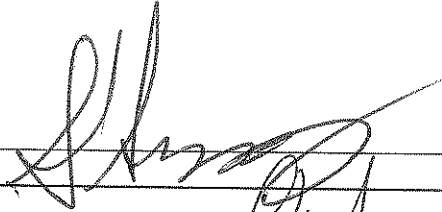
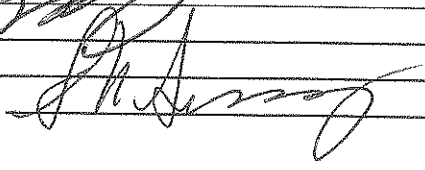
Reference:

Cross – Reference:

HIM 107 Length of Retention of Health Records

HIM 108 Destruction of Patient Medical Records

Attachment:

Administrator Signature 	Date <u>10/30/15</u>
MTC Signature	Date
Dept. Mgr/Committee Chair Signature 	Date <u>10/13/2015</u>
Review Signature	Date
Review Signature	Date
Review Signature	Date
Review Signature	Date
Review Signature	Date

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 104
SUBJECT: Mortuary Services	EFFECTIVE DATE:
Page 1 of 2	May 17, 2004

Policy:

Cordova Community Medical Center will provide mortuary services to the community when necessary.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 104
SUBJECT: Mortuary Services	EFFECTIVE DATE:
Page 2 of 2	May 17, 2004

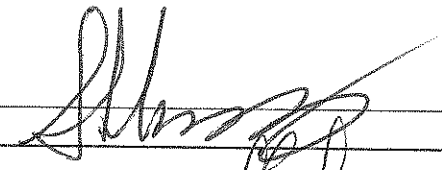

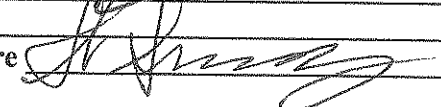
Reference:

Cross – Reference:

FS 701 Billing for Mortuary Services

Attachment:

ADM 104a Fee Schedule for Mortuary Services

Administrator Signature 	Date <u>10/30/15</u>
MIC Signature 	Date _____
Dept. Mgr/Committee Chair Signature 	Date <u>10/13/2015</u>
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

Fee Schedule for Mortuary Services

Date _____

Name of Deceased _____

Contact Person _____

___ \$30.00 per day-Morgue

___ \$10.00-Use of room for viewing

___ \$20.00-Use of flight casket

___ \$30.00 per incident-Transportation of the body to/from the airport, to a church and/or cemetery, include obtaining the transit permit

___ \$300.00-Grave box

___ \$30.00-Body preparation

___ \$15.00 + any freight charges _____ - Ordering a casket

___ \$15.00 + any freight charges _____ -Ordering a headstone

___ Total

Upon completion-deliver this bill to the Accounts Receivable department.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 105
SUBJECT: Retention of Incident Reports	EFFECTIVE DATE:
Page 1 of 2	January 24, 2008

Policy:

All Cordova Community Medical Center (CCMC) incident reports will be maintained by CCMC throughout the life of the facility.

Procedure:

1. After final analysis of patient related incident reports, each will be filed and maintained in the Director of Nursing's office by the year. A minimum of 3 years will stored in that office in a locked file cabinet, the former years will be stored in a locked space in the storage area in the basement.
2. After necessary review of non-patient related incident reports, each will be filed in the Administrator's office by the year in which the incident occurred. A minimum of 3 years will stored in that office in a locked file cabinet, the former years will be stored in a locked space in the storage area in the basement.

**Cordova Community Medical Center
Policies and Procedures**

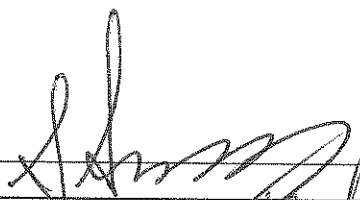

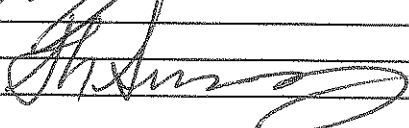
DEPARTMENT: Administration	POLICY # ADM 105
SUBJECT: Retention of Incident Reports	EFFECTIVE DATE:
Page 2 of 2	January 24, 2008

Reference:

Cross – Reference:

Attachment:

FSD 103a CCMC Incident Report

Administrator Signature 	Date <u>10/30/15</u>
MIC Signature 	Date _____
Dept. Mgr/Committee Chair Signature 	Date <u>10/13/15</u>
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 106
SUBJECT: Perks, Gifts and Gratuities	EFFECTIVE DATE:
Page 1 of 2	November 4, 2010

Policy:

It is the responsibility of each CCMC employee to refrain from acceptance of items or favors that may create a conflict of interest, be construed as a bribe or be interpreted as affecting an employee's impartiality. If an employee receives or is offered a gift or gratuity, such an action must be reported to the employee's immediate supervisor. Acceptance of such items without the approval from administration may result in disciplinary action up to dismissal from employment.

Examples of perks, gifts and gratuities:

Individual receipt of flowers, candy or other items from patients, residents and/or vendors

Unapproved receipt of resident funds

Unapproved receipt of CCMC items such as airline miles, companion tickets and supplies

Unauthorized personal use of hospital property, including vehicles and credit cards

Unauthorized personal use of corporate and other hospital accounts

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 106
SUBJECT: Perks, Gifts and Gratuities	EFFECTIVE DATE:
Page 2 of 2	November 4, 2010

Reference:

Cross – Reference:

Attachment:

Policy Approved by HSB on: <u>11/4/2010</u>	
Administrator Signature <u>[Signature]</u>	Date <u>10/30/15</u>
Dept. Mgr/Committee Chair Signature <u>[Signature]</u>	Date <u>10/13/15</u>
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 107
SUBJECT: Vehicle Use for Cordova community Medical Center (CCMC) Business	EFFECTIVE DATE:
Page 1 of 3	November 4, 2010

Policy:

No vehicle shall be operated by any person or persons who are not employees, contractors, or consultants of CCMC. Personal vehicles will only be used if an appropriate CCMC vehicle is not available.

Definitions:

For the purposes of this document, the term "vehicle" means those that are owned, leased, rented, or otherwise in the use, care custody, or possession of CCMC.

Procedure:

1. Use of CCMC vehicles; all employees, contractors, or consultants operating CCMC vehicles must:
 - A. Be given a copy of the CCMC Vehicle P&P and sign the appropriate form affirming receipt and reading said policy.
 - B. Have a valid and current drivers' license on their person at all times.
 - C. Have appropriate and current required endorsements or commercial ratings.
 - D. Provide the Human Resources (HR) department with a copy of the operator's license and proof of insurance when applicable.
 - E. Provide the HR department with a completed motor vehicle and operator's license and driving record to be resubmitted each year of service.
 - F. Ensure the operator is over 18 years of age and has a valid non-restricted license.
 - G. Not be under the influence of intoxicating or physically/mentally incapacitating drugs (prescription or otherwise) or alcoholic beverages at any time when operating CCMC vehicles.
 - H. Be able to perform at peak capacity before operating a CCMC vehicle.
 - I. Be authorized to operate the vehicle and carry only authorized passengers.
 - J. Receive appropriate vehicle training at initial vehicle authorization and every three years afterward.
 - K. Report all accidents, incidents and violations as soon as possible, no later than the next business day to their supervisor.
 - L. Wear seat belts and/or other safety gear and require all passengers to wear seat belts and other safety gear before operating any CCMC vehicle.
 - M. Obey all state and federal traffic laws to include posted speed limits.
 - N. Be relieved of driving duties if accused or convicted of driving offenses including but not limited to criminal offences, reckless driving, endangerment and driving under the influence of alcohol or drugs, a physical/mental condition or refusing to provide valid written notification from a licensed Medical Provider when required to do so by Federal or State law or safe driving requirements.
 - O. Wear optical correction when required to do so on a valid operator's permit.
 - P. Cell phone use and texting while operating a CCMC vehicle is strictly prohibited.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 107
SUBJECT: Vehicle Use for Cordova community Medical Center (CCMC) Business	EFFECTIVE DATE:
Page 2 of 3	November 4, 2010

2. Use of personal vehicles for CCMC business:
 - A. Personal vehicles include privately owned, leased, rented, or other personally borrowed vehicles.
 - B. No vehicle used for CCMC business shall be operated by any person or persons who are not employees, contractors or consultants of CCMC.
 - C. Employees using personal vehicles for CCMC business must:
 1. Abide by all requirements outlined in section 1 of the Vehicle Use P&P for CCMC vehicles.
 2. Read and sign the Acknowledgement and consent Agreement.
 3. Have approval from the Director of Nursing before using personal vehicles for the transporting of CCMC Residents.
 4. Have approval of their direct supervisor or manager before using personal vehicles for CCMC business.
 5. If permitted to use personal vehicles for CCMC business, maintain said vehicle in good running order.
 6. Maintain and turn in a CCMC Personal Vehicle Mileage Log for reimbursement at the rate of .50 cents a mile. No reimbursement will be made if this log is not submitted.
 7. Prove state minimum requirements in automobile insurance to the HR department before using said vehicle for CCMC business. The Mandatory Insurance Statutes require that the owner of a motor vehicle subject to registration have a liability insurance policy in effect that complies with AS 28.22.101. The minimum amounts for this P&P are \$50,000/\$100,000 for bodily injury or death and \$25,000 for property damage. Failure to have the proper insurance may result in a suspension of a driver's license.
 8. The employee's personal insurance when using a personal vehicle is responsible for liability coverage, regardless if it is used on CCMC business. Mileage reimbursement paid for travel in a personal vehicle (.50 cents a mile) includes cost for gas, vehicle wear and tear, and insurance. For this reason, an employee's personal insurance is primary when using a personal vehicle. If the personal insurance is not sufficient to cover damages, then CCMC may provide secondary coverage if the accident occurred while conducting official business. Passengers of another employee's personal vehicle who are CCMC employees on official business may receive worker's compensation coverage through the State; however the driver's personal insurance would still provide primary coverage for injuries and liability to the passengers. Passengers who are residents of CCMC are still provided primary coverage for injuries and liability to the passengers by the driver's personal insurance through CCMC will provide secondary coverage if the accident occurred while conducting official business.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 107
SUBJECT: Vehicle Use for Cordova community Medical Center (CCMC) Business	EFFECTIVE DATE:
Page 3 of 3	November 4, 2010

Reference:

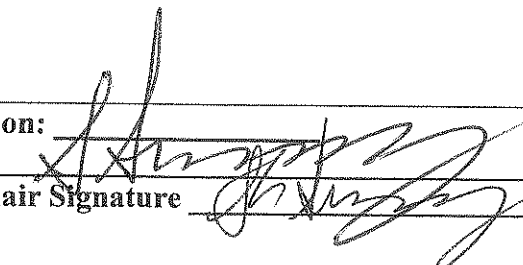
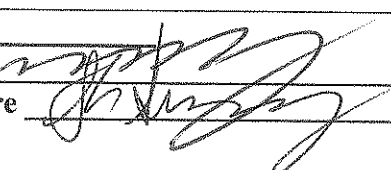
AS 25.22.101

Cross – Reference:

Attachment:

Personal Vehicle Use Acknowledgement and Consent Agreement

CCMC Personal Vehicle Mileage Log

Policy Approved by HSB on:	
Administrator Signature 	Date 10/30/15
Dept. Mgr/Committee Chair Signature 	Date 10/13/15
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

PERSONAL VEHICLE USE FOR CCMC BUSINESS
ACKNOWLEDGEMENT AND CONSENT AGREEMENT

I have read or had read to me the vehicle use policy for CCMC. I have had the opportunity to ask questions and I fully understand the meaning and intent of this policy. Additionally I understand I should contact my supervisor with any further or future questions regarding the personal vehicle use policy. By signing below, I acknowledge having receipt of this policy and agree to abide by the contents.

Name (printed): _____

Signature: _____

Date: _____

CCMC PERSONAL VEHICLE MILEAGE LOG

Driver: _____ Authorized by: _____

Activity Detail: _____

Passengers: _____

Date: _____ Start Odometer _____ End Odometer _____ # Miles _____

Driver: _____ Authorized by: _____

Activity Detail: _____

Passengers: _____

Date: _____ Start Odometer _____ End Odometer _____ # Miles _____

Driver: _____ Authorized by: _____

Activity Detail: _____

Passengers: _____

Date: _____ Start Odometer _____ End Odometer _____ # Miles _____

Driver: _____ Authorized by: _____

Activity Detail: _____

Passengers: _____

Date: _____ Start Odometer _____ End Odometer _____ # Miles _____

TOTAL MILES _____

ADM 107b

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 201
SUBJECT: Hours of Operation	EFFECTIVE DATE:
Page 1 of 2	June 16, 2003

Policy:

Cordova Community Medical Center will be open for routine patient care Monday – Friday, 8:00am – 5:00pm, with the exception of the Emergency Room which is open 24 hours.

