

**AGENDA**  
**COMMUNITY HEALTH SERVICES BOARD MEETING**  
**Cordova Library Conference Room**  
**February 6, 2013 – 6:30 PM**

At CCMC, we believe that healthy people create a healthy community.
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President  
David Allison  
term expires 03/13

Vice-President  
EJ Cheshier  
term expires 08/13

Secretary  
David Reggiani  
term expires 08/15

Board Members  
Bret Bradford  
term expires 08/14  
Jim Kacsh  
term expires 08/15  
Tim Joyce  
term expires 08/15  
NVE Tribal Council –  
Vacant

Administrator  
Theresa L. Carté

- I. OPENING**
  - A. Call to Order**
  - B. Roll Call – David Allison, Bret Bradford, EJ Cheshier, Tim Joyce, Jim Kacsh, David Reggiani**
  - C. Establishment of a Quorum**
- II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**
  - A. Guest Speaker**
  - B. Audience Comments (limited to 3 minutes per speaker).**  
Speaker must give name and agenda item to which they are addressing.
- III. CONFLICT OF INTEREST**
- IV. APPROVAL OF AGENDA**
- V. APPROVAL OF CONSENT CALENDAR**
  - A. HSB Meeting Minutes - 1/16/2013 ..... Page 1**
- VI. REPORTS AND CORRESPONDENCE**
  - A. Administrator's Report**
  - B. President's Report**
  - C. Finance Statistical Report ..... Page 3**

**VII. ACTION ITEMS**

- A. Re-privileging of James Dudley, MD**
- B. Privileging of Susan Beesley, MD**

**VIII. DISCUSSION ITEMS**

- A. Community Health Needs Assessment ..... Page 4**
- B. Med Staff Bylaws approval – eICU Credentialing ..... Page 5**
- C. CT Scanner update ..... Page 28**

**IX. 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.

**X. BOARD MEMBERS COMMENTS**

**XI. EXECUTIVE SESSION\***

**XII. ADJOURNMENT**

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

**Minutes  
Community Health Services Board  
Cordova Library Conference Room  
January 16, 2013 – 6:33 PM**

**I. CALL TO ORDER AND ROLL CALL –**

**David Allison** called the HSB meeting to order at 6:33 pm. Board members present: **David Allison, Bret Bradford, Jim Kacsh, Tim Joyce** (telephonically).

Absent: **EJ Cheshier and David Reggiani**.

A quorum was established.

CCMC staff present: **Theresa Carté**, CEO, **Tim Kelly**, CFO and **Stephen Sundby**, Director, Sound Alternatives

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

**A. Guest Speakers – None**

**B. Audience Comments – None**

**III. CONFLICT OF INTEREST – None**

**IV. APPROVAL OF AGENDA**

**M/ Kacsh, S/ Bradford:** Move to approve the agenda.

**Upon voice vote, motion passed 4-0**

**V. APPROVAL OF CONSENT CALENDAR**

**Allison** informed the Board that the consent calendar was before them.

a. Health Services Board Regular meeting minutes from December 19, 2012.

b. Health Services Board Special meeting minutes from December 28, 2012.

**M/ Kacsh, S/ Bradford:** Move to approve the Consent Calendar.

**Upon voice vote, motion passed 4-0**

**VI. REPORTS AND CORRESPONDENCE**

**A. Administrator's Report**

**Carté** stated that the information on the Exterior Insulation Finish System (EIFS) repair and refinish proposal had been sent out. We're requesting to move forward, this is the work that is coming out of the leftover money from the roofing project.

**M/ Bradford S/ Kacsh I move to approve the contract between the City of Cordova and CH2M Hill for Engineering and RFP preparation for the hospital siding.**

**Upon voice vote, motion passed 4-0**

**Carté** also reported that we had planned by today to have the Clinic upstairs back in our possession but NVE has requested an extension of their lease and the City has granted that. NVE will be staying a little bit longer and we're still continuing our plans to begin occupying that space when they leave on the 16<sup>th</sup> of February.

**B. President's Report – None**

**C. Financial Report**

**Carté** stated that we sent out the financial statement that compares our fiscal year 2011 to our fiscal year 2012 compared to our past year which is the 2012. Our long term care beds are full, plus we have two patients in swing care beds. The clinic volumes have been about constant and inpatient days have gone up as well.

**VII. ACTION ITEMS**

**VIII. DISCUSSION ITEMS**

**(A)** Update on financing for the Electronic Health Record.

**Carté** stated that the last time the board met approval had been given to go ahead with purchasing Healthland's Centriq product. What's open for discussion is do we want to go with the proposed financing from First Financial or do we want the City to look at other financing options for us?

**After a lengthy discussion, additional financial information was requested, that information is to be provided to City Council in order to render a decision regarding financing.**

**IX. AUDIENCE PARTICIPATION – None**

**X. BOARD MEMBERS COMMENTS – None**

**XI. EXECUTIVE SESSION – None**

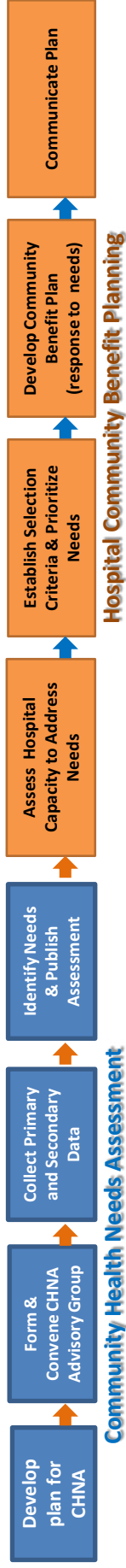
**XII. ADJOURNMENT –**

**M/ Kacsh, S/ Bradford:** Move to adjourn the meeting. **Allison** declared the meeting adjourned at 6:59 pm.

**Transcribed by: Faith Wheeler-Jeppson**

	January 2012	YTD 2012	January 2013	YTD 2013	Monthly Variance	YTD Variance
<b>Hospital (Inpatient)</b>						
Patient Days	48	194	73	306	52%	58%
Admissions	3	26	10	39	233%	50%
Discharges	4	27	10	38	150%	41%
Discharge Days	64	200	57	271	-11%	36%
ALOS	16.0	7.4	5.7	7.1	-64%	-4%
<b>Outpatient Class by Type</b>						
Observation	5	24	-	8	-100%	-67%
OutPatient	23	294	14	160	-39%	-46%
Emergency Room	54	407	27	396	-50%	-3%
Clinic	96	937	142	924	48%	-1%
Lab/Xray	78	786	122	816	56%	4%
<b>Long Term Care</b>						
Patient Days	279	1,914	310	2,092	11%	9%
Admissions	9	66	10	71	11%	8%
Discharges	9	57	10	69	11%	21%
Discharge Days	275	1,635	310	2,022	13%	24%
ALOS	30.6	28.7	31.0	29.3	1%	2%

# Community Health Needs Assessments (CHNA)



## Basic Info – Providence and CHNAs

Providence Alaska conducts a community health needs assessment in each community it serves at least once every three years which is consistent with Affordable Care Act/IRS requirements for non-profit and community owned hospitals.

The information collected in the needs assessment is primarily used to determine how the hospital:

- Can best meet the health care needs of the communities it serves
- Should allocate community benefit resources based on needs identified in the needs assessment

## The Affordable Care Act (ACA) & CHNAs

The ACA requires non-profit and community owned hospitals to conduct a CHNA once every three years. The intent is to help ensure that hospitals that are not taxed are addressing the needs of the community.

### The assessment must :

- “take into account” “input” from people who “represent” the “broad interest” of the “community.”
- Not deliberately exclude any particular subpopulation
- Include someone with “special knowledge or expertise in public health.”
- Be made “widely available” to the “public.”

### The hospital must

- “adopt” an “implementation strategy” to address needs identified in the assessment (not all)

## What is a CHNA?

Community Health Needs Assessments collect data about the health status of a population, demographic information, barriers to care, and unmet healthcare needs in the community

CHNAs usually involve the collection of **primary data** (direct surveys, focus groups and/or key community stakeholder interviews) and **secondary data** (existing data already collected by reputable federal, state and other agencies or organizations)

This information is compiled with graphs, informational narrative and analysis to give a picture of the health needs of the community

With this information the hospital and the community can decide how to **allocate their resources** in the most **effective way** to **meet the needs of the community**

## Who is involved in the process

- Providence planning support team
- Possible Consultant for data collection/survey development

### Community Advisory Group

- Hospital Administrator and key staff
- Health Services Board
- Lead representatives of key subpopulation in the community (native, public health, agency, government, etc...)

## Process Chronology

Depending on the specifics of the community and the decided approach to the CHNA, the needs assessment and community benefit plan process take **roughly 5-7 months**.

1. **Develop CHNA Plan** - Establish plan for conducting the assessment which may involve contracting with a consultant assist in all, or part, of the assessment process
2. **Establish and Convene Community Advisory Group** – Convene the Health Services Council along with public health and other key stakeholders that represent the broad interests of the community to advise on the indicators and process

3. **Collect Secondary Data** – Collect existing data on the community from reputable sources and identify data gaps that can be filled with a primary data collection effort

4. **Collect Primary Data** – This step can involve face-to-face surveys, telephone surveys, online surveys, focus groups and/or key stakeholder interviews

5. **Identify Needs and Publish Assessment** - The Community Advisory Group will convene to identify and prioritize needs

6. **Hospital Develops Community Benefit Plan to Address Needs** – The ACA requires a plan to address needs (not necessarily all needs). Finally, the Board must validate the CHNA and the plan.

# **MEDICAL STAFF BYLAWS**

## **PREAMBLE**

Recognizing that the Medical Staff is responsible for the quality of medical care in the Cordova Community Medical Center, and must accept and assume this responsibility, subject to the authority of the Health Services Board and that the best interest of the patient are protected by concerted effort. The providers practicing at Cordova Community Medical Center hereby organize themselves in conformity with the bylaws, rules, and regulations hereinafter stated.

