



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
February 28, 2019 at 6:00PM
REGULAR MEETING

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

Board of Directors

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

CCMC CEO

Scot Mitchell

OPENING: Call to Order

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

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

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

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

D. BOARD DEVELOPMENT

1. Top 10 Emerging Trends for 2019 Pages 1-5

E. APPROVAL OF MINUTES

1. January 31, 2019 Regular Meeting Minutes Pages 6-8

F. REPORTS OF OFFICER and ADVISORS

1. Board Chair Report
2. CEO Report Pages 9-12
3. Finance Report
4. LTC Nursing Report Page 13
5. CAH Nursing Report Page 14
6. Quality Improvement/Infection Control Report Pages 15-21

G. CORRESPONDENCE

H. ACTION ITEMS

1. Granting Privileges for Ross Dodge, MD Page 22

I. DISCUSSION ITEMS

1. Annual Conflict of Interest Attestation
2. 2020 Alaska State Budget

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

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

K. BOARD MEMBERS COMMENTS

L. EXECUTIVE SESSION

1. CEO Contract Renewal

M. ADJOURNMENT

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

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

Trustee Insights

EMERGING ISSUES



Unrelenting forces and dynamic shifts demand the board's creative thinking and preparation for even more significant changes ahead

BY LAURA P. JACOBS

As we head into the last lap of this decade, many trends will feel like a continuation of those we have dealt with throughout the past five to 10 years. Leading health care organizations, though, recognize that the next decade will be characterized by consumerism, personalized medicine, digital technology and artificial intelligence, and are evolving their cultures, business models and operational focus now in order to ensure success in the future. Here is our list of top 10 trends for

2019 and what trustees should be addressing in the boardroom:

Core Trends

The first six trends are unrelenting challenges; hospitals and health systems must continue to execute strategies to address them. Just because they aren't new doesn't mean they are any easier to address. In many respects, these six may be the most difficult trends to address because the "low hanging fruit" has already been picked. New

TRUSTEE TALKING POINTS

- Hospitals and health systems must execute new strategies and approaches to address ongoing and emerging challenges.
- Dynamic shifts in the health care field are fundamentally changing the way care is purchased, delivered and organized.
- The next decade will be characterized by consumerism, personalized medicine, digital technology and artificial intelligence.
- Leading organizations are evolving their cultures, business models and operational focus now in order to ensure future success.

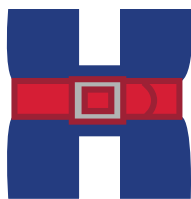
strategies and approaches may be required to address the lingering challenges.

1 Economic pressures

Financial constraints continue to be the number one concern of most CEOs. This is due to the fact that expenses (wages, benefits, supplies, drugs, information technology [IT], facilities, interest rates) are rising faster than revenues. Health plans are giving limited or no increases as they strive to keep premium increases low, and a rising percentage of revenues is represented by government payers (Medicare, Medicaid), which typically cover less than full costs. Demands for capital continue to be high (new/replacement facilities, IT), and some organizations will face the additional challenge of higher costs of capital due to bond downgrades.

Hospitals and health systems will seek to realize greater economies through mergers and acquisitions, right-sizing clinical programs and continually applying lean principles to achieve sustainable efficiencies. Cost-cutting approaches must move beyond “across the board cuts” to utilizing robust analytics, simulation modeling and strategic analyses to identify sustainable ways of addressing labor, nonlabor and pharmacy expenses, as well as unwarranted clinical variation.

Trustees should discuss: What is the organization’s five-year financial horizon? Are strategies being activated to ensure that cash flow



can fund capital needs? Can some IT purchases be completed as an operating expense versus a large upfront capital cost? What is the gap between Medicare payments and the costs for those patients, and what actions are being taken to close that gap? Has the organization created a sound clinical service portfolio across the system that optimizes resources and clinical outcomes?

2 Demographics and health status

Societal trends continue to point to an older, sicker population in most local communities. Some rural populations are actually shrinking, and many urban areas are increasingly complex, with great disparities in health status across the population. Obesity, chronic disease and opioid dependencies continue to plague most communities and require targeted, coordinated strategies to effect a turnaround. Many health care organizations are recognizing that, unless social determinants of health (housing, food, income disparities) are also addressed, making a lasting impact on the general health status of the community will nearly be impossible.

Trustees should discuss: How are population, demographic and socioeconomic trends being taken into consideration in the organization’s local community, operational and clinical strategies? Are there active efforts underway to coordinate with

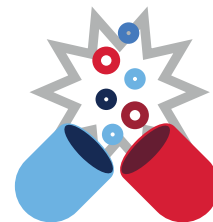


community organizations to impact the social determinants of health? Is the organization leading by example by driving a health and wellness orientation among its own employees?