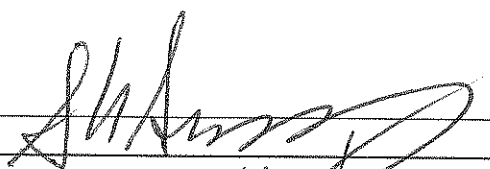

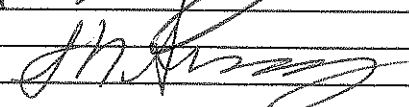
**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration SUBJECT: Hours of Operation Page 2 of 2	POLICY # ADM 201 EFFECTIVE DATE: June 16, 2003
--	--

Reference:

Cross – Reference:

Attachment:

Administrator Signature 	Date <u>10/30/15</u>
MHC Signature 	Date _____
Dept. Mgr/Committee Chair Signature 	Date <u>10/13/15</u>
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 202
SUBJECT: Solicitation of Medical Advice	EFFECTIVE DATE:
Page 1 of 2	July 12, 2005

Policy:

Cordova Community Medical Center highly discourages employees from approaching Physicians, Physician Assistants and members of the Nursing Staff for the purpose of obtaining medical advice or prescription re-fills. Appointments should be made with the provider.

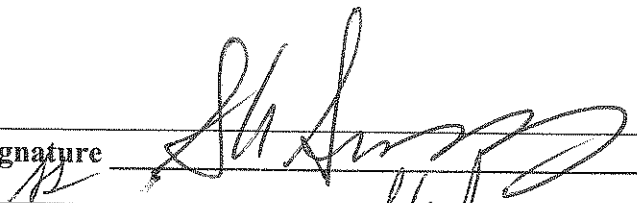

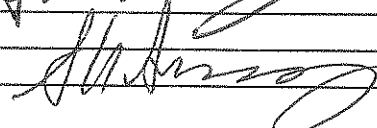
**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 202
SUBJECT: Solicitation of Medical Advice	EFFECTIVE DATE:
Page 2 of 2	July 12, 2005

Reference:

Cross – Reference:

Attachment:

Administrator Signature 	Date <u>10/30/15</u>
MIC Signature 	Date _____
Dept. Mgr/Committee Chair Signature 	Date <u>10/13/15</u>
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 203
SUBJECT: Non-English Languages	EFFECTIVE DATE:
Page 1 of 2	January 19, 2007

Policy:

The English language will be spoken in patient and resident care areas by all employees to preserve the dignity and respect of our residents/patients unless otherwise necessary.

Procedure:

1. While employees are at work, English will be spoken in all patient and resident care areas.
2. If an employee needs to speak with another employee in a non-English language, they will go to the designated employee break room.
3. Employees may use a non-English language in patient and resident care areas only if they are interpreting for a patient/resident or the patient/resident speaks to them in their native vernacular.

**Cordova Community Medical Center
Policies and Procedures**

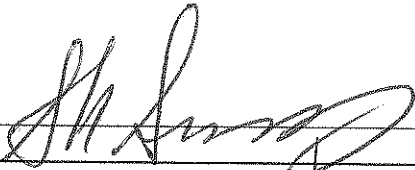

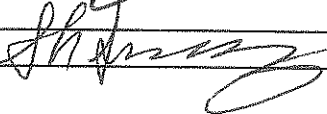
DEPARTMENT: Administration	POLICY # ADM 203
SUBJECT: Non-English Languages	EFFECTIVE DATE:
Page 2 of 2	January 19, 2007

Reference:

The Long Term Care Survey Manual, Regulation 483.15 Quality of Life
(a) Dignity, Tag F241, American Health Care Association, 2003, pp53.

Cross -- Reference:

Attachment:

Administrator Signature 	Date 10/30/15
MIC Signature 	Date
Dept. Mgr/Committee Chair Signature 	Date 10/13/15
Review Signature	Date
Review Signature	Date
Review Signature	Date
Review Signature	Date
Review Signature	Date

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 204
SUBJECT: Courtesy Care	EFFECTIVE DATE:
Page 1 of 2	September 27, 2007

Policy:

Cordova Community Medical Center will provide care to anyone presenting themselves to the facility, CCMC and its representatives can not decide to forgo documentation and billing for services. This action is considered discriminatory and is unacceptable to Medicare and Medicaid standards of practice as well as CCMC's Medical Staff bylaws.

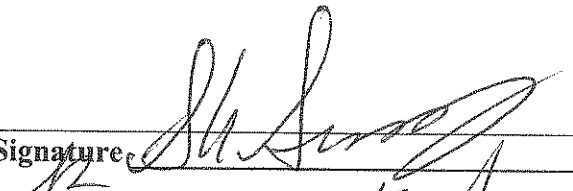

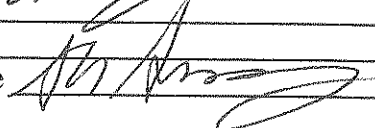
**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 204
SUBJECT: Courtesy Care	EFFECTIVE DATE:
Page 2 of 2	September 27, 2007

Reference:

Cross – Reference:

Attachment:

Administrator Signature 	Date <u>10/30/15</u>
MIC Signature 	Date _____
Dept. Mgr/Committee Chair Signature 	Date <u>10/13/15</u>
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 702
SUBJECT: On-Call Response Time	EFFECTIVE DATE:
Page 1 of 2	June 13, 2006

Policy:

Cordova Community Medical Center (CCMC) provides 24-hour Emergency Services for the community of Cordova. On-Call personnel will respond within twenty (20) minutes of being notified.

Procedure:

1. A current on-call list for physicians, physician assistants, nurses, lab, and x-ray personnel will be posted at the nurse's station.
2. Methods of contacting the appropriate personnel are:
 - a. Residential phone
 - b. Cell phone
 - c. Radio/beeper
3. If the above methods are not successful in locating the on-call personnel, the Cordova Department of Public Safety (Police Department) will be notified in order to locate the individual at their place of residence or other possible locations.
4. If the health care staff determines that an emergent condition exists and the on-call personnel cannot be located, immediate efforts will be made to contact a qualified provider of those services to come in and care for the patient. The full twenty (20) minutes will not elapse before this effort is initiated.

**Cordova Community Medical Center
Policies and Procedures**

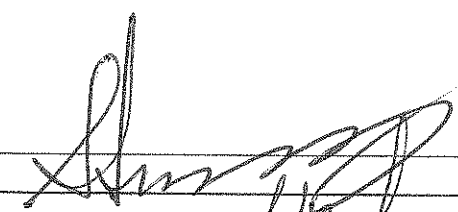

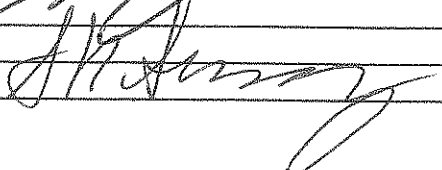
DEPARTMENT: Administration	POLICY # ADM 702
SUBJECT: On-Call Response Time	EFFECTIVE DATE:
Page 2 of 2	June 13, 2006

Reference:

Alaska State Regulation 485.618

Cross – Reference:

Attachment:

Administrator Signature 	Date <u>10/30/15</u>
MHC Signature 	Date _____
Dept. Mgr/Committee Chair Signature 	Date <u>10/13/15</u>
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 801
SUBJECT: Community Health Services Board Statement of Cooperation	EFFECTIVE DATE:
Page 1 of 2	June 24, 2003

Policy:

At the direction of the Community Health Services Board, effective immediately, all CCMC employees will act in a professional manner at all times, and make reasonable efforts to work harmoniously and cooperatively with CCMC permanent staff, Locum Tenens staff, temporary staff, visiting specialists and their staff, and community providers, including the Public Health Nurse and employees of Ilanka Community Health Center.

Furthermore, without regard for referral source, CCMC will provide the best possible care to all patients seeking care in a friendly, helpful, and courteous manner.

Staff and Administration will work to promote a positive working relationship among fellow CCMC employees, based on respect and the highest professional standards in the best interest of CCMC. Behaviors that undermine the reputation of CCMC will not be tolerated, will be documented and can lead to disciplinary action up to and including termination. These behaviors include but are not limited to:

- Insubordination
- Verbal Confrontations
- Intentionally poor job performance
- Instigating negative workplace discussion with others about employees and leadership
- HIPAA violations both on and off site

I _____ acknowledge that I have received and have read this document.

Signed _____ Date _____

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Administration	POLICY # ADM 801
SUBJECT: Community Health Services Board Statement of Cooperation	EFFECTIVE DATE:
Page 2 of 2	June 24, 2003

Reference:

Cross – Reference:

Attachment:

Policy Approved by HSB on Date _____	Date _____
Administrator Signature _____	Date <u>10/30/15</u>
Dept. Mgr/Committee Chair Signature _____	Date <u>10/13/15</u>
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance Committee	POLICY # CC 102
SUBJECT: Committee Operations and Functions	EFFECTIVE DATE:
Page 1 of 3	September 14, 2004

Policy:

Cordova Community Medical Center (CCMC) employees are committed to establishing and observing high standards and ethical conduct in all business and operational practices. The Corporate Compliance Committee serves as a focal group for developing and managing compliance activities throughout the facility. The intent of this committee is to supplement but does not replace existing policies to identify and resolve problems.

Procedure:

The Corporate Compliance Committee will operate as follows:

1. Meetings:
 - A. Quarterly or as needed, with a quorum of four members.
2. Members:
 - A. Include, but not limited to representatives from every department. Excluded from being members are the Chief Financial Officer (CFO) and the Administrator/Chief Executive Officer (CEO) or assistant.
 - B. The committee will consist of a minimum of seven members with a quorum of four required for a meeting.
 - C. Any employee may be asked to attend a meeting.
3. Compliance Committee Coordinator:
 - A. A member of the Compliance Committee will be designated yearly to act as the coordinator and contact person for committee activities. The Compliance Coordinator will have direct access to the administrator and the Health Services Board. The Compliance Coordinator's primary responsibilities include:
 1. Coordinate meeting logistics and keep minutes.
 2. Record all committee activities.
 3. Act as the contact person for any reporting matters that suggest violations of compliance policies, regulations or statutes.
 4. Maintain a log of all reported matters that suggest violations of compliance policies, regulations or statutes.
 5. Monitor the Reporting Hotline, e-mail and correspondences.
 6. Act as the contact liaison between the Health Services Board and the Administrator.
 7. Ensure compliance activities are completed in a timely and orderly fashion.
 8. Authority to initiate any necessary investigations and review any documents, material or contracts related to CCMC operations.
 9. Issue quarterly reports regarding the Committee's activities to the Health Services Board and the Administrator.
4. Compliance Committee Functions:
 - A. Oversee and monitor the implementations of the Corporate Compliance Program.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 102
SUBJECT: Committee Operations and Functions	EFFECTIVE DATE:
Page 2 of 3	September 14, 2004

- B. The authority to initiate any investigations.
- C. Develop and/or assess policies and procedures in all areas of CCMC that address areas of compliance.
- D. Oversee compliance with the Corporate Compliance Code of Conduct.
- E. Work with CCMC departments to develop standards of conduct and policies and procedures to promote compliance.
- F. Recommend and monitor the development of internal systems, audits and controls to carry out CCMC compliance standards and policies and procedures.
- G. Continually, annually and as necessary review and revise the Corporate Compliance Program and policies to ensure compliance with the changing regulatory requirements.
- H. Develop and coordinate a multifaceted educational and training program that focuses on elements of the Corporate Compliance Program and its importance to all employees of CCMC.
- I. Develop and maintain a system to solicit, evaluate and respond to complaints and problems.
- J. Report on a regular basis to the Administrator/CEO and Health Services Board through the committee coordinator on the progress of implementation, methods of improvement of hospital efficiency and quality of services and to reduce the hospital's vulnerability to fraud, abuse and waste.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance

POLICY # CC 102

SUBJECT: Committee Operations and Functions

EFFECTIVE DATE:

Page 3 of 3

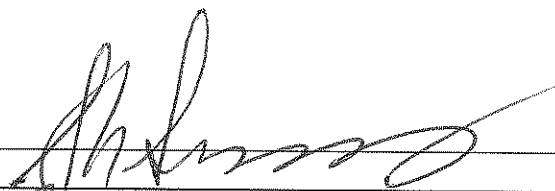
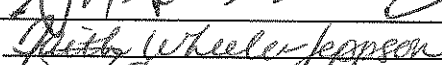
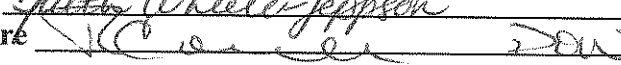
September 14, 2004

Reference:

Cross Reference:

CC 103 Code of Conduct

Attachment:

Administrator Signature		Date	10/30/15
Dept. Manager Signature		Date	10/15/2015
Committee Chair Signature		Date	10/15/2015
Review Signature	_____	Date	_____
Review Signature	_____	Date	_____
Review Signature	_____	Date	_____
Review Signature	_____	Date	_____
Review Signature	_____	Date	_____

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 103
SUBJECT: Code of Conduct	EFFECTIVE DATE:
Page 1 of 4	September 14, 2004

Policy:

Cordova Community Medical Center (CCMC) will maintain the highest level of professional and ethical standards in the conduct of its business. CCMC places the highest importance upon its reputation for honesty, integrity, and high ethical standards. Employees who ignore or disregard the principles of this policy will be subject to appropriate disciplinary actions.