For the purpose of these bylaws, the term "Medical Staff" shall be interpreted to include all providers who are privileged to attend patients in Cordova Community medical Center, and the term "active" shall be interpreted to include all member providers categorized as Active Medical Staff. A "Licensed Independent Practitioner" is, as defined by the State of Alaska, any clinical practitioner who can practice independently under State of Alaska law to include Medical Doctor (M.D.), Doctor of Osteopathic Medicine (D.O.), Nurse Practitioner, Certified Registered Nurse Anesthetist, Physician Assistant, Certified Nurse Midwife, and Podiatrist.

Whenever the term "Health Services Board" appears, it shall be interpreted to refer to the governing body of CCMC.

## **ARTICLE I PURPOSE**

The purpose of the Medical Staff Bylaws shall be:

1. To ensure that all patients admitted and treated at Cordova Community Medical Center receive the best possible care, appropriate to our unique setting and available resources;
2. To provide a means whereby problems of the medical-administrative nature may be discussed by the Medical Staff with the governing body and the administration; and
3. To initiate and maintain rule and regulations for government of the Medical Staff.

For the purpose of these bylaws, the Medical Staff year commences on the first (1<sup>st</sup>) day of January and ends on the thirty-first (31<sup>st</sup>) day of December of each year.

## **ARTICLE II MEMBERSHIP**

### **SECTION 1. Membership a Privilege:**

Membership on the staff of Cordova Community Medical Center is a privilege which shall be extended only to those practitioners who strictly meet and continue to meet the standards and requirements set forth in these bylaws.

Only practitioners legally licensed to practice in the State of Alaska who document their background,

experience, training, good reputation, and who assure in the judgment of the Health Services Board, that any patient admitted to or treated in the Cordova Community Medical Center will be given the best possible care and professional skill, shall be and remain qualified for membership to the Medical Staff.

## **SECTION 2. Terms of Appointment:**

Appointments shall be made by the Health Services Board after recommendations of the Medical Director and shall be for a period of two (2) years or until the end of the Medical Staff two (2) year period, which ends in the even year. Before the end of the Medical Staff two (2) year period, the Medical Director shall submit to the Health Services Board, through Medical Staff Services Committee, the recommendation for reappointment of a member to the Medical Staff for an additional two-year period, together with recommendations concerning the privileges to be accorded such member.

Appointments to the Medical Staff shall confer on the appointees only such privileges as may be provided in these bylaws, rules, and regulations of the Medical Staff. Applicants for active membership shall practice within the Medical Center and agree to accept staff committee assignments within reason, as well as provide emergency care and consultation for any patients admitted to the Cordova Community Medical Center, in accordance with said rules and regulations.

## **SECTION 3. Procedure for Appointments:**

Any practitioner, in applying for membership, does hereby signify willingness to appear before the Medical Staff. Also the applicant authorizes CCMC to consult with any and all members of the medical staffs with which the applicant was or is a member, concerning the applicant's professional qualifications and competence. The applicant further authorizes CCMC to contact other persons or entities that may have information bearing on the applicant's competence or ethical qualifications and to inspect any records at any previous medical facility where the applicant held privileges, which would be material to an evaluation of the applicant's professional qualifications and competence to carry out the privileges requested. The burden at all times remains on the applicant to establish competence and qualification to exercise privileges.

The Medical Staff Services Committee shall forward the application, information, and references to the Medical Director for consideration. The Medical Director shall investigate the character, professional competence, qualifications, and ethical standing of the applicant to exercise the privileges requested, and shall verify, through reference given by the applicant and other available sources, that he/she meets and has established all the necessary qualifications set forth in these Bylaws. As a condition of appointment, the Medical Staff may require an examination of the applicant's physical or psychiatric status.

Within sixty (60) days after receipt of the completed application for membership by a provider, the Medical Director shall make written recommendations to the Health Services Board, through Medical Staff Services Committee, that the application be provisionally accepted, deferred, or rejected. Any recommendations for initial provisional appointments may include probationary conditions relating to privileges. When a recommendation is made to defer for further consideration or investigation, it must

be followed up within sixty (60) days by a recommendation to accept or reject the applicant. The Administrator shall notify the applicant by mail of any recommendation to reject or defer consideration of the applicant within ten (10) days after such decision is made.

The Health Services Board, at its next regular meeting after receipt of the final report and recommendations of the Medical Director on any initial application for membership, shall consider same and may accept the recommendation of the Active Staff or refer it back for further consideration, stating the reasons for such action, requiring a report back from the Medical Staff within sixty (60) days. Within thirty (30) days after its receipt, the Health Services Board shall make a final decision therein. In the event the Health Services Board's decision is contrary to the recommendations of the Medical Staff, the Health Services Board shall first submit the matter to the joint conference committee for recommendation.

When the Health Services Board has taken final action on any application for membership on the Medical Staff, the Board, acting through the administrator, shall notify the applicant of the action taken. If the applicant is provisionally accepted, the administrator shall secure his/her signed agreement to be governed by the bylaws and rules and regulations.

Each initial appointment shall be provisional until the end of the Medical Staff probation period of six (6) months. An applicant may be re-appointed to provisional membership after the six (6) month probation period not to exceed one (1) full Medical Staff year of provisional membership, at which time he/she must be advanced to Active Staff membership or his/her staff membership is automatically terminated for all purposes, without further recourse, except that he/she shall have the rights accorded to a member of the staff who has failed to be re-appointed, as provided in Article VIII.

#### **SECTION 4. Procedure for Reappointments:**

1. At least sixty (60) days prior to the termination of the Medical Staff two year period, the active staff shall undertake a review of all information available on the then members of the Medical Staff, for the purpose of determining justification for their reappointment to the Medical Staff for the ensuing two year period. Specific consideration shall be given to each member with respect to professional competency, clinical judgment in the treatment of patients, ethics, conduct, attendance at Medical Staff meetings, participation in medical staff affairs, cooperation with Cordova Community Medical Center authorities and personnel, use of Cordova Community Medical Center facilities for his/her patients, relations with other staff members, general attitude toward his/her practice, patients, the Cordova Community Medical Center and the public generally. As a condition for appointment or continuation of privileges, the Medical Staff Committee may require an examination of the staff member's physical or psychiatric status.
2. At least thirty (30) days prior to the termination of the medical staff two-year period, the Medical Director shall make its recommendations to the Health Services Board through the Medical Staff Services Committee, recommending the reappointment or non-reappointment of privileges (including increases or restrictions) of each member of the Medical Staff for the ensuing two-year period. Where non-reappointment, or restriction of privileges is recommended or a requested increase in privileges is not recommended, the reasons therefore shall be stated.



3. The performance review shall include the following areas:
  - a) Professional competence and clinical judgment in the treatment of patients;
  - b) Review of quality assurance committee documents, incident reports, and other similar information;
  - c) Comparison of the practitioner's performance with that of his other peers;
  - d) Evaluation of the practitioner's performance by each of the medical center's departments (Administration, nursing, medical records, clinic, and laboratory/radiology);
  - e) Review of reprimands, restrictions, malpractice allegations, or reduction of privileges;
  - f) Compliance with the Medical Staff bylaws, rules, and regulations;
  - g) Participation in continuing medical education;
  - h) Ability to cooperate with and relate well to other practitioners, patients, medical center staff, and consultants;
  - i) Ethics, conduct, and general attitude towards patients, medical center staff, and the medical Center;
  - j) Attendance records at Medical Staff meetings and participation in staff affairs, including other patient care meetings that are a part of the Medical Center Staff functions; and
  - k) Physical or psychiatric status when, in the opinion of the committee, examination or consideration of such status is warranted.

#### **SECTION 5. Determination of Privileges:**

1. Determination of initial privileges shall be based upon an applicant's training, experience, and demonstrated competence. Privileges shall be delineated with completion of the credentialing forms and approval by the Medical Director and the Health Services Board.
2. Determination of extension of further privileges shall be based upon an applicant's training, experience, and demonstrated competence which shall be evaluated by review of the applicant's credentials, direct observations by the Active Medical Staff, and review of reports, as provided in Article II, Section 2, of these bylaws.

#### **SECTION 6. Emergency and Temporary Privileges:**

Regardless of staff status, in case of emergency, the physician/practitioner attending the patient shall be expected to do all in his/her power to save the life of the patient, including the calling of such consultation as may be available. For purpose of this section, an emergency is defined as a condition where the life of the patient is in immediate danger and in which any delay in administering treatment would increase the danger.

The administrator of the Cordova Community Medical Center, after conference with the Medical Director, shall have the authority to grant temporary privileges to a physician/practitioner who is not a member of the Medical Staff. The Medical Director shall give an authoritative opinion as to the competence and ethical standing of the physician/practitioner who desires such temporary privileges and, in the exercise of such privileges; he/she shall be under the direct supervision of the Medical Director. Temporary privileges may not be granted in excess of 90 days, after which the physician to whom temporary privileges have been granted shall be required to become a member of the Medical Staff before being allowed to attend additional patients.

## **SECTION 7. Leave-of-Absence and Reappointment:**

Any member of the Active Staff may request, in writing, a leave of absence for a period not to exceed the present term of appointment or two years, and such request may be recommended by the Active Staff to the governing body. Such member may apply for reappointment and be considered in a manner similar to a reappointment, upon the submission of a written report or other documentation of his/her professional or other activities during the absence.

## **SECTION 8. Release of Information:**

1. All applicants, as well as members of the Medical Staff, consent to the release of information for any purpose set forth in these bylaws and release from liability and agree to hold harmless any person or entity furnishing or releasing such information concerning his/her application or Medical Staff status.
2. National Practitioner Data Bank:
  - a) A physician or other health care practitioner who applies for appointment to the Medical Staff authorizes the medical center to request information from the National Practitioner Data Bank. The applicant agrees and understands that the medical center shall, at minimum, request information from the data bank every two years.
  - b) The medical staff agrees and understands that the medical center must report information to the National Practitioner Data Bank including:
    - i. malpractice payments: each person or entity, including a medical malpractice insurer that makes a payment under an insurance policy, self-insurance, or otherwise on behalf of a practitioner in the settlement or in satisfaction in whole or in part of a claim or a judgment against such practitioner must report that information to the data bank;
    - ii. professional review actions based on:
      - (1) any professional competence or professional conduct that adversely affects the clinical privileges of a provider or dentist for a period longer than 30 days, and
      - (2) Acceptance of a provider's or dentist's voluntary surrender or restriction on clinical privileges while under investigation for possible professional incompetence or improper professional conduct; and
    - iii. license actions by the state medical or dental boards, including revocation, suspension, censure, reprimand, probation, or surrender.