3 Service area dynamics

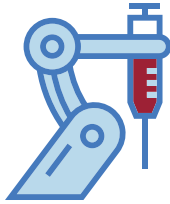
The forces of disruptive innovation are continually evolving, with the blurring of lines between providers, payers, pharma and retail organizations. Examples include the CVS/Aetna merger, Walmart and Humana, and many provider-sponsored health plans and payer-owned provider networks. Private equity-backed ventures are entering many local communities, providing primary care, virtual care, chronic disease management and population health programs, just to name a few. Employers are increasingly taking a leading role in organizing networks to manage the health of their employees. These trends are accelerating at a rapid pace and are likely to get even more “interesting” in the years ahead.

Trustees should discuss: What is the organization’s strategy to anticipate these changes in service area dynamics? Will the organization pursue new models and potential partnerships, or is it better positioned to focus on its traditional role and core strengths? What are the risks of ignoring new entrants or nontraditional competitors? What criteria exist to evaluate potential partnerships or new ventures?



4 Technology and biotechnology

Digitally enabled health care will provide exciting opportunities to diagnose and treat patients more precisely and less invasively. Yet choices will have to be made, given limited capital resources and clinical priorities. 3-D printing, as its application expands, will create opportunities to change the way academic medical centers train physicians, will refine presurgical planning, and provide new hope for some patients; it may also change the way equipment is repaired and serviced.



Cybersecurity will remain a top priority for all organizations, and especially health care organizations, which produce extraordinary volumes of data from monitors, sensors, electronic health records, and financial and other operating systems. Organizations that diligently protect, yet optimally utilize, the valuable data available to them will have an advantage in delivering high quality, efficient, personalized care to patients.

Trustees should discuss: What is the organization's cybersecurity strategy, and is it regularly evaluated for adequacy? What criteria are being used to evaluate new biotechnology purchases? How is the organization optimizing the IT and technology already available? (Is there a data governance structure in place to ensure that data is informing decision making in an effective and efficient way?)

5 Public policy, politics and regulations

Governmental decision making will always be a part of the health care equation, and 2019 will be no different. At the federal level, the Centers for Medicare & Medicaid Services will continue to evolve payment models to shift from pure fee-for-service to greater reliance on value-based payment, including those with downside risk (for example, accountable care organizations and mandatory bundles). Any radical changes are unlikely at the federal level, but watch for changes in your state: e.g., Medicaid reform, changes to insurance regulations, and/or transparency requirements.



Trustees should discuss: Do you receive regular education regarding changes in regulations and state and federal policy? Do the organization's financial plans anticipate or take into consideration changes in policy that could impact revenue or expenses? How is the organization performing under existing value-based payment arrangements?

6 Human capital

The health care workforce will continue to undergo changes on multiple fronts. Most health systems must grapple with an aging workforce yet must respond to the needs and expectations of a multicultural, multigenerational team. Addressing burnout at all levels of the organization will be important as

these continual challenges and pressures to reduce costs and achieve higher performance targets stress the organization and individual employees.

Low unemployment and shortages in some key jobs (e.g., physicians, nurses and technology) will require new strategies for recruitment and retention. Addressing the gap between reimbursement increases (low) to compensation expectations (rising) from physicians to staff employees will require new approaches to compensation, benefit and incentive structures. Leadership requirements will continue to evolve, as population health management, consumer-focused strategies, and larger and more complex health systems will require cultural shifts throughout the organization.



Trustees should discuss: Does your organization have a plan to address all aspects of the human-capital value chain, including talent acquisition, management, development, compensation and benefits? What is the investment in leadership development to ensure both continuity and effective leadership throughout the organization? Does the organization have an intentional approach to building an agile, resilient culture?

Potential Game Changers

The next four trends illustrate dynamic shifts that are fundamentally changing the way health care is purchased, delivered and

organized. These trends demand the board's and management's creative thinking and preparation for even more significant changes ahead.

7 Consumerism

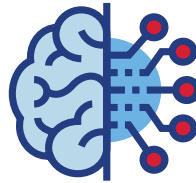
Informed and connected consumers will have higher expectations for Uber-like responsiveness and accessibility. This isn't particularly new; but with companies like Amazon, Apple, CVS and other consumer-oriented organizations playing a bigger role in health care, the stakes are much higher for the competition for consumer loyalty. With watches and other wearables tracking many aspects of individual health, and a physician visit just a click away via a virtual tele-visit, patients will have no patience for two- to three-week waits for office visits or results reporting. And the "marketplace" for health care "shopping" via Amazon-like platforms will increase the demand for real price transparency and rational fee structures.