Procedure:

1. All directors/trustees, officers, employees, and independent contractors are informed of this Code of Conduct and must sign an Affirmation Statement indicating their adherence to the Code of Conduct.
2. This Code of Conduct emphasizes high quality standard practices but does not replace sound ethical and professional judgment.
3. Employees must be aware of all applicable federal and state laws and regulations that apply to and impact CCMC documentation, coding, billing and competitive practices, as well as the daily activities of CCMC and its employees and agents. Each employee will acknowledge annually receipt of CCMC Compliance Agreement.
4. CCMC employees will seek to conduct themselves in a manner to ensure the maintenance of the following standards:
 - A. **Billing:** CCMC will strive to submit claims for services actually provided. CCMC recognizes that special billing requirements may apply to certain government-sponsored programs or to other providers and that such requirements must be followed.
 1. Item or Service Provided as Claimed: CCMC Physicians, other health professionals and medical records/coding personnel are to select codes that they believe, in good faith, correspond to the services actually rendered, as documented in the medical record. CCMC clinicians, other health professionals, and billing personnel have a collective responsibility to be knowledgeable about the meaning of codes applicable to their area of practice. CCMC further recognizes the importance of maintaining accurate patient accounts in accordance with applicable requirements.
 2. Proper Claim: CCMC staff will strive to submit proper claims. CCMC staff should never submit a claim that is known to contain inaccurate information concerning the service rendered, the charges, the identity of the provider, the date of service, or the identity of the patient.
 3. Medically Necessary Services: Claims will be submitted for services warranted by the patient's current and documented medical condition. These services must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of the patient. Claims

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 103
SUBJECT: Code of Conduct	EFFECTIVE DATE:
Page 2 of 4	September 14, 2004

will not be submitted intentionally seeking reimbursement for services that are not warranted by the patient's current and documented medical condition.

- B. **Determining rights to Benefits:** CCMC will strive to verify patient information is accurate in determining rights to any benefit or payment under any health care program.
- C. **Compliance with EMTALA Screening Procedures:** Patients will be medically screened to determine if the patient has an emergency medical condition, stabilize an emergency situation and transfer the patient to another hospital if necessary in compliance with the requirements of 42 U.S.C. 1395dd.
- D. **Provision of Quality Patient Care:** CCMC will strive to maintain the highest quality health services through an active quality management and quality improvement program.
- E. **Provision of Care to Contact HMO Patients:** CCMC will provide covered designated health services or necessary care to members of a health maintenance organization with which CCMC has a contract.
- F. **Health Care Fraud/False Statements Relating to Health Care Matters:** CCMC determines Health Care Fraud as executing or attempting to execute a scheme to defraud any health care benefit program, or to obtain by means of false, fictitious or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody or control of any health care benefit program. This includes such practices as: Submission of false cost reports, failure to refund credit balances, etc.
- G. **Referral Practices:** Referrals will be to physicians who have no financial relationship with CCMC, as such are defined in 42 U.S.C. 1395n.
- H. **Anti-Kickback:** Accept otherwise provided in 42 U.S.C. 1320a-7b, knowingly and willfully soliciting or receiving any remuneration (including and kickback, bribe or rebate) directly or indirectly, overtly or covertly, in cash or in kind either:
 - 1. In return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program.
 - 2. In return for purchasing, leasing, ordering, or arranging for a recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program or offering or paying any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in case or in kind to any person to induce such person either:

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 103
SUBJECT: Code of Conduct	EFFECTIVE DATE:
Page 3 of 4	September 14, 2004

- I. **Antitrust:** CCMC employees will not engage in any activity, which is in restraint of trade or which monopolizes, or attempts to monopolize, any part of interstate trade or commerce.
- J. **Reporting Violations to Compliance Coordinator:** Any instance described in subparagraphs A-I above with respect to CCMC or any of its employees which is known to be a violation will be reported promptly to the Compliance Coordinator.

The term "designated health services" means any of the following items or services:

1. laboratory services
2. long term care services
3. clinic services
4. mental health services
5. physical therapy services
6. radiology services
7. ultrasound services
8. equipment and supplies
9. outpatient pharmaceutical services
10. inpatient and outpatient services

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 103
SUBJECT: Code of Conduct	EFFECTIVE DATE:
Page 4 of 4	September 14, 2004

Reference:

Federal Regulations- 42 U.S.C.-1395dd, 1395n, 1320a-7b

Cross Reference:

CC 102 Committee Operations and Functions

CC 106 Compliance Issue Reporting Mechanism

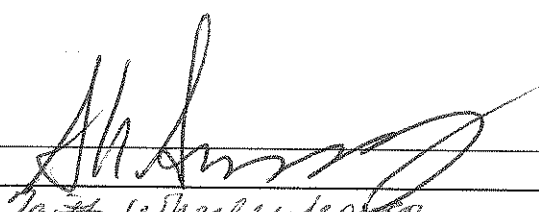
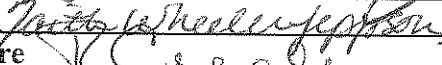

NSG 603 EMTALA/COBRA Compliance

FS 304 Charge Entry Decisions

Attachment:

CCMC Compliance Agreement

Affirmation Statement

Administrator Signature 	Date <u>10/30/15</u>
Dept. Manager Signature 	Date <u>10/15/15</u>
Committee Chair Signature 	Date <u>10/15/15</u>
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 104
SUBJECT: Education and Training on Compliance Issues	EFFECTIVE DATE:
Page 1 of 3	September 14, 2004

Policy:

Cordova Community Medical Center (CCMC) through the Compliance Committee will make available appropriate educational and training programs and resources to provide each employee of CCMC with an appropriate level of information and instruction regarding the Compliance Program and the appropriate procedures to carry out compliance policies.

Procedure:

1. Upon an employee's hire, the Human Resource Director will review the Compliance Program policy with the new employee and the Compliance Agreement will be completed.
2. Annually, each employee will receive an in-service regarding compliance issues by the Corporate Compliance Officer.
3. The educational in-service will explain the applicability of pertinent laws, including, without limitation, applicable provisions of:
 - A. The False Claims Act (31 U.S.C. 3729)
 - B. The civil and criminal provisions of the Social Security Act (42 U.S.C. 1320a-7b respectively)
 - C. The patient anti-dumping statute (42 U.S. C. 1395dd)
 - D. Laws pertaining to the provision of medically necessary items and services that are required to be provided to members of a HMO with whom CCMC contracts (42 U.S.C 130a-79B0(6)(D))
 - E. Criminal offences concerning false statements relating to health care matters (18 U.S.C. 1035)
 - F. The criminal offense of health care fraud (18 U.S. C. 1347)
 - G. The Federal Anti-Referral Laws (42 U.S. C. 1395nn)
 - H. The Anti-Kickback Laws (42 U.S.C. 1320a-7b(b0))
 - I. The Sherman Antitrust Act (15 U.S.C. 1, 2 and 18)
 - J. Health Insurance Portability And Accountability Act (45 CFR Part 146)
4. All levels of employees will receive education and training. Target training will be provided to managers and other employees whose actions affect the accuracy of the claims submitted to the Government.
5. The determination of the level of education needed by particular employees will be made by the Compliance Committee.
6. A variety of teaching methods including video presentations, manuals, in-services and outside instructors be implemented.
7. All training exercises undertaken by CCMC and its employees will be documented by the Compliance Coordinator at the time of such training.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 104
SUBJECT: Education and Training on Compliance Issues	EFFECTIVE DATE:
Page 2 of 3	September 14, 2004

8. The Compliance Committee members will also be required to receive additional training regarding compliance issues.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance

POLICY # CC 104

SUBJECT: Education and Training on Compliance Issues

EFFECTIVE DATE:

Page 3 of 3

September 14, 2004

Reference:

Cross Reference:

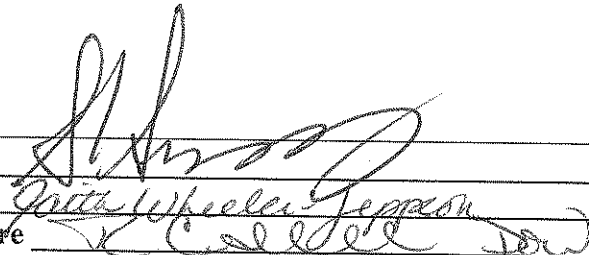
Attachment:

CC 104a CCMC Compliance Program Acknowledgement

Administrator Signature

Dept. Manager Signature

Committee Chair Signature



Date

10/30/15

Date

10/15/15

Date

10/15/15

Review Signature

Date

Review Signature

Date

Review Signature

Date

Review Signature

Date

Review Signature

Date

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 105
SUBJECT: Employee Compliance Obligations	EFFECTIVE DATE:
Page 1 of 3	February 26, 2002

Policy:

The Compliance Program imposes several obligations to the employees of Cordova Community Medical Center (CCMC) which will be enforced by standard disciplinary measures in accordance with CCMC policy outlined in the employee handbook. Adherence to the Compliance Program will be considered in personnel evaluations.

Procedure:

1. Employee Obligations:
 - A. Reporting Obligation – Employees must report to the Compliance Coordinator any suspected or actual violations (whether or not based on personal knowledge) of applicable law or regulations by CCMC or any of its employees. Any employee making a report may do so anonymously if he/she so chooses. Once an employee has made a report, the employee has a continuing obligation to update the report as new information comes into his/her possession. All information reported to the Compliance coordinator by any employee in accordance with the Compliance policy shall be kept confidential by the Compliance Coordinator to the extent that confidentiality is possible throughout any resulting investigation. However, there may be a point where an employee's identity may become known or may have to be revealed in certain instances when governmental authorities become involved. Under no circumstances shall the reporting of any such information or possible impropriety serve as a basis for and retaliatory actions to be taken against any employee making the report.
 - B. Compliance Agreement – Each employee must annually sign and complete a Compliance Agreement to the effect that the employee fully understands the Compliance Program and Code of Conduct and acknowledges his/her commitment to comply with the Program as an employee of CCMC. Each Compliance agreement shall form a part of the personnel file of each employee. It shall be the responsibility of Human Resource Director to ensure that all employees have executed such an acknowledgment.
2. Hospital Assessment of Employee Performance Under Compliance Program:
 - A. Violation of applicable Law or Regulation-If an employee violates any law or regulation in the course of his/her employment, the employee will be subject to sanctions by CCMC.
 - B. Other Violation of the Compliance Program-In addition to direct participation in an illegal act, employees will be subject to disciplinary actions by CCMC for failure to adhere to the principals and policies set forth in the Compliance Program. Examples of actions or omissions that will subject an employee to discipline on this basis include, but are not limited to the following:
 1. a breach of CCMC policy
 2. failure to report a suspected or actual violation of law or breach of policy
 3. failure to make, or falsification of, any certification required under the Compliance Program
 4. Lack of attention or diligence on the part of supervisory personnel that directly or indirectly leads to a violation of law; and/or
 5. Direct or indirect retaliation against an employee who reports a violation of the Compliance policies or a breach of policy.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance

POLICY # CC 105

SUBJECT: Employee Compliance Obligations

EFFECTIVE DATE:

Page 2 of 3

February 26, 2002

- C. Possible Sanctions: include but are not limited to, termination, suspension, demotion, reprimand, and/or retraining. Employees who engage in intentional or reckless violation of law, regulation or this Compliance Program will be subject to more severe sanctions than accidental transgressors.
3. Employee Evaluation: Employee participation and adherence to, the Compliance Program and related activities will be an element of each employee's annual personnel evaluations including, without limitation, annual personnel evaluation of CCMC department managers. As such, it will affect decisions concerning compensation, promotion and retention.
 4. Non-Employment or Retention of Sanctioned Individuals: CCMC shall not knowingly employ any individual, or contract with any person or entity, who has been convicted of a criminal offense related to health care or who is listed by the Federal agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs. In addition, until resolution of such criminal charges or proposed debarment or exclusion, any individual who is charged with criminal offenses related to health care or proposed for exclusion or debarment shall be removed from direct patient care responsibility for, or involvement in, documentation, coding, billing or competitive practices. If resolution results in conviction, debarment or exclusion of the individual, CCMC shall terminate its employment of such individual.

Reference:

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance

POLICY # CC 105

SUBJECT: Employee Compliance Obligations

EFFECTIVE DATE:

Page 3 of 3

February 26, 2002

Cross Reference:

Attachment:

Administrator Signature

Dept. Manager Signature

Committee Chair Signature

Date

Date

Date

Review Signature

Review Signature

Review Signature

Review Signature

Review Signature

Date

Date

Date

Date

Date

**Cordova Community Medical Center
Protocols and Guidelines**

DEPARTMENT: Corporate Compliance	PROTOCOL/GUIDELINE CC 106A
SUBJECT: Reporting Mechanism	EFFECTIVE DATE: September 14, 2004
Page 1 of 2	

Protocol:

Reporting mechanisms will be provided for confidential reporting of complaints. These reporting mechanisms are not a substitute for Cordova Community Medical Centers (CCMC) grievance policies.