Note: No adverse action by the medical center will be reported to the National Practitioner Data Bank until all avenues of appeal under the Fair Hearing Plan are exhausted, and the board has made a final decision unless otherwise required by law.

## **ARTICLE III CATEGORIES OF THE MEDICAL STAFF**

### **SECTION 1. The Medical Staff:**

The Medical Staff shall be divided into honorary, consulting, active, courtesy, telemedicine, Locum Tenens, and provisional groups.

**SECTION 2. The Honorary Medical Staff:**

The Honorary Medical Staff shall consist of providers who are not active medical staff in the Medical Center and who are honored by emeritus positions. These may be: (a) providers who have retired from active medical staff service or (b) providers of outstanding reputation not necessarily resident in the community.

The Honorary staff is not eligible to vote or hold office, ordinarily does not admit patients, and shall have no assigned duties.

**SECTION 3. The Consulting Medical Staff:**

The Consulting Medical Staff shall consist of providers of recognized professional ability who are active in the medical center or who have signified willingness to accept such appointment. The duties of the members of the consulting staff shall be to give their services in the care of patients on request of any member of the active Medical Staff.

**SECTION 4. The Active Medical Staff:**

The Active Medical Staff shall consist of Licensed Independent Practitioners practicing within the Cordova Community Medical Center and who have been appointed to carry out the functions and responsibilities of the Medical Staff and to attend patients. The active Medical Staff shall be eligible to vote and hold office.

Members of the active Medical Staff shall be required to attend Medical Staff meetings as provided in Article VI, Section 4, of these bylaws.

**SECTION 5. The Courtesy Medical Staff:**

The Courtesy Medical Staff shall consist of those members of the medical profession, eligible as herein provided, for staff membership, who shall be privileged to admit private patients to the Cordova Community Medical Center. They are not eligible to vote or hold office and have no responsibilities for service patients or for teaching. Ordinarily, appointments to the active or associate staff are made from the courtesy staff as vacancies occur.

**SECTION 6. The Provisional Medical Staff:**

All new applicants for membership on the active staff, who may be considered eligible for staff appointment, may first apply to serve a provisional staff appointment of no less than six (6) months no more than one (1) year.

Insofar as possible, vacancies on the active staff shall be filled by promotion of members of the provisional staff who have signified a desire to become more active in the mission of the Cordova Community Medical Center, and have been found qualified for such appointment.

**SECTION 7. Locum Tenens Staff:**

1. The locum tenens staff consists of providers who substitute for active staff physicians or who are hired by the medical center on a temporary basis. Locum tenens privileges are recommended by the Medical Staff committee and granted by the Board.
2. Locum tenens providers are required to attend Medical Staff meetings. Locum tenens providers may not vote at Medical Staff meetings and may not hold a Medical Staff office. requested to do so by the Chief of Staff, Administrator, or the Board.
3. Locum tenens providers wishing to become part of the provisional Medical Staff will need to request such in writing.

**SECTION 8. Allied Health Professionals:**

1. The allied health staff consists of non-physician health professionals and licensed practitioners who provide care to patients at this medical center. The allied staff includes psychologists, optometrists, and masters of social work, and physical therapists who have been granted limited privileges at the medical center. Physician Assistants will function within their collaborative agreements. Allied staff privileges are recommended by the Medical Staff committee of the whole and granted by the board.
2. Allied staff members may be requested to attend Medical Staff meetings, and may serve on Medical Staff or other medical center committees at the discretion of the Chief of Staff or Medical Director.
3. A Licensed Independent Practitioner must approve all orders of an allied staff member, (except a Physician Assistant, who functions within his or her collaborative agreement,) including orders for admission, laboratory orders and radiology orders, unless otherwise determined by the board upon the recommendation of the Medical Staff committee of the whole. An attending Licensed Independent Practitioner shall be responsible for the care of every patient treated at the medical center by an allied staff member.

**SECTION 9. Dentist or Podiatrist:**

A dentist or podiatrist who is a graduate of a recognized school of their specialty and who is otherwise eligible may be appointed to this category. Dentists or podiatrists may admit patients to the Medical Center providing that an attending Licensed Independent Practitioner is responsible for the patient's workup and medical care.

**SECTION 10. Telemedicine Staff:**

1. Qualifications. Telemedicine Staff shall consist of practitioners who provide diagnostic or treatment services to Hospital patients via telemedicine devices. Telemedicine devices include interactive (involving a real time [synchronous] or near real time [asynchronous] two-way transfer of medical data and patient. Telemedicine includes eICU, Teleradiology and telepsychiatric consults. Telemedicine devices do not include telephone or electronic mail communications between practitioner and patient. Telemedicine Staff members must:
  - a) Continuously satisfy the qualifications for Medical Staff membership set forth in Cordova Community Medical Center Medical Staff Bylaws;
  - b) Apply for Membership and for reappointment, except as identified in Section 10. 3. Delegated Credentialing.

2. Prerogatives. Telemedicine Staff members may:
  - a) Admit patients consistent with approved privileges;
  - b) Exercise those clinical privileges that have been approved;
  - c) Attend meetings of the Medical Staff, but shall have no right to vote at such meetings and may not hold office on the Medical Staff; and
  - d) Serve on committees and vote on committee matters, but may not serve as committee chair.
 Center Medical Staff Bylaws, Telemedicine Staff members must:
  - i. Contribute to and participate equitably in Medical Staff functions, at the request of the department chair or a Medical Staff officer, including: contributing to the organizational and administrative activities of the Medical Staff, such as quality improvement, risk management and utilization management; serving in Medical Staff and department offices and on Hospital and Medical Staff committees; participating in and assisting with the Hospital's medical education programs; proctoring of other practitioners; and fulfilling such other functions as may reasonably be required.
  - ii. Consult with other members consistent with his or her delineated privileges.
  - iii. Pay applicable Medical Staff application fees, dues, and assessments in amounts specified by Medical Staff rules.
3. Delegated Credentialing. The Medical Staff may satisfy its obligations to credential members of the Telemedicine Staff by relying upon delegated credentialing consistent with appropriate accreditation requirements, notwithstanding any contrary provisions of these Bylaws. The credentialing of Providence Health & Services (PHS), Alaska Psychiatric Institute (API), and Radiology Associates (RAPC) will all be accepted by CCMC Medical Staff.
4. Telemedicine Privileges Special Rule. The Medical Staff shall recommend the clinical services in the center to be provided by telemedicine. For any physician required to be credentialed and/or privileged according to accreditation body standards, the HPC, subject to review by the PQC and final governing body approval, may establish a policy for allowing credentialing and/or privileging of physicians who are not considered members of the Medical Staff and may waive some criteria for credentialing and privileging that are otherwise required under these bylaws. Any such policy must satisfy Alaska licensure requirements, if any, and hospital accreditation standards.

## **ARTICLE IV**

### **MEDICAL STAFF SERVICES AND FUNCTIONS**

#### **SECTION 1. Clinical Services:**

The Medical Staff services are organized as one clinical service, which provides services for Cordova Community Medical Center in the outpatient clinic, Emergency Room, Acute Care, and Long Term Care facility.

1. PERSONNEL QUALIFIED TO PERFORM MEDICAL EXAMINATIONS:
  - a) The following are designated as qualified medical personnel to perform emergency medical examinations once clinical privileges have been granted either temporarily or permanently.
    - i. Physicians, Physician Assistants, and Advanced Nurse Practitioners.
    - ii. Emergency Room Registered Nurses and Sexual Assault Nurses who meet job description criteria, and have completed orientation, which includes successful completion of

- a medical screening examination competency test, may perform the medical screening in accordance with Emergency Department Policy and Procedures.
- iii. Only a physician may complete "Certification of False Labor" and "Transfer of Patient in Early Labor". RN's are to notify the on-call physician or the patient's personal physician for any pregnant patients. Only physicians may perform OB medical screening exams.
  - b) Pregnant patients presenting with <20 weeks gestation or with non-obstetrical complaints, may be seen in the ER for their medical screening examination. Pregnant patients >20 weeks will make the determination.

## **SECTION 2. Function:**

The active staff shall perform and be responsible for the following functions:

1. The Medical Record Review Function shall be to supervise the review of the medical records for the required standards of accuracy, timeliness, completeness, clinical pertinence, and legibility. This review is performed through the Utilization Review Committee and is to assure that a representative sample of records reflects the clinical pertinence of the medical record, including specific information relating to the diagnosis, diagnostic test results, therapy rendered, the patient's condition, and in facility progress in the patient's condition at discharge.
2. Blood Usage Review Function shall be to evaluate the appropriateness of all cases in which patients were administered transfusions, to identify opportunities to improve processes or patient outcomes, and include:
  - a) All confirmed transfusion reactions
  - b) Ordering practices for blood and blood components distribution, handling, use, and administration of blood and blood components
  - c) Adequacy of transfusion services to meet the needs of patients treated at the Medical Center
  - d) This is reported quarterly by the Director of the Laboratory.
3. Medication Usage Evaluation Function shall be to monitor, assess, and evaluate the prophylactic, therapeutic, and empirical use of medications in this facility to assure they are provided appropriately, safely, and effectively. The Pharmacy/Therapeutics Committee will perform quarterly reports to assist in this function.

## **ARTICLE V OFFICERS AND COMMITTEES**

### **SECTION 1. Officers:**

The officers of the Medical Staff shall be the Chief of Staff and Medical Director. The Medical Director shall be appointed by the Administrator. The Chief of Staff shall be elected at the January meeting of the staff and shall hold office until the next January meeting or until a successor is elected. Election shall be by open voting.