Trustees should discuss: What is your access strategy? Is it incorporating multichannel approaches for communicating with and providing care to patients? What is the "brand experience" across your health system? (Is it consistently delivering to patients what you intend?) Have you developed a "retail" pricing strategy to be prepared for online price comparisons?

8 Artificial intelligence

Plan for a digitally enabled workforce. As artificial intelligence (AI) expands across many health applications, and digital tools facilitate better information sharing across multiple platforms, the impact on the roles, responsibilities and expectations of individuals across the workforce will be profound. AI won't take the place of humans, but it can eliminate repetitive tasks and allow clinicians and other care team members to work at the top of their licenses. Some roles could be eliminated, but others may be created — requiring new training or skill development. The availability of predictive analytics can facilitate the ability to ensure the right care at the right time, as long as there is clarity around what actions must be taken and who will take the action based on the data presented.



Trustees should discuss: Does the organization have a strategy to enable AI, and, if so, has it considered the impact on the workforce (e.g., different productivity expectations and/or changes in responsibilities and relationships)? How are predictive analytics being deployed in the organization, and are their uses actually driving change in care team roles and accountability for action?

9 New Care Models

The evolution of the care delivery model to incorporate family or other caregivers, community

resources and other "nontraditional" approaches will be necessary to be responsive to the demographic changes, complex disease states and consideration of social determinants of health. Care that has traditionally been provided in the hospital is continuing to shift to the home or outpatient setting. Advanced practice providers, such as nurse practitioners and physician assistants — not to mention nutritionists, pharmacists and social workers — will play an increasingly visible role in care delivery.

Widespread availability of genomic testing will create the need for physicians and other clinicians to be prepared to respond to new questions from patients armed with detailed information about their bodies. Care protocols will be personalized to address specific genomic characteristics.

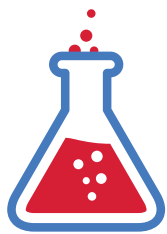


Trustees should discuss: Have service line strategies and organizational objectives incorporated new care models considering health care at home, expanded care teams, and precision health? How are health outcomes being measured to ensure that quality and cost of care are improving as these care models evolve?

10 System transformation

With all of the aforementioned changes, the core care delivery model of health care organizations must also adjust. As payment models continue to shift to value-

based payment; as the pressures to reduce costs intensify; and as opportunities for many interesting partnerships present themselves, hospitals and health systems will have to question traditional ways of financial forecasting, strategic planning and even the option of outsourcing key functions. As payment models shift to risk for the total cost of care — whether in episodes of care (bundled payments) or in per capita costs — traditional metrics



of success (such as emergency department visits or inpatient days) will have to change.

Some organizations will outsource back-office functions such as revenue cycle, IT support, and population health management rather than build the infrastructure themselves. Health systems will continue to expand “upstream” (payer strategies) and “downstream” (retail and consumer strategies) through partnerships or other means, resulting in increasingly complex organizations.

Trustees should discuss: Is our strategic plan oriented to be “future-back” — starting with a clear definition of how to be positioned in the future, and then mapping the changes required to get there? Do we need to continue to be a “full service” organization, or should we partner with others to provide services, functions or capabilities in

TRUSTEE TAKEAWAYS

Your board should be addressing both familiar and disruptive trends over the course of 2019. Questions for deliberation could include:

- Has our organization created a sound clinical service portfolio that optimizes resources and clinical outcomes?
- How are population, demographic and socioeconomic trends being taken into consideration in our strategic plans?
- What is our organization’s cybersecurity strategy, and is it regularly evaluated for adequacy?
- Do our financial plans anticipate or reflect changes in public policy that could impact revenue or expenses?
- Does our access strategy incorporate multichannel approaches for communicating with and providing care to patients?
- Do we have a strategy to enable AI, and does it address how workforce responsibilities and relationships are affected?
- Have our service line strategies and organizational objectives incorporated new care models (e.g., precision health)?
- Does the composition of our board reflect the role the health system is playing now and desires to be in the future?

a more cost-effective manner? Does the composition of our governing board reflect the role the health system is playing now and desires to be in the future? Has the governance structure been evaluated to minimize duplication and unnecessary complexity?

Conclusion

As we have experienced in recent years, the drivers of change are many and are originating from multiple fronts. While challenging us on a

day-to-day basis, we also have the opportunity to harness these changes into opportunities for improving the health of the community, and for creating optimal experiences for patients and staff. In times like these, a quotation from Peter Drucker seems apt: “The greatest danger in times of turbulence is not the turbulence; it is to act with yesterday’s logic.”

Laura P. Jacobs, M.PH. (Laura.Jacobs@ge.com) is managing principal of GE Healthcare Partners. She is based in Los Angeles.