Guideline:

1. A report may be made verbally to any compliance member who will document the information and forward to the Compliance Coordinator. The committee member will encourage the individual with the complaint to document the issue and will also inform them that they may be called upon to attend a compliance meeting if necessary.
2. Compliance issues may be sent through the postal service and should be addressed to: CCMC, Attention Compliance Committee, P.O. Box 160, Cordova, Alaska 99574.
3. Individuals may request attendance at a Corporate Compliance Meeting by contacting any committee member. The Compliance Coordinator will be made aware of the request and will schedule a meeting accordingly.
4. A 24-hour confidential compliance message HOTLINE 1-907-424-7434 or 1-877-424-7434 will be monitored by the Compliance Coordinator or designated alternate to receive any compliance concerns.
5. A locked, drop box, available 24 hours per day and located in the CCMC mail room, will be secured and monitored by the Compliance Coordinator or designated alternate to receive any compliance concerns.
6. A locked, suggestion box and form, located in the main waiting room, is available for concerns, not related to compliance issues. Its contents will be monitored by the Compliance Coordinator or designated alternate in the event of a compliance concern accidentally being submitted.
7. The Office of the Inspector General, Department of Health and Human Services, may be contacted by calling their HOTLINE at 1-800-HHS-TIPS (447-8477)

**Cordova Community Medical Center
Protocols and Guidelines**

DEPARTMENT: Corporate Compliance

SUBJECT: Reporting Mechanism

Page 2 of 2

PROTOCOL/GUIDELINE

CC 106A

EFFECTIVE DATE:

September 14, 2004

Reference:

Cross Reference:

CC106 Compliance Issue Reporting Mechanism

Attachment:

Administrator Signature

Dept. Manager Signature

Committee Chair Signature

Date

Date

Date

Review Signature

Review Signature

Review Signature

Review Signature

Review Signature

Date

Date

Date

Date

Date

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 106
SUBJECT: Compliance Issue Reporting Mechanism	EFFECTIVE DATE:
Page 1 of 3	September 14, 2004

Policy:

The Corporate Compliance Committee functions as an internal oversight committee to assure any matters that suggest violations of compliance policies, regulations or statutes are dealt with expediently and properly. In order to ensure proper processing of complaints, a high value is placed on the established reporting mechanism procedures.

Procedure:

Reports of matters that suggest violations of compliance policies, regulations or statutes can be directed to the Corporate Compliance Committee through several reporting mechanisms.

- A. **QUALITY MANAGEMENT COMMITTEE:** The Quality Management Committee, through input from its reporting committees, will forward any matters or perceived matters that suggest violations of compliance policies, regulations or statutes to the Compliance Committee Coordinator.
- B. **EMPLOYEES:** Employees can report to any member of the Compliance Committee matters or perceived matters that suggest violations of compliance policies, regulations or statutes in person, by letter, by a confidential compliance hotline or the drop box. Disclosure of the reporting party is encouraged, but not required. All reports will be responded to with appropriate feedback regarding any investigation to foster open communication and integrity of the Compliance program. All employees will be trained on proper reporting avenues. No employee will undergo disciplinary action for reporting a compliance matter, however, employees could be disciplined for misusing the compliance reporting mechanisms established by CCMC. Such things as falsely implicating someone, making a report, which contains knowingly false information, engaging in any act of reprisal for any good faith reporting would warrant disciplinary actions.
- C. **COMMUNITY MEMBERS:** Members of the community are encouraged to report any matters that suggest violations of compliance policies, regulations or statutes the Compliance Committee Coordinator either in person, by letter, by the confidential compliance hotline or drop box. Disclosure of the reporting party is encouraged, but not required. All reports will be responded to with appropriate feedback regarding any investigation to foster open communication and integrity of the Compliance Program. Reports may be made anonymously with the recognition that providing feedback is hindered in these situations.
- D. **REPORTING MECHANISMS:**
 - 1. 24 hour confidential compliance HOTLINE will be monitored by the Compliance Coordinator or designee.
 - 2. A drop box, exclusively for compliance issues, located in the mailroom, will be monitored by the Compliance Coordinator or designee.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 106
SUBJECT: Compliance Issue Reporting Mechanism	EFFECTIVE DATE:
Page 2 of 3	September 14, 2004

3. Complaints can be received via letter and forwarded to the compliance Coordinator.
4. Any person can present a complaint in person during any Compliance Committee meeting.
5. If a Compliance Committee member is approached with a complaint, they will encourage the individual to document the concern, if the individual does not want to document the issue the compliance member will document the concern and forward it to the compliance chair. This will ensure proper processing of the complaint.
6. If any staff or board member receives a complaint which could represent a compliance issue, the complaint will be forwarded to the Compliance Coordinator for proper processing.
7. The Office of the Inspector General or the Department of Health and Human Services may be accessed by calling their HOTLINE at 1-800-HHS-TIPS (477-8477).

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 106
SUBJECT: Compliance Issue Reporting Mechanism	EFFECTIVE DATE:
Page 3 of 3	September 14, 2004

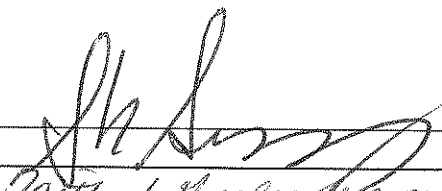
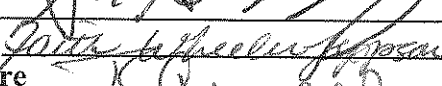
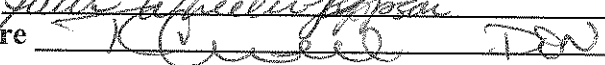
Reference:

Cross Reference:

CC 106A Reporting Mechanism

QMC 001 Organizational Performance Plan

Attachment:

Administrator Signature 	Date <u>10/30/15</u>
Dept. Manager Signature 	Date <u>10-15-15</u>
Committee Chair Signature 	Date <u>10/15/15</u>
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance	POLICY # CC 107
SUBJECT: Response to Compliance Violation Reports	EFFECTIVE DATE:
Page 1 of 3	September 14, 2004

Policy:

Matters that suggest violations of compliance policies, failures to comply with applicable federal or state law or other types of misconduct that threaten Cordova Community Medical Center's (CCMC) status as a reliable, honest and trustworthy provider will be promptly investigated and corrected.

Procedure:

1. A report is made via one of the reporting mechanisms as established. The Compliance Coordinator will report the matter to the Compliance Committee.
2. The Compliance Coordinator, as supported and directed by the Compliance Committee, will initiate an internal investigation with interviews of involved parties and review of relevant documents.
3. Upon discovery that a violation has occurred, the Compliance Committee will advise the Administrator/CEO to take immediate action to rectify the violation.
4. The Administrator/CEO will have 30 days to submit to the Compliance committee actions and resolutions to the violation.
5. The Compliance Committee will assure that the Administrator has acted satisfactorily upon any recommendation. If unsatisfactory actions are taken, the Health Services Board will be advised. If the Compliance Committee still has a concern regarding compliance and feels the matter has still not been appropriately addressed, they will then fulfill the legal requirements to report the matter to the Office of the Inspector General.
6. When violations that involve criminal, civil or administrative law, reports of the violation will be forwarded to the appropriate regulatory agency within 60 days after determining there is credible evidence. If necessary, culpable employee(s) of the Hospital shall be sanctioned according to CCMC disciplinary process.
7. If an investigation of an alleged violation is undertaken and the Compliance Coordinator/Committee believes the integrity of the investigation may be at stake because of the presence of employees under investigation, the employee(s) can be removed from his/her/their current work activity until the investigation is completed.
8. The Compliance Coordinator shall take all necessary steps to prevent the destruction of documents or other evidence relevant to the investigation.
9. The Compliance Coordinator, in a log containing the date of the complaint, nature of any investigation, resolution and feedback, if possible, to the individual filing the complaint, will record each matter. All

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Compliance Committee	POLICY # CC 107
SUBJECT: Response to Compliance Violation Reports	EFFECTIVE DATE:
Page 2 of 3	September 14, 2004

such information will be included in a quarterly report to the Administrator/CEO and Health Services Board.

10. In no case will the Health Service Board, Administrator/CEO or Compliance Committee Members attempt to conceal hospital or individual wrongdoing.
11. Upon receipt of a concern, the committee will convene to review the issue presented. If it is determined not a compliance issue, the concern will be forwarded to the Administrator for his/her discretion as to further action that may be required.
12. A correspondence will be written to the reporting party, if known, concerning the committees action on the issue.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Compliance Committee

POLICY # CC 107

SUBJECT: Response to Compliance Violation Reports

EFFECTIVE DATE:

Page 3 of 3

September 14, 2004

Reference:

Cross Reference:

Attachment:

Administrator Signature

Dept. Manager Signature

Committee Chair Signature

Date

Date

Date

Review Signature

Review Signature

Review Signature

Review Signature

Review Signature

Date

Date

Date

Date

Date

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance-HIPAA	POLICY # CC 202
SUBJECT: Privacy Complaints	EFFECTIVE DATE:
Page 1 of 2	September 14, 2004

Policy:

Any person who believes Cordova Community Medical Center (CCMC) is not complying with the privacy requirements of HIPAA may file a complaint with the:

1. Direct Supervisor/Manager (if they are an employee)
2. Chief Executive Officer/Administrator
3. Compliance Committee
 - a. Privacy violation complaints will be forwarded to the Privacy Officer.
4. Office for Civil Rights
U.S Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington DC 20201

Procedure:

A complaint must:

1. Be filed in writing, either on paper or electronically.
2. Name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the HIPAA regulations.
3. Be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless the time limit is waived by the Secretary of Health and Human Services for good cause shown.

It is recommended that:

1. Complaints are directed in-house for initial resolution.
2. The Office for Civil Rights be contacted only if the issue:
 - a. Cannot be resolved in-house.
 - b. Is felt to have not been appropriately addressed in-house.

The Office for Civil Rights may prescribe additional procedures for the filing of complaints, as well as the place and manner of filing, by notice in the Federal Register.

The Office for Civil Rights, if contacted, may investigate:

1. Pertinent policies, procedures, or practices of CCMC.
2. Circumstances regarding any alleged acts or omissions concerning compliance.

**Cordova Community Medical Center
Policies and Procedures**

DEPARTMENT: Corporate Compliance-HIPAA

POLICY # CC 202

SUBJECT: Privacy Complaints

EFFECTIVE DATE:

Page 2 of 2

September 14, 2004

Reference:

Code of Federal Regulations Part 160.306

Cross Reference:

CC 201 HIPAA of 1996

CC 106 Compliance Issue Reporting Mechanism

Attachment:

Administrator Signature

Dept. Manager Signature

Committee Chair Signature

Date

Date

Date

Review Signature

Review Signature

Review Signature

Review Signature

Review Signature

Date

Date

Date

Date

Date

Minutes
Community Health Services Board
Library Conference Room
October 7, 2015 – 5:30 PM
Regular Meeting

A. CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the HSB special meeting to order at 5:35 pm. Board members present: **Kristin Carpenter, Tim Joyce, Tom Bailer, Robert Beedle and David Reggiani** (Reggiani arrived at 5:53pm)
A quorum was established.
CCMC staff present: Stephen Sundby, CEO; Tiffany Varnadoe, CFO; Randy Apodaca, Rehab Director; Kim Wilson, HR Coordinator; Rebecca Carnell, Director of Nursing; and Charles Blackadar, Medical Director.

B. APPROVAL OF AGENDA

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

Upon voice vote, Motion passed 4-0

C. CONFLICT OF INTEREST ~ None

D. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

- **Guest Speakers ~ None**
- **Audience Comments ~ None**

E. APPROVAL OF CONSENT CALENDAR

M/Joyce S/Bailer “move to approve the Consent Calendar.”

Upon voice vote, Motion passed 4-0

F. APPROVAL OF MINUTES

M/Bailer S/Joyce “move to approve the Minutes.”

Upon voice vote, Motion passed 4-0

G. REPORTS AND CORRESPONDENCE

President’s Report ~ Carpenter reported that she had met with Leadership at the hospital last week and we need to focus on moving forward. We talked about whether to be a freestanding board and which direction we need to go, we also talked briefly about subsidies for the hospital.

Administrator’s Report ~ Sundby stated that we received our Survey results from the State. We have already started getting our Plan of Correction, the State will not accept our abatement plan until all of these things have been completed. Kevin has now received the training to properly do sterilization. We’re working on getting PALS and ACLS for the Nursing Staff that isn’t current with that training. The Plan of Correction has to be done by October 16th, we will have to have everything completed by November 2nd 2015.

Medical Director Report ~ Blackadar reported that CMS Guidelines state that the Governing Body is responsible. There is a lot of work to be done, and we all have our work cut out for us. Per CMS requirements we are also required to evaluate providers who provide Telemedicine service. We are also going to start monitoring the amount of time that it takes from the time a patient comes into the ER until they are seen by a provider. Guidelines are that the response time is to be within 30 minutes. Here in Cordova that’s not a problem, our response time is more like 5-10 minutes.

Finance Report ~ Varnadoe stated that she did send out the new comparison and wanted to know if everyone was ok with this format. We are having a lot of trouble with Healthland, Kim Wilson and I will be going to the Healthland Headquarters in Minneapolis. I have a lengthy list of items that need to be fixed.