- **Medical Director:** Shall be responsible for the functioning of the clinical organization of the Medical Staff. He/She will ensure all Medical Staff practicing at the medical center have proper credentials and privileges and proper evaluations. He/She will oversee the organization and facilitation of specialty clinics. The Medical Director will be in charge of overseeing the peer review process. He/she will arrange continuous provider call coverage to handle medical

emergencies., attend to all correspondence, facilitate the budget process, and facilitate the allotment of continuing education resources. He/She will participate in establishing policies, procedures, and guidelines designed to ensure the provision of adequate, comprehensive medical services. He/she will assist in arranging for continuous provider coverage to handle medical emergencies. Specifically he/she will oversee the Infection Control committee and Employee Health Program as directed by the regulations for Long Term Care Facilities and ensure adequacy and appropriateness of medical care provided to long term care residents.

- **Chief of Staff:** Shall be responsible for the careful supervision over the clinical work at the Medical Center. He/She shall call and preside at all meetings. Grievances and disciplinary actions regarding medical staff will be the responsibility of the Chief of Staff to coordinate. He/she shall perform such other duties as ordinarily pertain to his/her office. He/she shall also keep accurate and complete minutes of all the Medical Staff meetings.

## **SECTION 2. Committees:**

### **Standing Committees**

1. **Quality Management Committee** - All members of the Medical staff will participate in the committee's function of oversight responsibility for performance improvement activity monitoring, assessment, and evaluation of patient care service provided throughout the facility.
2. **Pharmacy and Therapeutics Committee** - All members of the Medical Staff with consultation of the consulting pharmacist perform the following committee functions:
  - a) Develop, maintain, and review activities of the drug formulary.
  - b) Develop and/or approve policies and procedures relating to the selection, distribution, handling, use, and administration of drugs and diagnostic testing material.
  - c) Oversee the safe administration of drugs and biologicals throughout the institution.
  - d) Evaluate protocols concerned with the use of investigational or experimental drugs.
  - e) Review all significant untoward drug reactions.
  - f) Analyze the outcome of the medication usage evaluation.
3. **Infection Control Committee** - The Medical Director oversees the functions of the Infection Control Committee, which approves actions to prevent or control infection based on an evaluation of the surveillance reports of infection control performance, outcome indicators, and of the infection potential among patients and facility personnel.
4. **Employee Health** - The Medical Director oversees the functions of the Employee Health processes to maintain updated health information on all employees and keep current with the regulatory requirements for immunizations, blood-borne exposure events, and employee communicable disease surveillance.

### **Ad Hoc Committees**

5. **Utilization Review Committee** - A Medical Staff member oversees the monitoring, assessing, and evaluation of the utilization of facility resources in an effort to reduce over- utilization and improve the efficiency of the facility services. Medical record review is performed as part of this committee's functions.
6. **Ethics Committee** - A Medical Staff member directs the function of this committee to provide consultation recommendations regarding ethical issues surrounding patient care issues when requested.

7. Management of Information Committee - A Medical Staff member assists in evaluating, assessing, and recommending policy and procedure development, maintenance and performance improvement.

## **ARTICLE VI MEETINGS**

### **SECTION 1. The Annual Meeting:**

The annual meeting of the Medical Staff shall be the January meeting. At this meeting, the retiring officers shall make such reports as may be desirable, officers for the ensuing year shall be elected, and recommendations for appointment to the various categories of the Medical Staff and assignment of privileges shall be made.

### **SECTION 2. Regular Meetings:**

The Medical Staff shall meet quarterly and not less than four times in each year. Meetings may be held more frequently when deemed necessary.

### **SECTION 3. Special Meetings:**

Special meetings of the Medical Staff may be called at any times by the Chief of Staff, at the request of the governing body, or any member of the active Medical Staff. At any special meeting, no business shall be transacted except that stated in the notice posted on the bulletin board of the Medical Center and Long Term Care Facility at least 48 hours before the time set for the meeting.

### **SECTION 4. Attendance at Meetings:**

1. Active staff attendance shall average at each meeting at least sixty (60%) percent of active staff who are not excused by the Chief of Staff for just cause. Absence from more than one-half of the regular meetings for the year, unless excused by the Chief of Staff or just cause such as sickness or absence from the community, shall be considered as resignation from the active Medical Staff and shall automatically place the absentee on the courtesy Medical Staff.
2. Reinstatement of members of the Active Medical Staff to positions rendered vacant because of absence from meetings may be made on application, the procedure being the same as in the case of original appointments.
3. Members of the honorary, consulting, and courtesy categories of the Medical Staff shall not be required to attend meetings, but it is expected that they will attend and participate in these meetings unless unavoidably prevented from so doing.

### **SECTION 5. Quorum:**

Sixty-six percent (66%) of the total membership of the active Medical Staff shall constitute a quorum.



## **SECTION 6. Agenda:**

The agenda at any regular meeting shall be:

1. **Business:**
  - a) Call to order
  - b) Acceptance of the minutes of the last regular and of all special meetings
  - c) Unfinished business
  - d) Communications
  - e) New business
2. Medical
  - a) Credentials (at least every two years, 60 days prior to the end of the Medical Staff year)
  - b) Medical Record Review Report (quarterly)
  - c) Blood Usage Review Report (quarterly)
  - d) Significant Critical Care Event Review (quarterly)
  - e) Utilization Review Report (quarterly)
  - f) Medication Usage Evaluation Report (quarterly)
  - g) Discussion and recommendation for improvement of the professional work of the Cordova Community Medical Center
  - h) Adjournment
3. Special Meetings Agenda
  - a) Reading of the notice calling the meeting
  - b) Transaction of the business for which the meeting was called
  - c) Adjournment

## **ARTICLE VII CORPORATE COMPLIANCE**

The members of the Medical Staff shall conduct themselves in the highest ethical tradition. Specifically, provider members shall agree to abide by the Code of Conduct adopted by Cordova Community Medical Center and all amendments thereto. Providers will participate in internal Compliance audits and maintain active involvement in Compliance activities.

## **ARTICLE VIII FAIR HEARING PLAN**

### **SECTION 1. DEFINITIONS:**

The following definitions apply to the provisions for the Fair Hearing Plan:

1. Appellate Review Body means the group designated under this plan to hear a request for appellate review properly filed and pursued by a practitioner, namely the Health Services Board.
2. Hearing Committee means the committee appointed under this Plan to hear a request for an evidentiary hearing properly filed and pursued by a practitioner.
3. Parties mean the practitioner who requested the hearing or appellate review and the body or bodies upon whose adverse recommendation or action a hearing or appellate review request is predicated.
4. Practitioner means the applicant or Staff member against whom an adverse action has been

recommended or taken.

5. Special Notice means written notification sent by certified or registered mail, return receipt request, or by personal delivery.
6. Medical Staff means Medical Staff of Cordova Community Medical Center.

## **SECTION 2. INITIATION OF HEARING:**

### **1. Triggering Events**

- a) Recommendation or Actions: The following recommendations or actions, as recommended by the Medical Staff, or as taken by the Board entitle the practitioner to a hearing upon timely and proper request:
  - i. Denial of initial Staff appointment
  - ii. Denial of reappointment
  - iii. Suspension of Staff membership
  - iv. Revocation of Staff membership
  - v. Denial of requested appointment to or advancement in Staff category
  - vi. Reduction in Staff category
  - vii. Suspension or limitation of the right to admit patients or of any other membership prerogative directly related to the practitioner's provision of patient care
  - viii. Denial of requested department or other clinical unit affiliation
  - ix. Denial or restriction of requested clinical privileges
  - x. Reduction in clinical privileges
  - xi. Suspension of clinical privileges
  - xii. Revocation of clinical privileges
  - xiii. Individual application of, or individual changes in, mandatory consultation requirements.
- b) The issuance of a warning, a letter of admonition, or a letter of reprimand; the denial, termination, or reduction of provisional and temporary privileges; and any other actions except those specified herein shall not entitle a staff member to a hearing or appellate review.

### **2. Notice of Adverse Recommendation or Action: The Administrator promptly gives the practitioner special notice of an adverse recommendation or action taken pursuant to Section 2.1.a). The notice:**

- a) Advises the practitioner of the recommendation or action, including with some specificity, the reasons for the recommendation or adverse action, and of his/her right to request a hearing pursuant to the provisions of the Medical Staff Bylaws and this Fair Hearing Plan.
- b) Specifies that the practitioner has fourteen (14) days after receiving the notice within which to submit a request for a hearing and that the request must satisfy the conditions of Section 1.3.
- c) States that failure to request a hearing within that time period and in the proper manner constitutes a waiver of rights to any hearing or appellate review on the matter that is the subject of the notice.
- d) states that any higher authority required or permitted under this plan to act on the matter following a waiver is not bound by the adverse recommendation or action that the practitioner has accepted by virtue of the waiver but may take any action, whether more or less severe, it deems warranted by the circumstances.
- e) States that upon receipt of his/her hearing request, the practitioner will be notified of the date, time, and place of the hearing, and the grounds upon which the adverse recommendation or

action is based within fourteen (14) days.

- f) It is the practitioner's obligation to request an extension of any of the deadlines with adequate reasons therefore, at least three (3) days in advance of the expiration of the time period.

### 3. Request for Hearing

The practitioner has fourteen (14) days after receiving a notice under Section 1.2 to file a writ- ten request for a hearing. The request must be delivered to the Administrator either in person or by certified or registered mail. If the practitioner wishes to be represented by an attorney at the hearing, the request for hearing must so state and the expense of such will be borne entirely by the practitioner.

### 4. Waiver by Failure to Request a Hearing

A practitioner who fails to request a hearing within the time and in the manner specified in Section 2.3 waives the right to any hearing or appellate review, to which he/she might otherwise have been entitled. Such waiver applies only to the matters that were the basis for the adverse recommendation or action triggering the Section 2.2 notice. The Administrator promptly sends the practitioner special notice of each action taken under any of the following Sections and notifies the Chief of Staff of each action. The effect of a waiver is as follows:

- a) After Adverse Action by the Board:

A waiver constitutes acceptance of the action, which then becomes the final decision of the Board.