VII. ACTION ITEMS

1. Approval of the MedStaff Bylaws

M/Joyce S/Bailer "move to approve the Medical Staff Bylaws."

Upon voice vote, Motion passed 5-0

2. Approval of the CCMC Employee Handbook

M/Bailer S/Joyce "move to approve the CCMC Employee Handbook."

Upon voice vote, Motion passed 5-0

The Board asked that when Policies, Bylaws, Employee Handbook and things of that nature are to be approved by the board, that they are presented with a copy with track changes so that the amendments can be seen in the original document.

VIII. DISCUSSION ITEMS ~ None

IX. AUDIENCE PARTICIPATION

Kevin Byrd ~ We're not scared by this, we're seeing this for what it is, an opportunity to get better. I've never shirked from a challenge and I don't intend on starting now. This stuff with Sterile Supply, it will be much better.

Dr. Blackadar ~ I share much of Kevin's sentiment of not giving up and trying, although I'm much more scared than Kevin is. I'm certain that we can get the Plan of Correction in on time, not uncertain that we can meet the requirements. I'm not saying that we're giving up we're going to be working as hard as we can. But it's daunting to look at.

Rebecca Carnell ~ There is a lot of work, time, money and effort going in to this. I would like to extend an invitation to you all to come over to the facility and walk through so that you can see some of the challenges that the building itself presents.

X. BOARD MEMBERS COMMENTS

Joyce ~ I know that we are running short on time and we do still have some business to tend to. I would like to recommend that we recess this meeting until after our Council meeting at which time we can have our Executive Session. And I also want to thank all of hospital staff, I know that you all have been working very hard over there and it's appreciated.

Beedle ~ No comment

Reggiani ~ No Comment

Bailer ~ I'd like to echo Tim's comment, thank you very much. You've told me what I needed to hear.

XI. Executive Session ~ None

XII. ADJOURNMENT –

M/Joyce S/Bailer "I Move to adjourn the meeting."

Carpenter declared the meeting adjourned at 6:40pm.

Transcribed by: Faith Wheeler-Jeppson

Minutes
Community Health Services Board
Cordova Center – Community Rooms A & B
November 18, 2015 at 5:15pm
Special Meeting

I. CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the HSB special meeting to order at 5:15 pm. Board members present: **Kristin Carpenter, Tim Joyce** (telephonically), **David Reggiani, Tom Bailer, Josh Hallquist and Robert Beedle** (telephonically).

A quorum was established.

CCMC staff present: Stephen Sundby, CEO; Tiffany Varnadoe, CFO; Darlene Robertson, Interim Director of Nursing; Randy Apodaca, Rehab Director; Kevin Byrd, Radiology Tech; Kris Johnston, DD Program Manager and Sandra Aspen, RN, PhD.

II. APPROVAL OF AGENDA

M/Reggiani S/Hallquist “move to approve the agenda.”

Vote on motion: 6 yeas, 0 nays, 1 absent. Burton-absent; Carpenter-yes; Reggiani-yes; Joyce-yes; Bailer-yes; Beedle-yes and Hallquist-yes. Motion was approved.

III. CONFLICT OF INTEREST ~ None

IV. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

- **Guest Speakers ~ None**
- **Audience Comments ~ None**

V. APPROVAL OF CONSENT CALENDAR

M/Bailer S/Hallquist “move to approve the consent calendar.”

QView – November 2015, November 2015 Quorum Board Minutes, EH 008, EH 007, EH 005, EH 004, EH 003, EH 002, EH 001, HR 107, HR 108, HR 201, HR 202, HR 203, HR 204.

Vote on motion: 6 yeas, 0 nays, 1 absent. Burton-absent; Carpenter-yes; Reggiani-yes; Joyce-yes; Bailer-yes; Beedle-yes and Hallquist-yes. Motion was approved.

VI. REPORTS AND CORRESPONDENCE

President’s Report ~ Carpenter reported that she had been in touch with Ron Vigus and that he and a Financial Analyst will be here in Cordova on December 16th to look at the internal processes. QHR has also found that we are expected to get almost a million dollars in Meaningful Use money. CCMC will be able to apply for that in January 2016.

Tiffany Varnadoe further explained to the Board that there is an application process, and the turnaround time for receiving the meaningful use money is about 60 days. I want you to know that there is also an application process through the State of Alaska, it is not as much money but that’s ok.

Administrator’s Report ~ Stephen Sundby reported that the State Surveyors are currently here for their re-visit and they have been very complimentary. The IJ’s will be abated, and we have received rave reviews on the Sterilization. The one thing that we can’t have done by the morning is the Infection Control Plan.

Finance Report ~ Tiffany Varnadoe stated that we didn’t have the \$15-\$20,000 that we would have to spend to do a full charge review, in lieu of that I am asking that we do a 5% rate increase, this would also increase the walk-in rate. We are approximately 40% below everyone else.

Medical Director's Report ~ Dr. Blackadar stated that the next annual report will be departmentalized, each department within the facility will be providing stats. Right now we are averaging approximately two ER visits per day. Once we have the CT scanner in place that will help to keep a lot of patients here. Dr. Blackadar also expressed his concerns regarding nursing right now, we are down to just a couple of full time Nurse's and some travelers, I'm nervous.

VII. ACTION ITEMS

1. Update the CCMC check signers

M/Bailer S/Hallquist "move to approve a resolution of the Cordova Community Health Services Board of the Cordova Community Medical Center designating the representatives authorized for signing checks, non-check payroll tax payment, and cash transfers for Cordova Community Medical Center."

Vote on motion: 6 yeas, 0 nays, 1 absent. Burton-absent; Carpenter-yes; Reggiani-yes; Joyce-yes; Bailer-yes; Beedle-yes and Hallquist-yes. Motion was approved.

2. Re-credentialing and Privileging of Curt Bejes, MD

M/Bailer S/Hallquist "move to approve the recredentialing and privileging of Curt Bejes, MD."

Vote on motion: 6 yeas, 0 nays, 1 absent. Burton-absent; Carpenter-yes; Reggiani-yes; Joyce-yes; Bailer-yes; Beedle-yes and Hallquist-yes. Motion was approved.

VIII. DISCUSSION ITEMS

1. QHR search for a CCMC Administrator: Developing a candidate profile

Board members Hallquist and Reggiani stated that they will take a look and provide some input. This item will be on the next HSB meeting for discussion.

IX. AUDIENCE PARTICIPATION

Rebecca Carnell read a letter protesting her termination. Upon receiving a copy of that letter it was placed into permanent record.

Vicki Blackler expressed concern regarding the amount of staff turnover.

Danny Foss stated that he is Rebecca Carnell's partner and they are here, they love Cordova and they want to enjoy Cordova. Please reconsider.

X. BOARD MEMBERS COMMENTS

Joyce - wanted to thank staff for their hard work.

Reggiani – no comment

Bailer – No comment

Beedle – No comment

Hallquist – No comment

Carpenter – No comment

XI. Executive Session ~ None

XII. ADJOURNMENT –

M/Bailer S/Hallquist "I Move to adjourn the meeting."

Carpenter declared the meeting adjourned at 6:45pm.

Transcribed by: Faith Wheeler-Jeppson

Minutes
Community Health Services Board
CCMC Business Office Conference Room
December 3, 2015 at 7:00pm
Special Meeting

I. CALL TO ORDER AND ROLL CALL –

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

A quorum was established.

CCMC staff present: Stephen Sundby, CEO; Tiffany Varnadoe, CFO; Randy Apodaca, Rehab Director; Kevin Byrd, Radiology Tech; Sam Blackadar, MD; Kris Johnston, DD Program Manager; Barb Jewell, Case Manager; Sandra Aspen, RN, PhD and Joan Phillips, RN.

II. APPROVAL OF AGENDA

M/Burton S/Hallquist “move to approve the agenda.”

Vote on motion: 6 yeas, 0 nays, 1 absent. Beedle-absent; Carpenter-yes; Reggiani-yes; Joyce-yes; Bailer-yes; Burton-yes and Hallquist-yes. Motion was approved.

III. CONFLICT OF INTEREST ~ None

IV. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

- **Guest Speakers ~ None**
- **Audience Comments**

Tom Carpenter, 501 Lake View Drive ~ I spoke to a couple people that are on the Heath Service Board, I’m here to talk about the turnover that’s been taking place at the hospital. It’s concerning to me and a lot of people in the public. About two weeks ago I was notified that one of the Nurse’s that works in the Clinic was going to be leaving. Mr. Carpenter expressed that the loss of this Nurse is a tremendous loss to the Clinic and that he may have to take his business to Anchorage.

V. APPROVAL OF CONSENT CALENDAR – None

VI. APPROVAL OF MINUTES

Minutes from the November 18, 2015 Special Meeting

M/Burton S/Hallquist “move to approve the Minutes from the November 18, 2015 Special Meeting.”

Vote on motion: 6 yeas, 0 nays, 1 absent. Beedle-absent; Carpenter-yes; Reggiani-yes; Joyce-yes; Bailer-yes; Burton-yes and Hallquist-yes. Motion was approved.

VII. REPORTS AND CORRESPONDENCE

President’s Report ~ Carpenter stated that she had received a call from Dan Reum and he expressed a desire to send a letter supporting the hospital. That letter was forwarded via email to all HSB Members, as well was printed out and a copy provided for each Member for tonight’s meeting.

Administrator’s Report ~ **Stephen Sundby** reported that the State Surveyors had come back for their revisit and we are now back in substantial compliance.

Finance Report ~ None

Medical Director’s Report ~ None

VII. ACTION ITEMS ~ None

VIII. DISCUSSION ITEMS

1. Review of statement made about potential revenue sources and management of CCMC Patient resources.

Stephen Sundby went down the list of statements made and the following is a summary of his responses:

- a. Trauma designation ~** Alaska Regional in Anchorage, a 250 bed facility with more than 1,000 employees and a medical staff of over 550 practitioners does not have a trauma designation. Bassett Army Community Hospital in Fairbanks, a new 259,000 square foot facility does not have a trauma designation. Maniilaq Medical Center in Kotzebue does not have a trauma designation. Petersburg Medical Center does not have a trauma designation, Central Peninsula Hospital in Soldotna is considerably bigger than we are and they do not have it. Wrangell Medical Center do not hold an Alaska Trauma Center Designation Status either.
- b. Emergency Nurses Association grant ~** I personally am not a member of the Emergency Nurse's Association, but if we have someone who wants to go after than grant we're more than happy to get it. We go after grants all the time, just last month Sound Alternatives got a grant for \$750 per person to send people to Anchorage for a Traumatic Brain Injury training seminar. Randy Apodaca and Rebecca Carnell went to that training. We have received grants through Emergency Preparedness for \$25,000.
- c. Pixys machine ~** Margarita Moore looked into getting this over a year ago, this isn't something new to us. It has a few issues, in Alaska we would have to have a service agreement and lease the machines. It would break down to \$22,000 per month that we would have to ask you (HSB/City Council) for the money. CPSI just bought out Healthland, they will be able integrate better, but even at that rate its money that we just don't have right now.
- d. Capturing charges for services ~** I have been reporting that we have had trouble with the EHR, but to say that we are not capturing the majority of the charges is not correct. We are getting payments, payments from Long Term Care, from Swing Beds, and from Medicare. I would also add that whose responsibility is it to make sure that the Nurses are doing what they are supposed to do? Ultimately it is me, but who I would hold accountable for that is the Director of Nursing. The Director of Nursing is responsible for making sure that the Nurses are charting what they are supposed to be charting. **Tiffany Varnadoe** stated that Darlene is doing a great job at coming up with a plan to get Nurses more training. This is part of my frustration with the lack of education with the Board, no disrespect, this is healthcare. We are a Critical Access Hospital, a cost basis hospital. You get your money when you buy a supply, everything in this hospital is cost basis.
- e. Swing Beds ~** We have no problem if our Nurse's need additional training, I am not an MD, I'm not a Nurse, someone is going to have to tell us that we need training to be done and we'll do that. Barb and Rona are going to Therapeutics training in the hopes that they can come back and train staff. We are trying to get more training for more staff. **Dr. Blackadar** stated that he did not think that was a true statement that we have had to turn away lots of people, we bend over backwards to take in every swing bed patient that we can. The statement is disingenuous. If Stephen could find a Nurse with Wound Care experience I'm sure he would hire them right now, wound care is an art.
- f. Timecards ~** We do have a time clock, it was ordered a while back and has already been installed. We are running into problems with it integrating with our EHR. Tiffany reported that it was a firewall, we had to have more drops installed, and then we had to wait for someone to come down from Anchorage. After a bunch of glitches with integration between CTC, the firewall, and the EHR we finally got it fixed Monday night.

It's a biometric one so it will take a couple of weeks to get everyone loaded in and set up. Every employee has a time sheet, you fill it out and sign it, and then your supervisor signs it. When the Supervisor signs it they are affirming that the employee worked those hours. **Tiffany** reported that the person that wrote the letter only had access to the time cards for their Dept. I went back and pulled Nurse's time for the year and from January until this last pay period there were 1300 overtime hours for the entire year for the entire Nursing Dept. we are short Nurses so yes, there is overtime.