- b) After Adverse Recommendation by the Medical Staff or Hearing Committee:

A waiver constitutes acceptance of the recommendation, which then becomes and remains effective pending the decision of the Board. The Board considers the adverse recommendation as soon as practical following the waiver. The Board's action has the following effect:

- i. If the Board in Accord with Medical Staff's Recommendation- If the Board action accords in all respects with the Medical Staffs recommendation, it then becomes effective as the decision of the Board.
- ii. If the Board Changes Medical Staff's Recommendation - If, based on the same information and material considered by the Medical Staff in formulating its recommendation, the Board proposes different action, the matter is submitted to a joint conference as provided in Section 6.9 of this plan. The Board's action after receiving the joint conference recommendation becomes effective as the decision of the Board. The joint conference cannot make a more severe recommendation than previously made.

### 5. Additional Information Obtained Following Waiver

If the source of the additional information referred to in this Section is the practitioner or an individual or group functioning, directly or indirectly, on his/her behalf, the provision of this Section shall not apply unless the practitioner demonstrates to the satisfaction of the Board as applicable that the information was not reasonably discoverable in time for presentation to and consideration by the party taking the initial adverse action or by the hearing committee if the practitioner's waiver is in connection with an appellate review.

- a) When Received by the Board

If, on receiving the report of Medical Staff action taken pursuant to Section 2.4, the Board acquires or is informed of additional information that is directly relevant to the matter at issue but was not available to or considered by the Medical Staff, the Board refers the matter back to the medical Staff for reconsideration within a set time limit. Such reconsideration in connection with Medical Staff action pursuant to Section 2.4-2 proceeds under Section 2.5 b) below. If the Medical Staff's action following reconsideration decision is still adverse, it is deemed a new adverse recommendation under Section 2.1 and the matter is processed as such. If the action of the Board is consistent with the Medical Staff's decision following reconsideration, it becomes a decision of the Board.

b) When Received by the Hearing Committee or Medical Staff

When the Hearing Committee or Medical Staff receives a direction from the Board pursuant to Section 2.5 a) for reconsideration of its action taken under Section 2.4 b), the Board refers the matter back to the Hearing Committee or Medical Staff for reconsideration with a set time limit.

- i. Medical Staff or Hearing Committee Follow-Up Recommendation Adverse - An adverse recommendation following reconsideration is deemed a new adverse recommendation under Section 13.1 and the matter proceeds as such.
- ii. Follow-up Recommendation Favorable – A favorable recommendation following reconsideration is immediately forwarded to the Board by the Administrator. The effect of Board action is as follows:
  - (1) Board Favorable - Favorable Board action on a favorable Hearing Committee or Medical Staff recommendation becomes effective as the decision of the Board. If the Board determines to change the action, the matter is submitted to a joint conference as provided in Section 7.10. Favorable Board action after receiving the joint conference recommendation becomes its final decision. Adverse Board action is deemed a new adverse action under Section 2.1 and the matter proceeds as such.
  - (2) Board Adverse - If the Board's action is adverse, the matter is submitted to a joint conference as provided in Section 7.9. Favorable Board action after receiving the Joint Conference recommendation becomes effective as the decision of the Board. If the Board determines to change the action, the procedure set forth in Section 1.5-2(b) (1) is followed. Adverse Board Action after receiving the joint conference recommendation is deemed a new adverse action under Section 1.1 and the matter proceeds as such.

## **SECTION II. HEARING PREREQUISITES**

### **1. Notice of Time and Place for Hearing**

The Administrator immediately delivers a timely and proper request to the Chief of Staff or the President of the Board, depending on whose recommendation or action prompted the hearing request. Within seven (7) days after receiving such request, the Chief of Staff or President of the Board, or their designee, as appropriate, must schedule and arrange for a hearing. At least ten (10) days prior to the hearing, the Administrator sends the practitioner special notice of the time, place, and date of the hearing. The hearing date must be not less than fourteen (14) nor more than thirty (30) days after the Administrator received the hearing request; provided suspension then in effect must be held as soon as the arrangements may reasonably be made, but not later than fourteen (14) days after the Administrator received the

hearing request.

## **2. Statement of Issues and Events**

The notice of hearing must contain a concise statement of the practitioner's alleged acts or omissions, a list by number of the specific or representative patient records in question, and/or the other reasons or subject matter forming the basis for the adverse action or recommendation, which is the subject of the hearing.

## **3. Appointment of Hearing Committee**

### **a) By Medical Staff**

A hearing occasioned by an adverse recommendation is conducted by a hearing committee appointed by the Chief of Staff and composed of at least three (3) Medical Staff. The Chief of Staff designates one of the appointees as chair of the committee.

### **b) By the Board**

A hearing occasioned by an adverse action of the Board is conducted by a hearing committee appointed by the President of the Board and composed of two (2) physicians, including at least one (1) Medical Staff member. The President designates one of the appointees as chair of the committee.

### **c)**

- i. No member of the Medical Staff who has participated in the initiation or the investigation of the case to be heard shall be appointed to the hearing committee. However, the fact that an appointee has heard of the case or has some knowledge of the facts involved shall not disqualify him/her from sitting on the hearing committee, unless such appointee feels that he/she cannot render a fair and just decision or form an objective and impartial point of view.
- ii. If, because of the limited size of the Medical Staff or because of prior, protracted, and publicized proceedings in the same or related matter, insufficient qualified Medical Staff members are available, the Board after making a determination that such conditions exist may select hearing committee members from the Medical Staffs of other medical centers. The Board shall have the sole discretion in making the selection of qualified individuals who are willing to serve and abide by the Medical Staff Bylaws but the Board shall appoint only the minimum number of non-staff members' necessary to complete the formation of the hearing committee. The Medical Center shall reimburse any non-staff appointee for actual out-of-pocket expenses.
- iii. "Special Notice" of the members appointed to the hearing committee will be given to the practitioner that has received the adverse recommendation or action and the practitioner will be given three (3) days in which to preempt or disqualify for cause, any of the members.

## **SECTION III. HEARING PROCEDURE**

### **1. Personal Presence**

The personal presence of the practitioner is required. A practitioner who fails without good cause to appear and proceed at the hearing waives his/her rights in the same manner and with the same consequence as provided in Section 1.4 and in Section 1.5 if applicable.

### **2. Presiding Officer**

The hearing officer, if appointed under Section 7.1, or if not appointed, the hearing committee chair is the presiding officer. This officer maintains decorum and assures that all participants have a reasonable opportunity to present relevant oral and documentary evidence. He/she determines

the order of procedure during the hearing and makes all rulings on matters of law, procedure, and the admissibility of evidence.

### 3. **Representation**

The practitioner may be accompanied and represented at the hearing by a member of the Medical Staff in good standing or by a member of his/her state professional society, or an attorney. The Board may appoint an individual to present it. Representation of either party by an attorney at law is governed by Section 7.2 of this plan.

### 4. **Order of Procedure During Hearing**

The following is a suggested procedure for the hearing; however, the presiding officer shall retain the right to alter the order of procedure during the hearing, in the interest of justice and fairness.

#### a) **Statement of Case**

Before the introduction of any evidence, the party responsible for the adverse action or recommendation shall state briefly the claim and the issue to be heard. The practitioner shall then state the defense of counterclaim.

#### b) **Introduction of Evidence**

The moving party shall then introduce evidence on its part and when he/she has concluded, the practitioner shall do the same.

#### c) **Rebutting Evidence**

The parties may then respectively introduce evidence on its part and when he/she has concluded the practitioner shall do the same.

#### d) **Examination of Witness**

Unless otherwise ordered by the presiding officer, no more than one person on each side may examine or cross-examine a witness.

#### e) **Attorney as Witness**

In the event that attorneys represent either side, and counsel for either party offers himself as a witness on behalf of his/her client and gives evidence on the merits of the case, he/she shall not argue the case to the hearing officer, or committee, unless by special permission of the presiding officer.

#### f) **Argument**

When the evidence is concluded and unless the case is submitted to the trier of fact by mutual agreement of both sides without argument, the moving party shall open with his/her argument; the practitioner shall follow with his/her argument, and the moving party may be allowed to address the trier of fact on behalf of either party, unless otherwise allowed by the argument, and the practitioner then argues the case to the trier of fact, the moving party shall not be permitted to reply to the defendant's argument.

#### g) **Time for Opening Statements and Argument**

The presiding officer may fix the time allotted each party for opening statements and final argument. The party shall be given adequate time for argument having due regard to the complexity of the case.

#### h) **Rights of Parties**

During a hearing, each party may:

- i. Call and examine witnesses
- ii. Introduce exhibits
- iii. Cross-examine any witness on any matter relevant to the issues
- iv. Impeach any witness
- v. Rebut any evidence
- vi. Request that the record of the hearing be made by use of a court reported or an electronic recording unit

If the practitioner does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination.

i) **Procedure and Evidence**

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely on the conduct of serious affairs may be considered, regardless of the admissibility of such evidence in a court of law. Each party is entitled, prior to or during the hearing, to submit memoranda concerning any issue of law or fact, and these memoranda become part of the hearing record. The presiding officer may, but is not required to, order that oral evidence be taken only on oath or affirmation administered by any person designated by him/her and entitled to notarize documents in the state where the hearing is held.

j) **Official Notice**

In reaching a decision, the hearing committee may take official notice, either before or after submission of the matter for decision of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held. Parties present at the hearing must be informed of the matters to be noticed and to refute any officially noticed matter by evidence or by written or oral presentation of authority, in a manner to be determined by the hearing committee. The committee is also entitled to consider all other information that can be considered under the Medical Staff Bylaws in connection with credentials matters. If any official notice of something after submission of the matter for decision is taken, the practitioner has one week to refute the matter of the official notice.

k) **Burden of Proof**

When a hearing relates to Section 1.1-1(a), (c), (h), or (i), the practitioner has the burden of proving *by clear and convincing evidence* that the adverse action or recommendation lacks any substantial factual basis or that the basis or the conclusions drawn there from are either arbitrary, unreasonable, or capricious. Otherwise, the body whose adverse action or recommendation occasioned the hearing has the initial obligation to present evidence in support thereof but the Practitioner thereafter is responsible for supporting, *by a preponderance of the evidence* the challenge that the adverse action or recommendation lacks any substantial factual basis or that the basis or the conclusions drawn there from are either arbitrary, unreasonable, or capricious.

l) **Hearing Record**

A record of the hearing must be kept that is of sufficient accuracy to permit an informed and valid judgment to be made, by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The hearing committee may select the method to be used for making the record, such as court report, electronic recording unit, or detailed transcription.