- g. Durable Medical Equipment ~** We have looked at this for the past several years. **Tiffany** reported that the only hospital that I am aware of with a DME License is Central Peninsula. It is a separate license, a separate certification. We don't have the volume here to warrant that. **Dr. Blackadar** stated that the reason for that is that there is so much fraud in the DME world. You hear a lot about Medicare fraud, it is mostly in DME.

- 2. Review of CCMC Confidentiality Statement ~** **Kristin** reported that the reason for the review of the Confidentiality statement is that we have all signed it or will be asked to sign it. It's about disclosing conflicts of interest and our code of ethics that we follow to maintain confidentiality. It came to my attention that some information that was shared from an employee just with HSB Members got around to someone else in the community and back to that employees significant other and that is a breach of confidence. We have a role to govern this institution and we deal with all kinds of sensitive information. I want to use this as a reminder to be mindful when handling information that may be sensitive. Now that employee feels that they have been branded as a troublemaker. This is a super small town and we have to be very careful. Some of us have signed it, and the rest we will be collecting shortly.

- 3. CCMC Personnel Termination Process and Employee Policy, with attorney and QHR ~** **Kristin** brought up that a CCMC employee was terminated and asked the Health Services Board for reconsideration. I consulted with Ron at QHR and with our attorney as has Stephen. At my request Faith emailed Ron's response. **Amy Walters** stated that she had been asked to clarify the role of the board in relating to CCMC's Personnel Policies. Title 15 of the Code essentially says that the CEO/Administrator of the hospital is the person who manages, and carries out all of the day to day, hire, fire, discipline processes in regards to CCMC. Not to put too fine of a point on it, elected official such as yourselves in this context are not authorized to make decision regarding terminations, hiring, firing, promotions or getting involved in managing the day to day duties. With that being said, making policy is within your pervue. If the board takes up these disputed personnel issues you are acting outside of your authority. There is no place in policy, there is no place in code for that interaction or decision making.

IX. AUDIENCE PARTICIPATION

Dr. Blackadar ~ I wanted to let the board know that you all will/should be getting a response to a request that Stephen and I sent to Ilanka about credentialing their providers. I sent the Bylaws out and they were instructed not to respond. We are not trying to be unreasonable at all. **Barb Jewell ~** I appreciate how much time you all put in, this is an extra duty on top of City Council because of the odd structure. As Tom noted in his comments, there has been a lot of turnover and this comfort and anger that has happened over the last 3 years along with the transitions. I appreciate the conversation that you all are having here about roles, who is responsible for what, whose job is what and I hope that those will continue. From my vantage point it appears that that has been one of the stumbling blocks in creating stability in the hospital and among the relationships that the board has with its Administrators. I hope that you will continue to have those conversations and tap into the resources that you have available.

Kris Johnston ~ Also If you look at some of the letters that you've gotten and the anger, it's not always the Administration that is causing it, they work hard, they are a very limited crew. If you get one bad berry causing a bunch of havoc then you forget all of the people doing a really good job. We don't sit around and beat our own drums talking about how good we're doing, all you hear is from the bad berries.

X. BOARD MEMBERS COMMENTS

Joyce - wanted to thank staff for their hard work and Dr Blackadar for the information in his report.

Reggiani – No comment

Bailer – No comment

Joyce – Thank Stephen and Tiffany for their efforts responding to this. It's obvious that some of these things that were stated were out of context and maybe exaggerated. Things were looked at before and still being looked. I do agree it's nice to have the information, again I appreciate all the work that staff has done.

Hallquist – I know this is like getting called on the carpet, responding to accusations is never fun. But I think that one of the positives is that the community cares very deeply about this and it showed that you guys are doing what you need to be doing and of these accusations aren't necessarily true. Sometimes we do need to keep an eye on what's going on.

Carpenter – No comment

Burton - I appreciate it being fleshed out, even though I know that it's kind of irritating. But it's in the minutes and if they want to look at it they can. For that reason alone I am thankful that it was done.

XI. Executive Session

M/Reggiani S/Burton "I move to go into Executive Session regarding matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity".

At 6:40pm

XII. ADJOURNMENT –

M/Bailer S/Hallquist "I Move to adjourn the meeting."

Carpenter declared the meeting adjourned at 7:45pm.

Transcribed by: Faith Wheeler-Jeppson

Minutes
Community Health Services Board
Cordova Center Education Room
December 8, 2015 at 7:00pm
Special Meeting

I. CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the HSB special meeting to order at 7:00 pm. Board members present: **Kristin Carpenter, David Reggiani, James Burton, Josh Hallquist** (7:55 pm), **Robert Beedle, Tom Bailer** (7:35pm) and **Tim Joyce** (telephonically).

A quorum was established.

CCMC staff present: Stephen Sundby, CEO; and Tiffany Varnadoe, CFO

II. APPROVAL OF AGENDA

M/Reggiani S/Burton "move to approve the agenda."

Upon voice vote, Motion passed 4-0

III. CONFLICT OF INTEREST ~ None

IV. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

- **Guest Speakers** ~ None
- **Audience Comments** ~ None

V. APPROVAL OF CONSENT CALENDAR ~ None

VI. APPROVAL OF MINUTES ~ None

VII. REPORTS AND CORRESPONDENCE

President's Report ~ None

Administrator's Report ~ None

Finance Report ~ None

Medical Director's Report ~ None

VII. ACTION ITEMS ~ None

VIII. DISCUSSION ITEMS

1. CCMC 2016 Budget

Carpenter opened by stating that this meeting is for people to get more familiar with what is in the budget and a chance for Tiffany to explain what her parameters are and for Arnie (QHR) to chime in on what he will be looking at. Or what you are going to do to get an overview of CCMC finances.

Arnie Katz, QHR Regional Associate Vice President of Finances ~ My objective is to learn as much as I can about the financial operations of the hospital and look for opportunities where Quorum might be able to provide some assistance.

Tiffany ~ Reported that on the 2016 Budget summary it also has the actuals from 2012, 2013 and 2014 and I do have a column for the 2015 budget, the 2015 forecasted and the 2016 budget. We did annualization and then added the 5% charge master increase that we had discussed and added that in. We then looked at any increases and decreases in every department throughout the hospital and put those on here. Some examples, CT Scanner is coming on line the first week of January so I added that in as revenue. We're going to have an additional increase for our in-kind contributions because of the 'pass through' for Quorum.

Reggiani inquired as to whether that should be on the hospitals budget or the City's.

Arnie ~ As a Critical Access Hospital for Medicaid and Medicare you are reimbursed at 101% of Medicare's share of your cost. So if the Quorum Contract cost appears on your financial statement that will be part of your reimbursable costs. First I want to mention that the contract

is based on a fixed fee with an ala carte menu of consulting services, so there is nothing in the budget for those services which you may or may not want to select. So as I am looking at hospital operations I'm looking at areas where we might be able to provide services and there is nothing in the budget for that.

Tiffany ~ In 2012 the City started paying the CEO as a "pass through", this year in 2016 the hospital is going to have to pay the CEO. So, in the \$690,000 is the new CEO salary and taxes and benefits as well. This is the first year that's it's in here, so that alone is a very large increase. The other things that we really want to talk about is the Meaningful Use money, it's the \$972,000 that we're looking at getting in March or April. I have not thus far included that into the budget. I don't want to plan on getting it and then we don't have it. I wanted you to see realistic numbers first, then if you want me to put it in there I will.

Reggiani ~ What is the likelihood (that CCMC will get the Meaningful Use money)?

Arnie ~ The likelihood is high, one of the things that I need to do is have a conference call with the outsources IT company, to get this money you have to comply with the requirements that the system should meet for a period of 90 days. I'm not yet at a high comfort level that you're in compliance.

Kristin ~ Arnie, so are you familiar with Healthland's software?

Arnie ~ Somewhat, it doesn't have the functionality that some of the other systems have so that is currently a handicap. CPSI is better than Healthland, but not as good as some of the other systems that we work with. We have specialists in every area that can look at this. The broader issue is what kind of investment does the City want to invest in the hospital if they believe it could be successful?

The Board continued to discuss the CCMC budget line by line as presented by CFO Tiffany Varnadoe.

Tiffany will be emailing out the detailed budget to the Health Service Board Members as well as the information regarding the Employee Health Insurance tomorrow morning.

Faith will confirm whether the December 16th meeting with Ron Vigus is at the Council level or at the Health Service Board and email that information to Kristin in the morning.

IX. AUDIENCE PARTICIPATION ~ None

X. BOARD MEMBERS COMMENTS

Joyce ~ None

Reggiani ~ None

Bailer ~ None

Joyce ~ None

Hallquist ~ None

Carpenter ~ None

Burton ~ None

XI. Executive Session

M/Bailer S/Burton "I move to go into Executive Session regarding matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity".

At 8:58pm

XII. ADJOURNMENT –

M/Reggiani S/Burton "I Move to adjourn the meeting."

Carpenter declared the meeting adjourned at 9:56pm.



Date: January 14, 2016
To: Health Services Board
From: Stephen Sundby, Ph.D., CCMC Interim CEO/Administrator
RE: Administrator Report/CMS Survey

1. Update on Annual Long Term Care Survey (LTC) completed 1/8/2016

2. Staffing

- New Hires
 1. Physician (Start date of April 4, 2016)
- Current Open Position
 1. Director of Nursing
 2. Long Term Care Coordinator
 3. 4 Registered Nurses
 4. 1 Medical Social Worker
 5. 1 Physical Therapist
 6. 1 Medical Technologist
 7. 1 Quality Assurance/Performance Improvement RN (new)
- Current Travelers
 1. 1 Registered Nurses
 2. 4 LPN's
 3. 1 Physical Therapist
 4. 1 Medical Technologist

3. Update on CT Scanner.

12/29/15

Cordova Community Medical Center

Page:1

17:18

Balance Sheet

Application Code : GL

User Login Name:tvvarnadoe

November 2015

Description	Year-To-Date	Prior YTD
	Amount	Amount
ASSETS		
Cash & Cash Equivalents	71,720.32	417,022.82
Net Patient Receivables	965,574.75	884,382.38
Other Receivables	162,689.05	520,320.39
Fixed Assets	4,368,064.86	3,739,723.60
Prepaid Expenses	27,010.29	72,167.88
Inventory	223,891.12	145,507.07
	-----	-----
TOTAL ASSETS	5,818,950.39	5,779,124.14
	=====	=====
LIABILITIES		
Payables	2,911,391.40	2,035,240.31
Payroll Liabilities	340,544.05	459,995.76
Other Liabilities	139,354.89	34,400.37
	-----	-----
TOTAL LIABILITIES	3,391,290.34	2,529,636.44
EQUITY/FUND BALANCE		
	-----	-----
TOTAL FUND BALANCE	2,427,660.05	3,249,487.70
	-----	-----
TOTAL LIABILITIES AND EQUITY	5,818,950.39	5,779,124.14
	=====	=====

Comparison with Prior Year

Through November 2015

	Period	Year-To-Date	Prior Yr Pd.	Prior YTD
Description	Amount	Amount	Amount	Amount
REVENUE				
Acute	36,060.00	314,661.01	77,163.40	529,282.28
Swing Bed	40,218.20	856,333.99	87,014.42	796,911.52
Long Term Care	335,509.33	3,651,642.54	297,476.03	3,332,070.17
Clinic	51,924.04	687,873.96	38,424.70	732,922.03
Outpatients-Other	155,678.18	1,943,122.82	153,304.74	2,326,988.27
Behavioral Health	68,529.20	517,037.50	38,428.80	482,670.81

Patient Services Total	687,918.95	7,970,671.82	691,812.09	8,200,845.08
DEDUCTIONS				
Charity	18,470.54	202,702.55	16,612.66	339,111.88
Contractual Adjustments	236,307.76	918,894.58	-191,820.65	483,474.93
Bad Debt	-2,867.40	167,143.10	18,707.23	290,357.19

Deductions Total	251,910.90	1,288,740.23	-156,500.76	1,112,944.00
COST RECOVERIES				
Grants	0.00	387,915.00	0.00	731,895.97
In-Kind Contributions	50,536.66	959,598.30	25,536.66	280,663.26
Other Revenue	8,005.40	30,086.21	5,850.14	103,254.20

Cost Recoveries Total	58,542.06	1,377,599.51	31,386.80	1,115,813.43

TOTAL REVENUES	494,550.11	8,059,531.10	879,699.65	8,203,714.51
EXPENSES				
Wages	278,931.51	2,966,560.73	504,498.84	3,539,820.19
Taxes & Benefits	135,041.23	1,922,579.47	301,813.18	1,783,033.78
Professional Services	210,650.42	1,813,957.67	124,653.47	1,536,907.26
Minor Equipment	3,935.14	23,725.51	1,612.88	15,091.91
Supplies	20,509.73	368,155.39	37,513.64	537,946.66
Repairs & Maintenance	22,531.31	105,477.43	1,130.50	31,824.15
Rents & Leases	8,163.14	92,237.10	6,888.74	96,726.21
Utilities	42,735.75	509,966.56	19,489.76	278,087.00
Travel & Training	5,394.76	28,841.47	501.76	47,133.26
Insurances	-25,267.90	182,289.22	27,339.00	167,135.90
Recruit & Relocate	-3,686.17	38,651.96	205.00	86,835.85
Depreciation	39,869.23	278,993.92	22,364.41	249,712.85
Other Expenses	50,959.69	135,028.62	25,773.25	104,378.18