Costs for requests of transcripts or copies shall be borne by the requesting party.

m) **Postponement**

Requests for postponement of a hearing may be granted by the hearing committee only upon a showing of good cause and only if the request is made as soon as reasonably practical.

n) **Presence of Hearing Committee Members and Vote**

A majority of the hearing committee must be present throughout the hearing and deliberations. If a committee member is absent from a substantial part of the proceedings, as determined by the hearing officer or chair of the hearing committee, he/she may not participate in the deliberations or the decision. There shall be no proxy voting.

o) **Recesses and Adjournments**

The hearing committee may recess and reconvene the hearing without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee shall, at a time convenient to itself, conduct its deliberation outside the presence of the parties. Upon conclusion of its deliberations, the hearing shall be adjourned.

#### **SECTION IV. HEARING COMMITTEE REPORT AND FURTHER ACTION**

1. **Hearing Committee Report**

Within two (2) days after final adjournment of the hearing, the hearing committee will make a written report of its findings and recommendations, with specific reference to the hearing record and other documentation considered and forward the report along with the record and other documentation to the body whose adverse action occasioned the hearing.

2. **Action on Hearing Committee Report**

Within seven (7) days after receiving the hearing committee report, the body whose adverse recommendation or action occasioned the hearing considers it and affirms, modifies or reverses its recommendation or action. It transmits the result, together with the hearing record, the hearing committee report and all other documentation considered, to the Administrator.

3. **Notice and Effect of Result**

a) **Notice**

The Administrator promptly sends a copy of the result to the practitioner by special notice, to the Chief of Staff, Medical Staff, and to the Board.

b) **Effect of Favorable Result**

i. **Adopted by the Board** – If the Board's result under Section 4.2 is favorable to the practitioner, it becomes the final decision of the Board.

ii. **Adopted by the Medical Staff** – If the result is favorable to the practitioner, the Administrator promptly forwards it, together with all supporting documentation, to the Board, which may adopt or reject the result in whole or in part, or refer the matter back to the Medical Staff for further reconsideration. Any referral back shall state the reasons, set a time limit within which a subsequent recommendation must be made, and may include a directive for an additional hearing. After receiving a subsequent recommendation and any new evidence, the Board takes action.

Favorable action by the Board becomes effective as the decision of the Board. If the Board's action is adverse, the special notice informs the practitioner of his/her right to request an appellate review by the Board. The Administrator promptly sends the



practitioner special notice informing him/her of each action taken under this Section.

c) **Effect of Adverse Result**

If the result of the Medical Staff or the Board under Section 4.2 continues to be adverse to the practitioner, the special notice shall inform him/her of his/her right to request an appellate review by the Board as provided in Part V of this plan.

## **SECTION V. INITIATION AND PREREQUISITES OF APPELLATE REVIEW**

### **1. Request for Appellate Review**

A practitioner has seven (7) days after receiving special notice under Section 4.3 to file a written request for an appellate review before the Board. The request must be delivered to the Administrator in person or by certified or registered mail and may include a request for a copy of the hearing committee report and record and all other material, favorable or unfavorable, if not previously forwarded, that was considered in taking the adverse recommendation or action. If the practitioner wishes to be represented by an attorney at any appellate review appearances that may be granted under Section 6.4, his/her request for appellate review must so state.

### **2. Waiver by Failure to Request Appellate Review**

A practitioner who fails to request an appellate review within the time and in the manner specified waives any right to a review. The waiver has the same force and effect as provided in Section 1.4 and Section 1.5 if applicable.

### **3. Notice of Time and Place for Appellate Review**

The Administrator delivers a timely and proper request to the President of the Board. As soon as practical, the Board designates the Administrator to schedule and arrange for an appellate review which shall not be less than fourteen (14) days nor more than twenty-one (21) days after the Administrator received the request; provided, however, that an appellate review for a practitioner who is under a suspension then in effect shall be held as soon as the arrangements for it may be reasonably made, but not later than fourteen (14) days after the Administrator received the request. At least seven (7) days prior to the appellate review, the Board, through the Administrator, sends the practitioner special notice of the time, place, and date of the review. The time may be extended by the Board for good cause, and if a request is made, as soon as is reasonably practical.

## **SECTION VI. APPELLATE REVIEW PROCEDURE AND FINAL ACTION**

### **1. Nature of Proceedings**

The proceedings by the Board, held in Executive Session, are a review based upon the hearing record, the hearing committee's report, all subsequent results and actions, the written statements, if any, provided below, and any other material that may be presented and accepted under Section 6.5.

### **2. Written Statements**

The practitioner may submit a written statement detailing the findings of fact, conclusions, and procedural matters with which he/she disagrees and his/her reasons. This written statement may cover any matters raised at any step in the hearing process. The statement shall be submitted to the Board through the Administrator at least three (3) days prior to the scheduled date of the appellate review.

3. Presiding Officer

The President of the Board is the presiding officer. He/she determines the order of procedure during the review, makes all required rulings, and maintains decorum.

4. Oral Statements

The board, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative appearing may be questioned by any member of the Board.

5. Consideration of New or Additional Matters

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only at the discretion of the Board and, as the Board deems appropriate, only if the party requesting consideration of the matter or evidence shows that it could not have been discovered in time for the initial hearing. The requesting party shall provide, through the Administrator, a written, substantive description of the matter or evidence to the Board and the other party at least three (3) days prior to the scheduled date of the review.

6. Presence of Members and Vote

A majority of the Board must be present throughout the review and deliberations. If a member is, absent from a substantial part of the proceedings as determined by the presiding officer, he/she shall not be permitted to participate in the deliberations or the decision.

7. Recesses and Adjournments

The Board may recess and reconvene the proceedings without additional notice for the convenience of the participants or for obtaining new or additional evidence or consultation. At the conclusion of the oral statements, if allowed, the appellate review shall be closed. The Board shall then, at any time convenient to itself, conduct its deliberations outside the presence of the parties. The appellate review shall be adjourned at the conclusion of those deliberations.

8. Action Taken

The Board may affirm, modify, or reverse the adverse result or action, or in its discretion, may refer the matter back to the hearing committee for further review and recommendations, to be returned to it within seven (7) days and in accordance with its instructions. Within seven (7) days after receipt of such recommendation after referral, the Board shall take action.

a) Board in Accord with Medical Staff

If the Board's decision is in accord with the last recommendation in the matter, if any, it is immediately effective.

b) Board Not in Accord with Medical Staff

If the Board's action has the effect of changing the last recommendation, if any, the matter is referred to a joint conference as provided in Section 6.9.

9. Joint Review

Within seven (7) days after receiving a matter referred to it under this plan, a joint conference of equal numbers of Medical Staff and Board Members shall convene to consider the matter and shall submit its recommendations to the Board. The Joint Conference shall be composed of a total of five (5) members selected in the following manner: Three (3) Board members appointed by the President of the Board and two (2) Medical Staff members

appointed by the Chief of Staff.

## **SECTION VII. GENERAL PROVISIONS**

### **1. Hearing Officer Appointment and Duties**

The use of a hearing officer to preside at the evidentiary hearing is optional and is to be determined by the Board after consultation with the Chief of Staff. A hearing officer may or may not be an attorney at law.

### **2. Attorneys**

#### **a) At Appellate Review Appearances**

The practitioner may be represented by an attorney at the hearing, provided his/her request for the hearing indicated his/her intent to be so represented.

#### **b) At Hearing**

If the practitioner desires to be represented by an attorney at an appellate review appearance, his/her request for the review must declare his/her desire to be so represented.

### **3. Number of Hearings and Reviews**

Notwithstanding any other provision of the Medical Staff Bylaws or of this Plan, no practitioner is entitled as a right to request more than one evidentiary hearing and appellate review with respect to the subject matter that is the basis of the adverse recommendation or action triggering the right.

### **4. Release**

By requesting a hearing or appellate review under this Plan, a practitioner agrees to be bound by the provisions of the Medical Staff Bylaws relating to immunity from liability.

## **SECTION VIII. AMENDMENT**

### **1. Amendment**

The fair Hearing Plan may be amended or repealed, in whole or in part, after notice is given at any regular meeting. Such notice shall be laid on the table until the next regular meeting of the Medical Staff, and shall require a two-thirds majority of those present for adoption. Amendments so made, shall be effective when approved by the governing board.

### **2. Summary Removal and Limited Suspension**

In grave and unusual cases where the governing board, or Chief of Staff, determines that immediate action must be taken to protect the patient's life or welfare, the Chief of Staff, or governing board, may summarily suspend a member of the Medical Staff. In such cases, the aggrieved party may request an immediate hearing before the active staff to determine whether such suspension shall be continued, pending a hearing. The Chief of Staff shall make the proper necessary arrangements to provide alternate coverage for proper and necessary patient care during the period of suspension. A limited suspension, effective until the transcription of any dictated record content and its insertion into the medical record, along with all applicable authentications, may be imposed automatically for failure to complete this portion of the medical record within fifteen (15) days.

### **3. Action by the State Board of Medical Examiners**

Notification from the State Board of Medical Examiners of the revocation or suspension of the provider's license, or probation, shall automatically act as sufficient grounds for suspension or revocation for Medical Staff membership or his/her being placed on probation for a stated period.