TOTAL EXPENSES	789,767.84	8,466,465.05	1,073,784.43	8,474,633.20

OPERATING INCOME	-295,217.73	-406,933.95	-194,084.78	-270,918.69

Unrestricted Contributions	0.00	0.00	0.00	250,000.00
Restricted Contributions	20.00	52,017.62	0.00	2,091.00

NET INCOME	-295,197.73	-354,916.33	-194,084.78	-18,827.69
=====				



Jan 12, 2015

From: Medical Director CCMC

To: Health Service Board Members,

Via: CEO/Administrator

Subj: Medical Directors report

1. I will be making a more detailed report at the next Health Service Board meeting when all of the data from last year has been reviewed. During the period since my last report we have had difficulty in obtaining services from Locums physicians, most likely secondary to the holidays. We were fortunate to have two locums who previously had not worked here spend 2 week periods with us, Dr Hunt and Dr Embury. I continue to review all the medical records for all admissions and transfers. Both of the above providers were reviewed and found to meet standard of care. One provider's records had some administrative issues and he was not able to fully use the EMR which is required to meet meaningful use goals. If we need to bring him back we will ensure there is a longer training period prior to him seeing patients. Before Dr Fellers arrives in April we will have visits from Dr Gear and Dr Visit to help with coverage, both who have worked here and have met requirements on peer review.
2. Telemedicine. Per CMS requirements we continue to evaluate the services provided by RAPC our radiology group. They provide us with their external peer review on a quarterly basis. We are in the process of ensuring we will have successful radiology coverage and response time to meet requirements for emergent use of the CT machine when it comes online soon.
3. We continue to monitor provider response time (required to be less than 30 minutes) and number of verbal orders given and number of verbal orders not signed off in 24 hours. Provider response time on average is less than 10 minutes with so far no responses exceeding 30 minutes. We are still having difficulty in extracting verbal order rates from the EMR automatically, however, excepting one of the locums we have reduced verbal orders to rare cases where the provider is not present. No orders were signed late.
4. Medical staff goals for the coming year include supporting a regular schedule emergency medicine training for nurses and support staff, with the goal of incorporating the EMS team before the summer. Additionally I am research the possibility of working to achieve Level IV trauma certification and participation in the regional trauma network. This allows for access to additional grants for training and equipment and more importantly facilities that participate in trauma networks have demonstrated better patient outcomes. This is not a quick or easy process but is rather a yearlong goal.
5. Equipment. As many of you know most of the equipment here at CCMC was purchased some time ago. Ignoring the non-medical items there are a few things that need replacing sooner rather than later. There used to be a machine in which cardiac treadmill stress tests could be performed on that is no longer functioning. Both I and Dr Fellers are capable of performing these tests. In other locations these serve as a money maker for

the hospital and save patients from going to Anchorage for a cardiology visit most of the time. In our Emergency Room one of our 2 primary exam beds is old and needs replacing. It is not adjustable and challenging getting elderly people and those with orthopedic injuries in out of the bed. The ultrasound machine has malfunctioned. It appears to be at least several thousand dollars to repair (best estimate) and hopefully can be fixed at all. Medicine has changed a lot since the original machine was purchased and the majority of uses for ultrasound can be done by less expensive handheld units. I have drafted a fund raising letter which was sent to the health service board for review. I do not feel capable to provide adequate care to pregnant women and trauma patients without the use of ultrasound.

6. For the next meeting I will have a detailed breakdown of last year's services and recommendations.

Respectfully,

C.S. Blackadar, MD
Medical Director CCMC
sblackadar@hotmail.com
360 399 0102



VIEW

DECEMBER

2015

Quorum's Monthly Digest of the Business of Healthcare

INSTABILITY IN MARKETPLACE AFFECTS HEALTHCARE PROVIDERS

REFERENCES

Quotations in the text are drawn from the following sources:

USA Today: UnitedHealth warns it may exit Obamacare plans, Nov. 20, 2015

<http://www.usatoday.com/story/money/2015/11/19/unitedhealth-group-earnings-downgrade-obamacare-affordable-care-act/76040322/>

The Wall Street Journal: New York Health Co-Op's Collapse Hits Physicians, Nov. 27, 2015
See attached PDF

FierceHealthPayer: Why as Co-Ops Failed, government failed to act, Nov. 16, 2015
<http://www.fiercehealthpayer.com/story/why-co-ops-failed-government-failed-act/2015-11-16>

The New York Times: Instability in Marketplaces Draws Concern on Both Sides of Health Law, Nov. 27, 2015
http://www.nytimes.com/2015/11/28/us/politics/instability-in-marketplaces-draws-concern-on-both-sides-of-health-law.html?_r=1

FOX News: Obama-Scare: Biggest US health insurer might leave exchanges, Nov. 19, 2015
<http://www.foxnews.com/politics/2015/11/19/obama-scare-biggest-us-health-insurer-might-leave-exchanges.html>

Modern Healthcare: UnitedHealth considers ditching ACA's exchanges after giant losses, Nov. 29, 2015
<http://www.modernhealthcare.com/article/20151119/NEWS/151119858>

Becker's Hospital Review: Cigna CEO: We haven't made money on ACA marketplace plans, Dec. 9, 2015
<http://www.beckershospitalreview.com/payer-issues/cigna-ceo-we-haven-t-made-money-on-aca-marketplace-plans.html>

UnitedHealth Group, the nation's largest health insurer, recently "warned that it may pull out of the Obamacare exchanges after 2016—forcing more than a half million people to find other coverage," reported *USA Today*. According to *FOX News*, United Health Group's CEO Stephen J. Hemsley explained, "in recent weeks, growth expectations for individual exchange participation have tempered industry-wide, co-operatives have failed and market data has signaled higher risks and more difficulties while our own claims experience has deteriorated." According to *Modern Healthcare*, UnitedHealth Group has lost \$425 million from health plans sold on the ACA's marketplaces.

UnitedHealth is part of a growing number of health insurers struggling under the Affordable Care Act (ACA). According to the *New York Times*, "[UnitedHealth's] concerns followed the collapse of 12 of the 23 nonprofit insurance co-operatives created with federal loans under the ACA." As a result of these closures, more patients are without coverage—leaving healthcare providers on shaky grounds.

And even as co-operatives are failing, *The New York Times* reported that Health and Human Services (HHS) predicted an increase from 9.9 million to 10 million people in the marketplace at the end of 2016. Even this small increase is sounding the alarm for some insurers. "[The increase] implied that they would not see an influx of healthy people, whose premiums could help defray the cost of care for sicker people in a well-balanced risk pool," (*New York Times*). "Carriers are 'really worried' about a

sicker population purchasing plans and driving down profits," (*USA Today*).

Other reasons for the demise of co-operatives include "failing to reach their enrollment and financial goals," reported *FierceHealthPayer*. "Many insurers lost money on their exchanges in 2014. To control costs, many have increased premiums and deductibles and other out-of-pocket costs, while reducing the number of doctors and hospitals available to consumers through their provider networks," (*The New York Times*). In addition, according to *FierceHealthPayer*, "Another blow came when insurers learned they would only get 12.6 percent of what they were owed through the risk corridor program, which was intended to make operating on the exchanges less financially risky."

Health Republic, New York state's only co-operative created under the ACA, shut down in September. According to *The Wall Street Journal*, "Health Republic owes hospitals statewide more than \$165 million."

According to *Becker's Hospital Review*, Cigna CEO David Cordani told *Kaiser Health News* that although Cigna is losing money on its ACA marketplace business, the insurer does not intend to quit selling plans on the exchanges. "We said from day one we didn't expect to make money on it. We didn't make money on it in 2014 and we aren't making on it in 2015." He believes it will take through 2016 for the market to "shake itself out." Talk with your CEO and Quorum regional vice president about the impact of exchanges on your hospital and medical staff.



Quorum Board Minutes

Addressing Changes in the Healthcare Landscape

Enhancing Physician Practice Reimbursements and Improving Population Health December 2015

CMS has been implementing Patient Protection and Affordable Care Act (ACA) requirements to start reimbursing physician practices for a wide range of primary care and preventive services. Over the past two years new reimbursements became available for—annual wellness visits, transitional care services, chronic care management services and advanced care planning. However, CMS reported that while about 35 million Medicare beneficiaries are eligible to receive this billable care-management services, only about 100,000 submitted reimbursement requests.¹

Yet an Annals of Internal Medicine practice-modeling study published in Sep. 2015, showed that a “typical” practice with about 2,000 Medicare patients could generate more than **\$75,000 net revenue per full-time physician if half of their eligible patients enrolled in chronic-care management**. As ACA’s payment reductions continue, preventive and primary care services affords hospitals the opportunity to help their employed physicians increase reimbursements. In many cases, physician practices are already performing the services in the ongoing care of patients, but have never been reimbursed for the services by the Medicare program.

Preventive Visits = Physician Reimbursement

Reimbursable preventive and health improvement services that physician practices can provide include the following:



Annual Wellness Visit

- Effective Jan. 1, 2015, Medicare covers an annual wellness visit for beneficiaries who:
 - ♦ Are not within the first 12 months of their first Medicare B coverage period; and
 - ♦ Have not received an Initial Preventative Examination (IPPE) or annual wellness visit within the past 12 months.²

Transitional Care Management Visit

- Effective Jan. 1, 2013, Medicare pays for care management services for a patient following a discharge from a hospital, SNF, or Community Mental Health Center stay, outpatient observation, or partial hospitalization.³
- Transitional Care Management is also provided to patients with medical and/or psychosocial problems, which require moderate or high-complexity medical decision making during transitions in care.⁴

Enhancing Physician Practice Reimbursements and Improving Population Health (Continued)

Chronic Care Management Visit

- As of Jan. 1, 2015, Medicare pays separately under the Medicare Physician Fee Schedule (PFS) for non-face-to-face care coordination services furnished to Medicare beneficiaries with multiple chronic conditions.⁵
- Chronic care management services include at least 20 minutes of clinical staff time conducted by a physician or other qualified health care professional under direct physician supervision, per calendar month, with other specific requirements, such as multiple (two or more) chronic conditions expected to last at least 12 months, etc.
- Patients must agree to participate in the CCM service and practice must have healthcare professional “available” to the patient 24/7 by telephonic and other electronic communication.

Physician Fee Schedule and Hospital Outpatient Prospective Payment Rules for Advanced Care Planning Visits

- CMS’ final rule updated payment policies, payment rates and quality provisions for Advanced Care Planning Visits furnished under the PFS or OPPTS (outpatient prospective payment system) on or after Jan. 1, 2016.⁶
- Payable Services:
 - ♦ Only payable as a standalone service under OPPTS
 - ♦ Separately payable under the Physician Fee Schedule, standalone or provided in conjunction with evaluation/management services or annual wellness service or other physician services
 - ♦ Payable in any setting: Inpatient, Outpatient, Clinic, etc.
- Please see attached presentation for further details and codes

Barriers to Adoption

Many clinics can deliver care-management services; however they are not billing for these services because of the resources needed to complete the documentation, lack of knowledge or revisions physician practice workflows may require.

What can your hospital do to ensure physicians receive appropriate reimbursement?

1. Provide education to your employed physicians, to help them understand the changes required to their practice processes to qualify for this reimbursement.
2. Formalize processes necessary to support annual well visits, transitional care visits and chronic care visits, including “how to” documentation and effective billing and collection practices.
3. Identify and build the workflows and processes for documentation and patient contact that are required.

Enhancing Physician Practice Reimbursements and Improving Population Health

(Continued)

4. Use the availability of the annual wellness visits and chronic care management visits to market your physician practices to all patients in the community.
5. Capital investment and possibly additional staffing may be required, especially with increased patient volumes.

Quorum will be providing Webinars to help your management team understand the physician practice adjustments that have to be made to qualify for this reimbursement: <http://www.qhrlearninginstitute.com/healthcarefinanceandreimbursement>. In addition, the National Rural ACO Consortium (NRACO) will be conducting Webinars for its members on the Chronic Care Management and Transitional Care Management payment programs in January 2016. In addition, Quorum Physician Services can help your hospital address these issues. If you would like assistance, talk with your Quorum RVP.

-
- ¹ Modern Healthcare, Why most docs skip Medicare's chronic-care management fee (and how some are making it work), Oct. 17, 2015 <http://www.modernhealthcare.com/article/20151017/MAGAZINE/310179987>
 - ² CMS.gov, The ABCs of the Annual Wellness Visit https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf
 - ³ Frequently Asked Questions about Billing Medicare for Transitional Care Management Services, Aug, 21, 2013 <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/downloads/faq-tcms.pdf>
 - ⁴ AAFP.org, Frequently Asked Questions: Transitional Care Management http://www.aafp.org/dam/AAFP/documents/practice_management/payment/TCMFAQ.pdf
 - ⁵ <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf>
 - ⁶ CMS.gov, Proposed policy, payment, and quality provisions changes to the Medicare Physician Fee Schedule for Calendar Year 2016, Oct. 30, 2015 <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-10-30-2.html>

January 12, 2016

To: Health Service Board
Subject: Credentialing and Privileging of Dr. Stuart Embury

A Credentialing and Privileging packet was emailed to HSB Board Members at 8:46am on January 12, 2016 for their review for Dr. Stuart Embury.

Suggested Motion “I move to approve the Credentialing and Privileging of Stuart Embury, MD.”

January 12, 2016

To: Health Service Board
Subject: Updated Resolution Authorizing CCMC Check Signers

In light of recent events we felt it prudent to update and resubmit the Resolution Authorizing CCMC Check Signers to reflect current CCMC staff and HSB Board Members:

Administrator/SA Director	Stephen Sundby
Director of Rehab Services	Randy Apodaca
Health Services Board President	Kristin Carpenter
Health Service Board Member	Robert Beedle
Health Service Board Member	Josh Hallquist

Suggested Motion: “I move to approve the Resolution of the Cordova Health Services Board designating the representatives authorized for signing checks, non-check payroll tax payment, and cash transfers for Cordova Community Medical Center.”

**Community Health Services Board
Resolution**

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

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

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

THEREFORE, BE IT RESOLVED THAT,

1. All checks issued require two signatures; that checks exceeding \$5,000.00 for expenditures other than non-operational monthly expenses, i.e. payroll taxes, insurance, PERS contribution, etc, require at least one (1) Health Service Board Officer's signature, and that non-check payroll tax payments and cash transfers from the general checking account to the payroll checking account require only one (1) signature.
2. The Health Services Board authorizes the following individuals to act as check signers on the above-mentioned accounts:

Administrator/SA Director	Stephen Sundby
Director of Rehab Services	Randy Apodaca
President	Kristin Carpenter
Member	Robert Beedle
Member	Josh Hallquist

PASSED and approved this 14th day of January 2016

Board Signature: _____ Date: _____

January 12, 2016

To: Health Service Board
Subject: Rehab Medical Vacuum System

Our current medical vacuum system is operating on the back up pump – which is close to the end of its mechanical limits. The primary pump is completely shot. Both pumps are ‘wet’ pumps and considered obsolete and not in compliance with current standards.

The quote and letter (attached) will make clear the costs and best way to go with this system.

As for the why... Imagine you were gut shot in a hunting accident. You are in the ER. They are vacuuming the blood from the wound to suture it shut. Time is critical. The vacuum pump fails. Your doctor cannot see clearly where to stitch as blood covers the wound. Your chances of survival are greatly diminished.

Suggested Motion “I move to approve the purchase of the Rehab NFPA Compliant Medical Vacuum System.”



D & L Equipment Works
1954 Friendship Drive, Suite 103
El Cajon, CA 92020
www.airandvac.com
e.mail: aav@airandvac.com
phone: 619.562.3060
800.743.8280
fax: 619.562.3145

Estimate

Estimate # 2015-7126
Date 8/11/2015
Quoted by LDK
E-mail aav@airandvac.com
Terms 50% DOWN, NET 30,
FOB SHIP POINT

Estimate prepared for:

Contact Name Jeffrey Sajot
Contact Phone 907-947-2070 Email jsajot@cdvmc.com

Description	Qty	Each	Total
Rehab Medical Vacuum system. Change out the old medical vacuum pumps with 2 new dry claw type medical vacuum pumps and replace the control panel with a new UL listed NFPA compliant panel. The vacuum system will have a full new warranty and meet the current NFPA requirements for medical vacuum. The scope of work includes removing 2 each old liquid ring type vacuum pumps. Prep and paint base frame. Modify existing frame to accept 2 new high capacity dry claw type vacuum pumps. Mount and plumb new pumps. Remove old control panel. Mount and wire new control and wire electric motors. Test unit for proper operation. Train hospital maintenance personal in the operation and maintenance of the Medical Vacuum Equipment. This work will be completed with no interruption of the hospital medical vacuum. All materials labor, materials, freight and expenses are included in this quote. Medical Gas certification is not included.	1		23,473.00T

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Thank you for the opportunity to estimate your job. The prices shown are valid for 30 days from the above date. If beyond 30 days, please call to confirm pricing.

A copy of your current, valid Resale Certificate is required on all jobs claiming sales tax exemption.

Subtotal \$23,473.00
Sales Tax (0.0%) \$0.00
Total **\$23,473.00**

KEEP EXISTING 120 GAL. RECEIVER TANK

LEAVE EXISTING VALVED AND CAPED WATER LINE

TERMINATE WATER SOURCE PIPE WITH VALVE AND CAP AT CEILING

EXISTING ALARM BOX TO REMAIN

ADD CONNECTION PLUMBING FROM NEW PUMPS TO EXISTING LINES

DEMO WATER DRAIN TO FLOOR SINK

ADDED BUSCH 3HP DRY CLAW PUMP

MODIFY FRAME TO MOUNT 3HP DRY CLAW PUMPS (BOTH SIDES)

ADDED UL LISTED DUPLEX CONTROL PANEL

ADDED BUSCH 3HP DRY CLAW PUMP

ADD CONNECTION PLUMBING FROM NEW PUMPS TO EXISTING LINES

BUSCH DRY CLAW 3 HP DUPLEX PUMPS USING THE EXISTING 120G TANK AND MODIFIED FRAME

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TITLE: **CORDOVA, ALASKA RETROFIT OPTION: B**

PROPRIETARY AND CONFIDENTIAL

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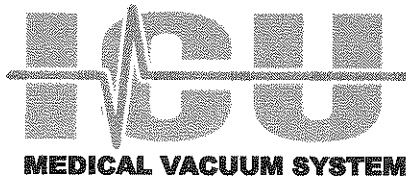
REV

COMMENTS:

UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN INCHES

SCALE: 1/96 WEIGHT:

SHEET 1 OF 1



Specification Dry Rotary Claw Vacuum Pump

Duplex Vertical Tank Mount 2, 3, 4, & 5.4 HP

#3305 Rev 6/01/15

Page 1 of 2

Description:

NFPA 99 compliant duplex dry rotary claw medical vacuum package. One piece vertical tank mount system is designed for single point connections. All systems are thoroughly tested prior to shipping. This system ships with:

- Inlet and discharge threaded flex connectors
- Hard copy and CD of O&M manuals

Package Details:

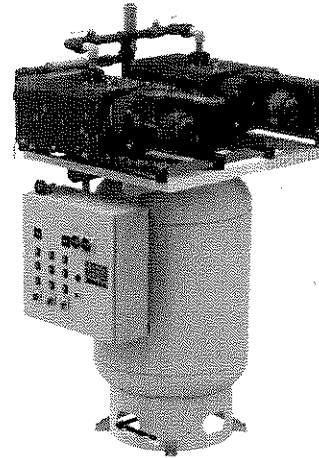
Duplex medical vacuum system, consisting of two continuous duty, dry rotary claw, air cooled vacuum pumps. The vacuum pumps, vacuum receiver and control panel shall be factory assembled in a one piece package, pre-plumbed and pre-wired for single point connections. The package includes: 5.0 micron inlet filters, vibration isolation feet under each pump, exhaust and intake manifold plumbing with flexible metal vibration isolators, pump isolation valves, sight gauge, 3-valve bypass, and main system shutoff valve with flexible metal isolator for connecting to piping system. The package meets or exceeds NFPA 99 current edition.

Dry Rotary Claw Vacuum Pump:

Each medical vacuum pump shall be a non-contact, friction free dry rotary claw. The direct shaft-driven claws generate vacuum efficiently and economically, are ideal for WAGD applications, and have a long service life. No lubrication or sealing fluid shall be required inside the vacuum chamber resulting in low maintenance service and cost. In comparison to other vacuum technologies, they offer safe and reliable operation at fairly low noise levels. The rotary claw shall be a single stage, positive displacement, continuous duty type vacuum pump, capable of operating continuously through its full range up to 28.4" Hg. Each vacuum pump shall be equipped with an inlet check valve, anti-suck back valve, and vacuum inlet filter with a 5.0 micron replaceable element. Each vacuum pump is air cooled and no water shall be required for normal operations.

Electric Motor/Drive:

Each vacuum pump shall be direct driven by a 3,600 RPM C-face, totally enclosed, fan cooled, TEFC electric motor. Motor shall be 208-230/460 volt, three phase with a service factor of 1.15.



Vibration Isolation:

Each pump and motor assembly shall be mounted to the base frame/tank with seismically restrained vibration isolators.

Vacuum Receiver:

The tank shall be constructed in accordance with A.S.M.E. standards and shall be equipped with 3 valve by-pass piping, vacuum gauge, double valve drain system and sight gauge.

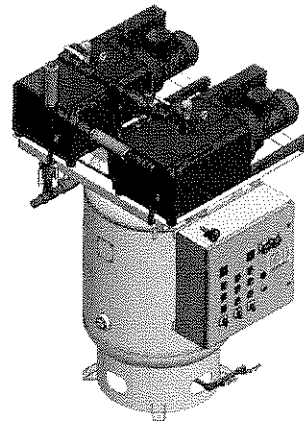
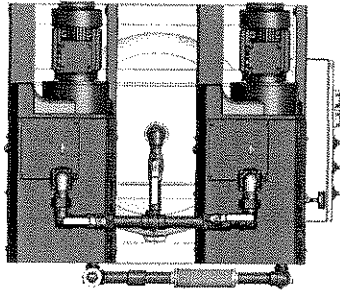
Standard Control Panel:

The system includes a duplex control panel in a NEMA 12 enclosure. The control panel is UL 508 listed and is designed to operate an NFPA compliant medical vacuum system. The panel includes: individual through-the-door disconnects for each motor, motor circuit breakers, magnetic starters, adjustable motor overload protection, dual control voltage transformers, alternating circuit, hand-off-auto switches, auto/lead pump selector switch, power on light, high temperature lights, transformer failure light, pump run lights, vacuum switches and alarm contact connection points. The control panel will start up immediately after power failure and no boot-up time is required.

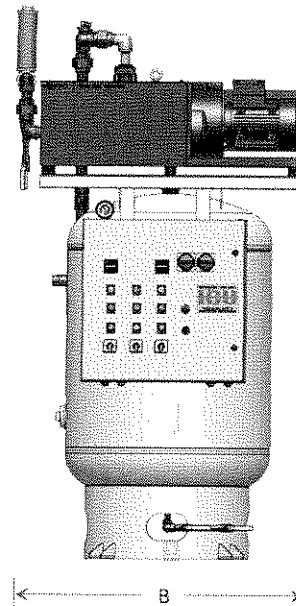
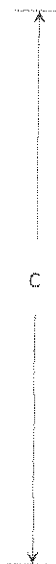
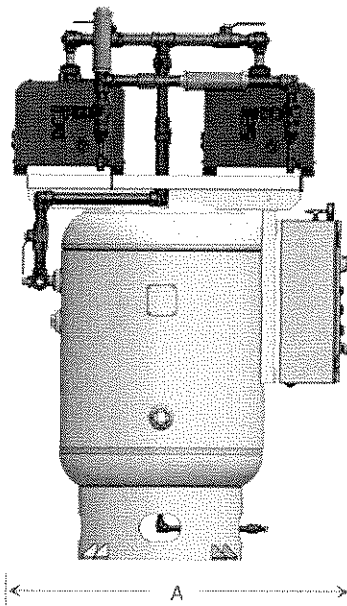
Optional:

- Galvanized tank.
- Variable Frequency Drive (VFD)
- Touch-Screen Interface Control System (HMI/PLC) with built-in ethernet, system monitoring, maintenance alerts and multiple protocols for facility automation systems.

Dry Rotary Claw Vacuum Package Duplex Vertical Tank Mount 2, 3, 4, & 5.4 HP



There are recommended minimum clearances
for equipment maintenance and ventilation.
Please contact us at 800-743-8280 for more information.



SHOWN: Duplex 4 HP, 120 gallon, vertical tank mount, standard dry rotary claw configuration.

NFPA Compliant Medical Vacuum Package - Technical Data																
Model Number	Tank Gals	HP		SCFM @ 19" HG ^(1,2)		dB(A) ⁽³⁾ Level	System FLA			BTU HR	Dimensions			NPT In	NPT Out	Weight (LBS)
		each	pkg	each	pkg		208V	230V	460V		A	B	C			
V78M-DTC-4VS	120	2.0	4.0	16.0	16.0	70	17	16	8	5,089	45.0	43.0	82.0	1.25	1.0	1,280
V78M-DTD-4VS	120	3.0	6.0	21.0	21.0	70	22	21	10	7,633	45.0	43.0	82.0	1.25	1.0	1,310
V78M-DTI-4VS	120	4.0	8.0	29.0	29.0	79	29	26	12	10,178	45.0	43.0	82.0	1.25	1.0	1,310
V78M-DTU-4VS	120	5.4	10.8	38.0	38.0	79	37	32	16	12,722	45.0	43.0	82.0	1.25	1.0	1,360

1. Vacuum pump data is shown with one pump in reserve. 2. Pump capacities are shown in SCFM (Standard Cubic Feet per Minute). 3. dB(A) levels are shown as only one pump running. 4. Data is shown with equipment running at normal operating conditions with a maximum ambient temperature of 105°.

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