**ARTICLE IX  
AMENDMENTS TO BYLAWS**

These bylaws may be amended after notice is given at any regular meeting. Such notice shall be laid on the table until the next regular meeting and shall require a two-thirds majority of those present for adoption. Amendments so made, shall be effective when approved by the governing board.

**ARTICLE X  
ADOPTION**

These bylaws, together with the appended rules and regulations, shall be adopted at any regular meeting of the Medical staff; shall replace any previous bylaws, rules and regulations; and shall become effective when approved by the governing board of the Medical Center. They shall, when adopted and approved, be equally binding on the governing board and the Medical Staff.

Adopted by the Medical Staff of Cordova Community Medical Center:

\_\_\_\_\_

Date

\_\_\_\_\_

Medical Director

Adopted by the Medical Staff of Cordova Community Medical Center:

\_\_\_\_\_

Date

\_\_\_\_\_

President of the Health Services Board

\_\_\_\_\_

Date

\_\_\_\_\_

Administrator

\_\_\_\_\_

Date

\_\_\_\_\_

Provider

January 29, 2013

Attn: Theresa L. Carté  
Cordova Community Medical Center  
602 Chase Avenue  
Cordova, Alaska 99574

RE: 12-089 CT Scan: Trip Report

Dear Ms. Carté,

On Thursday, January 17, 2013 and Friday, January 18, 2013 I visited the Cordova Community Medical Center. I spent Thursday afternoon touring the existing facility with Kevin, the radiology technician. During the tour we looked at three primary locations for the new CT Scan; the conference room, laboratory and ambulance garage. The following day I met with you, Tim Kelly, Kari Collins and Kevin to review the proposed locations, discuss the pros and cons of each location and establish the program for the future CT Scan.

Based on our discussions and analysis of each location, we recommend placing the CT Scan and associated program elements, in the existing conference room and supply room. On the following pages I have provided a summary outlining the parameters of each room along with the opportunities and/or challenges associated with each space.

If you have any questions regarding our evaluation, please don't hesitate to call. We look forward to working with you and your team as the project moves forward.

Sincerely,



Tara Gallagher, LEED AP® BD+C  
Project Manager + Partner

### **Option A: Existing Conference Room**

The existing conference room is approximately 19'-7" wide by 22' long. The room is located in the Northeast corner of the facility and is surrounded by 24" deep pass-through cabinets along the West wall, with a 4'-0" wide access door and office along the South wall. An existing 8'-0" wide corridor leads to this room. The pass-through cabinets, located against the West wall, provides a direct connection to an existing supply room. The supply room is approximately 6' wide by 14' long.

The conference and supply rooms are located on the main level of the facility, directly above the maintenance shop. Although as-built drawings were not readily available, it appears that the existing floor construction is composed of a concrete slab and metal deck.

Prior to becoming a conference room, the room served as an Operating Room. Medical Gas outlets are located in the existing ceiling space however a nurse call system and code blue systems are not currently provided in the room.

Based on the current room parameters it appears that a CT Scanner will fit in the existing conference room with the gantry located towards the East side of the room. We would propose locating the control room in the existing storage room. Placing the control room in this location would allow for an optimal layout, with the control room located at the foot of the table, allowing for maximum visibility of the patient. The room is currently accessed off of an 8'-0" wide corridor, providing easy access for patients arriving in a gurney. An existing 5'-6" wide by 9'-4" long storage closet is located directly across the hallway. Depending on the equipment requirements, this room may be able to accommodate some of the CT Scanner equipment. This frees up additional space in the scanner room and removes the noise producing components from the patient area.

Investigation of the existing floor structure will need to be evaluated to determine if additional structural supports will be necessary to carry the weight of the equipment.

### **Option B: Laboratory**

The current laboratory work area is a long rectangular room with a two-foot offset at the midpoint of the room. The room is located off of an 8'-0" wide corridor to the South and is bound by office space to the North and West and the radiology department to the East. Similar to the existing conference room, this space is located on the main level of the facility with the basement below. Medical gas, nurse call and code blue systems are not currently provided in the room. Based on conversations with the radiology technician, the current laboratory is fully functional.

Based on generic drawings provided by equipment suppliers, it appears that the dimensions of the room may not be adequate to accommodate a CT Scanner. Detailed conversations with equipment vendors would be necessary to determine if the room would meet the required clearances.

Extension of the current medical gas system would be required in addition to the installation of a nurse call and code blue system.

In addition to the potential dimensional challenges of the room, the CT Scanner would displace the laboratory function, which is a vital component to the hospital. If the scanner is placed in this location, a new location for the laboratory would need to be selected. Due to the equipment and critical power requirements associated with laboratory equipment this could add substantial cost to the project. The laboratory would need to be fully operational prior to being displaced which would therefore delay the construction of the CT Scanner.

### **Option C: Ambulance Bay**

The ambulance garage is located on the North side of the facility with convenient access from the main road. The current configuration provides a conditioned space with direct access to the emergency department and trauma room. The garage is rectangular in shape with more than adequate room to incorporate the scanner room, control room and equipment room. Similar to the laboratory, a current operational function of the hospital would be displaced if the CT Scanner utilizes this location.

Ambulance access must be maintained to the facility. To provide safe and clear access to the emergency department and trauma room a dedicated covered area would need to be provided elsewhere on the site. It may be possible to redesign the site however additional design work and evaluation would be necessary to determine if adequate site space is available. Given the climate conditions of our region, a conditioned space is always preferred over an area open to the elements. By utilizing this space additional cost would be incurred to relocate, modify site elements and construct a covered area for ambulances.





Legend	
<span style="display:inline-block; width:15px; height:15px; background-color: #92D050; border: 1px solid black;"></span>	Conference Room
<span style="display:inline-block; width:15px; height:15px; background-color: #4682B4; border: 1px solid black;"></span>	Laboratory
<span style="display:inline-block; width:15px; height:15px; background-color: #FFFF00; border: 1px solid black;"></span>	Ambulance
<span style="display:inline-block; width:15px; height:15px; background-color: #FFFF00; border: 1px solid black;"></span>	Garage

Main Level Floor Plan



January 29, 2013

Attn: Theresa Carté, Chief Executive Officer  
Cordova Community Medical Center  
602 Chase Avenue  
Cordova, Alaska 99574

RE: 12-089, CT Scan  
Design Proposal

Dear Ms. Carté,

Thank you for the opportunity to submit our proposal to provide architectural and engineering design services for your new CT Scanner. The following is a description of the services we anticipate providing along with a fee proposal for those services.

#### **Concept Design**

Based on our programming efforts, it is our understanding that the existing conference room and supply room will be modified to accommodate the new CT Scanner and associated program elements. We have included one intermediate review with yourself and members of your team to review the floor plan, design and proposed finishes of the renovated space. Due to the absence of current as-built documents, our engineering team has included one site visit during this phase to verify existing conditions. Once the concept design documents are complete, Spark Design will work closely with an independent third-party cost estimator, to develop a conceptual cost estimate for the scope of work. The cost estimate will exclude the cost and installation of CT equipment and furnishing.

#### **Final Documents**

Following budget approval, our team will complete the construction documents package. The Final Documents will be prepared for a design-bid-build delivery. The package will consist of drawings and specifications. We assume that Cordova Community Medical Center/City of Cordova will provide Division 00 and Division 01 of the specification for bidding and construction contract purposes.

#### **Bidding & Permitting**

Spark Design will assist the Cordova Community Medical Center/City of Cordova in advertising the project to qualified general contractors. A pre-bid conference will be held to review the scope of work, answer any general questions and conduct a walk-through of the existing facility. We understand that a project manager from the City of Cordova will be assigned to the project and will take the lead in managing this process. Spark Design will attend telephonically. During the bid process, any questions submitted will be responded to by the design team in addenda as required. Concurrent to the bidding

process, Spark Design will assemble the construction documents and submit the package to the City of Cordova for permitting purposes. If comments are presented by the plan reviewer, Spark Design and our team members will respond accordingly.

### **Construction Administration**

During the construction administration phase, Spark Design will attend meetings with the owner and contractor on a bi-weekly basis and as necessary to discuss construction details. These meetings will be held telephonically. If site visits are necessary, they will be billed on a time and materials basis. Our team will review and document comments for submittals and shop drawings, respond to RFI's and coordinate with the engineering consultants.

### **Fee Summary**

Below is a summary of our proposed fees to complete design and construction phase services.

Task 100 Concept Design	\$ 25,407
Task 200 Final Documents	\$ 38,009
Task 300 Permitting	\$ 1,250
Task 400 Bidding	\$ 3,120
<u>Task 500 Construction Administration</u>	<u>\$ 11,586</u>
<b>Total Proposed A/E Fee</b>	<b>\$ 79,372</b>

Cost of travel, reimbursable expenses and permit fees have not been included in our proposal. These expenses will be billed at cost plus 10%. We have included a detailed task and fee breakdown for your information. After review, if the above proposal is acceptable, please sign below and fax or email a copy to me at 907-771-9776 or tgallagher@sparkak.com. Spark Design, llc will consider this a Notice to Proceed. If you have any questions regarding our proposal, please feel free to call me.

Sincerely,



Tara Gallagher, LEED AP® BD+C  
Project Manager + Partner

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Theresa Carté, Chief Executive Officer  
Cordova Community Medical Center  
*Task 100 Concept Design: \$25,407*

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Theresa Carté, Chief Executive Officer  
Cordova Community Medical Center  
*Tasks 200 – 500: \$53,965*

**Client:** Cordova Community Medical Center  
602 Chase Avenue  
Cordova, Alaska 99574

**Project:** CT Scan  
**Project #:** 12-089

Task	Architectural	Structural	Mechanical	Electrical	Physicist	Cost Estimate	-	-	-
100	\$ 7,290.00	\$ 3,500.00	\$ 6,050.00	\$ 4,410.00	\$ 350.00	\$ 2,160.00	\$ -	\$ -	\$ -
200	\$ 14,370.00	\$ 3,000.00	\$ 7,970.00	\$ 6,160.00	\$ 200.00	\$ 4,160.00	\$ -	\$ -	\$ -
300	\$ 1,250.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
400	\$ 2,020.00	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
500	\$ 6,020.00	\$ 1,000.00	\$ 2,240.00	\$ 1,820.00	\$ -	\$ -	\$ -	\$ -	\$ -
600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Sub-Total</b>	<b>\$ 30,950.00</b>	<b>\$ 8,500.00</b>	<b>\$ 16,260.00</b>	<b>\$ 12,390.00</b>	<b>\$ 550.00</b>	<b>\$ 6,320.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Design Fee Sub-Total \$ 74,970.00  
 Subconsultant Handling Fee of 10% \$ 4,402.00  
 Reimbursable Sub-Total \$ -  
 Reimbursable Handling Fee of 10% \$ -

**PROPOSED DESIGN FEE \$ 79,372.00**

Task 100: Concept Design

Project: CT Scan

Architectural Design

Staff Position	Principal	Project Manager	Project Architect	Specification Writer	BIM Technician / Drafter	Admin Support	Totals
Hourly Billing Rate	\$ 155.00	\$ 140.00	\$ 130.00	\$ 130.00	\$ 100.00	\$ 70.00	-
Hours (refer to next page for detail)	0	11	15	0	38	0	64
Staff Position Total	\$ -	\$ 1,540.00	\$ 1,950.00	\$ -	\$ 3,800.00	\$ -	

Architectural Design Fee Task Total \$ 7,290.00

Subconsultant Design

Discipline	Structural	Mechanical	Electrical	Physicist	Cost Estimate	-	-
Discipline Total	\$ 3,500.00	\$ 6,050.00	\$ 4,410.00	\$ 350.00	\$ 2,160.00		

Consultant Design Fee Total \$ 16,470.00  
 Consultant Handling Fee of 10% \$ 1,647.00  
 Consultant Task Total \$ 18,117.00

**TOTAL TASK \$ 25,407.00**

## Task 100: Concept Design

Project: CT Scan

## Architectural Design Labor Detail

Task Description	Hourly Billing Rate	Principal	Project Manager	Project Architect	Specification Writer	BIM Technician / Drafter	Admin Support	Total Task Hours
	\$	155.00	\$	140.00	\$	130.00	\$	70.00
Client Meetings			4.00			4.00		8
Code Review			1.00	1.00				2
As-Built Drawings						4.00		4
Design & Programming				6.00		6.00		12
General Sheets						2.00		2
Demolition Plans				1.00		4.00		5
Floor Plan				1.00		4.00		5
Reflected Ceiling Plan				2.00		4.00		6
Finish Plan						2.00		2
Door Schedule, Hardware & Types				1.00		1.00		2
Window Types				1.00				1
Finish Schedule						1.00		1
Material Legend						2.00		2
Details								0
Interior Elevations						4.00		4
Equipment/Consultant Coordination			4.00	2.00				6
Specifications								0
QC Review			2.00					2
								0
Hour Sub-Total		0	11	15	0	38	0	64
Fee Sub-Total	\$	-	\$	1,540.00	\$	1,950.00	\$	-

Architectural Design Fee Task Total \$ 7,290.00

Task 200: Final Documents

Project: CT Scan

Architectural Design

Staff Position	Principal	Project Manager	Project Architect	Specification Writer	BIM Technician / Drafter	Admin Support	Totals
Hourly Billing Rate	\$ 155.00	\$ 140.00	\$ 130.00	\$ 130.00	\$ 100.00	\$ 70.00	-
Hours (refer to next page for detail)	0	16	31	20	55	0	122
Staff Position Total	\$ -	\$ 2,240.00	\$ 4,030.00	\$ 2,600.00	\$ 5,500.00	\$ -	

Architectural Design Fee Task Total \$ 14,370.00

Subconsultant Design

Discipline	Structural	Mechanical	Electrical	Physicist	Cost Estimate	-	-
Discipline Total	\$ 3,000.00	\$ 7,970.00	\$ 6,160.00	\$ 200.00	\$ 4,160.00		

Consultant Design Fee Total \$ 21,490.00  
 Consultant Handling Fee of 10% \$ 2,149.00  
 Consultant Task Total \$ 23,639.00

**TOTAL TASK \$ 38,009.00**

Task 200: Final Documents

Project: CT Scan

Architectural Design Labor Detail

Task Description	Hourly Billing Rate	Principal	Project Manager	Project Architect	Specification Writer	BIM Technician / Drafter	Admin Support	Total Task Hours
	\$	\$ 155.00	\$	\$ 130.00	\$	\$ 100.00	\$	70.00
Client Meetings			4.00			2.00		6
Code Review			2.00	2.00				4
As-Built Drawings								0
Design & Programming								0
General Sheets						0.50		0.5
Demolition Plans						0.50		0.5
Floor Plan				2.00		6.00		8
Reflected Ceiling Plan				1.00		4.00		5
Finish Plan						1.00		1
Door Schedule, Hardware & Types				1.00		1.00		2
Window Types						0.50		0.5
Finish Schedule				1.00		0.50		1.5
Material Legend						1.00		1
Details				4.00		28.00		32
Interior Elevations						4.00		4
Equipment/Consultant Coordination				14.00		6.00		20
Specifications			4.00	6.00	20.00			30
QC Review			2.00					2
Coordination with City of Cordova			4.00					4
Hour Sub-Total		0	16	31	20	55	0	122
Fee Sub-Total	\$	-	\$	\$ 4,030.00	\$ 2,600.00	\$ 5,500.00	\$	-

Architectural Design Fee Task Total \$ 14,370.00

Task 300: Permitting

Project: CT Scan

Architectural Design

Staff Position	Principal	Project Manager	Project Architect	Specification Writer	BIM Technician / Drafter	Admin Support	Totals
Hourly Billing Rate	\$ 155.00	\$ 140.00	\$ 130.00	\$ 130.00	\$ 100.00	\$ 70.00	-
Hours (refer to next page for detail)	0	0	5	0	6	0	11
Staff Position Total	\$ -	\$ -	\$ 650.00	\$ -	\$ 600.00	\$ -	-

Architectural Design Fee Task Total \$ 1,250.00

Subconsultant Design

Discipline	Structural	Mechanical	Electrical	Physicist	Cost Estimate	-	-
Discipline Total							

Consultant Design Fee Total \$ -  
 Consultant Handling Fee of 10% \$ -  
 Consultant Task Total \$ -

**TOTAL TASK \$ 1,250.00**



Task 300: Permitting

Project: CT Scan

Architectural Design Labor Detail

Task Description	Hourly Billing Rate	Principal	Project Manager	Project Architect	Specification Writer	BIM Technician / Drafter	Admin Support	Total Task Hours
	\$	\$ 155.00	\$ 140.00	\$ 130.00	\$ 130.00	\$ 100.00	\$ 70.00	
State of Alaska Submission						3.00		3
Respond to Comments				3.00		3.00		6
Coordination with Consultants				2.00				2
								0
								0
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								0
Hour Sub-Total		0	0	5	0	6	0	11
Fee Sub-Total	\$	-	\$ -	\$ 650.00	\$ -	\$ 600.00	\$ -	

Architectural Design Fee Task Total \$ 1,250.00

Task 400: Bidding

Project: CT Scan

Architectural Design

Staff Position	Principal	Project Manager	Project Architect	Specification Writer	BIM Technician / Drafter	Admin Support	Totals
Hourly Billing Rate	\$ 155.00	\$ 140.00	\$ 130.00	\$ 130.00	\$ 100.00	\$ 70.00	-
Hours (refer to next page for detail)	0	8	0	0	9	0	17
Staff Position Total	\$ -	\$ 1,120.00	\$ -	\$ -	\$ 900.00	\$ -	-

Architectural Design Fee Task Total \$ 2,020.00

Subconsultant Design

Discipline	Structural	Mechanical	Electrical	Physicist	Cost Estimate	-	-
Discipline Total	\$ 1,000.00						

Consultant Design Fee Total \$ 1,000.00  
 Consultant Handling Fee of 10% \$ 100.00  
 Consultant Task Total \$ 1,100.00

**TOTAL TASK \$ 3,120.00**

**Project:** CT Scan

Architectural Design Labor Detail								
Task Description	Principal	Project Manager	Project Architect	Specification Writer	BIM Technician / Drafter	Admin Support	Total Task Hours	
Hourly Billing Rate	\$ 155.00	\$ 140.00	\$ 130.00	\$ 130.00	\$ 100.00	\$ 70.00		
Distribute to Contractors / Assemble Package		1.00			1.00		2	
Pre-Bid Conference (via teleconference)		1.00					1	
Respond to Questions and Issue Addendum		6.00			8.00		14	
							0	
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							0	
Hour Sub-Total	0	8	0	0	9	0	17	
Fee Sub-Total	\$ -	\$ 1,120.00	\$ -	\$ -	\$ 900.00	\$ -	-	

Architectural Design Fee	Task Total	\$	2,020.00
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## Task 500: Construction Administration

Project: CT Scan

## Architectural Design

Staff Position	Principal	Project Manager	Project Architect	Specification Writer	BIM Technician / Drafter	Admin Support	Totals
Hourly Billing Rate	\$ 155.00	\$ 140.00	\$ 130.00	\$ 130.00	\$ 100.00	\$ 70.00	-
Hours (refer to next page for detail)	0	0	14	0	42	0	56
<b>Staff Position Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,820.00</b>	<b>\$ -</b>	<b>\$ 4,200.00</b>	<b>\$ -</b>	

Architectural Design Fee Task Total \$ 6,020.00

## Subconsultant Design

Discipline	Structural	Mechanical	Electrical	Physicist	Cost Estimate	-	-
<b>Discipline Total</b>	<b>\$ 1,000.00</b>	<b>\$ 2,240.00</b>	<b>\$ 1,820.00</b>				

Consultant Design Fee Total \$ 5,060.00

Consultant Handling Fee of 10% \$ 506.00

**Consultant Task Total \$ 5,566.00****TOTAL TASK \$ 11,586.00**

## Architectural Design Labor Detail

**Architectural Design Fee Task Total \$ 6,020.00**