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
January 31, 2018 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

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

Board members present: **Kristin Carpenter, Linnea Ronnegard, April Horton, Gary Graham and Greg Meyer.**

A quorum was established. 5 members present.

CCMC staff present: Scot Mitchell, CEO; Randall Draney, CFO; Kelly Kedzierski, CAH DON; Kadee Goss, LTC DON; Dr. Hannah Sanders, Medical Director, and Faith Wheeler-Jeppson, Compliance Officer.

A. APPROVAL OF AGENDA

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

5 yeas, 0 nay

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Participation ~ None

2. Guest Speaker ~ None

D. BOARD DEVELOPMENT – None

E. APPROVAL OF MINUTES

M/ Horton S/ Meyer “move to approve the January 7, 2019 Special Meeting Minutes as presented”.

5 yeas, 0 nay

Motion passed

F. REPORTS OF OFFICERS and ADVISORS

1. 2017 Audit Report – Shaun Johnson with DZA reviewed the 2017 CCMC Financial Audit Report with the Board answering any questions that they may have had. A hardcopy of the Audit report was put into the permanent record.

2. Board Chair– Kristin Carpenter reported that she had compiled the data from the CEO evaluation and provided a summary for review by the board. Kristin also reported that she and Scot had attended the Cordova Healthcare Collaboration meeting facilitated by Agnew Beck. Kristin will provide more information on future collaboration meetings as it comes available.

3. CEO – Scot Mitchell reported that his written report is in the packet. A few additional items are that he has received notice from the State of Alaska that CCMC is in full compliance from the recent Survey. Scot and City Manager Alan Lanning were on a

PERS call several weeks ago, he will provide more information as it becomes available. CCMC will need to perform our Community Health Needs Assessment this summer. We have interviewed three candidates for the Physical Therapist position, two temporary and one permanent. And Scot will be on PTO starting Saturday for his vacation to the lower 48.

4. **Medical Director – Dr Hannah Sanders** reported that CCMC held an ER collaboration training with the Cordova EMS folks focusing on the point from the 911 call until patient arrival at the ER. We're doing external peer review.
5. **Finance – Randall Draney** reported that the December 2018 financial report is in the packet, and also provided a handout at the meeting. At the request of the Board, Randall will request clarification in the Financial Indicators Report from DZA by excluding the PERS debt.
6. **LTC Nursing – Kadee Goss** reported that her report is in the packet, some additional points are that the Survey report was great, our staff did a good job. The Occupational Therapist is talking about coming back again soon.
7. **CAH Nursing – Kelly Kedzierski** reported that her report is in the packet, additionally we will be having a few new faces coming in as our travelers rotate. The CCMC/EMS training was great to experience. We had the SART Team come in and that was a great lesson for our Nurse's.
8. **Quality Improvement/ Infection Control – Kelly Kedzierski** reported that last month the board reported the QAPI Plan. And there will be an Infection Control Meeting on this coming Tuesday.

G. CORRESPONDENCE ~ None

H. ACTION ITEMS ~ None

I. DISCUSSION ITEMS ~ None

J. AUDIENCE PARTICIPATION ~ None

K. BOARD MEMBERS COMMENTS ~ None

L. EXECUTIVE SESSION

1. CEO Contract Renewal and Performance Compensation

2. Review of CEO Evaluation Summary

M/Ronnegard S/Horton "I move that the CCMC Authority Board of Directors enter into Executive Session for matters which by law, municipal charter, or ordinance are required to be confidential."

The Board entered into Executive Session at 8:18pm

The Board came out of Executive Session at 9:36pm

M/ Graham S/ Ronnegard "Based on positive performance reviews over the past 2 years the CCMC Authority Board of Directors approves a 10% performance compensation for the CEO based on his 2018 base salary."

5 years, 0 pay

Motion passed

M. ADJOURNMENT

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

Carpenter declared the meeting adjourned at 9:40pm.

Prepared by: Faith Wheeler-Jeppson



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CEO Report to the CCMC Authority Board of Directors
February 28, 2019
Scot Mitchell, CEO

The Big Picture

Governor Dunleavy introduced his 2020 budget to the Alaska Legislature last week. As expected, the proposed budget includes a total reduction of \$1.6 billion. Everyone is still looking through the proposed cuts to see how they will impact the State. The State Budget Director declared that the proposed budget represents a reduction of about 700 employees from the State payroll. One estimate of the economic impacts of this budget projected that more than 16,000 jobs will be lost state-wide as a result of these cuts. Below are some highlights of a couple areas that will impact CCMC and the Cordova community.

Department of Health and Social Services:

- The Department of Health and Social Services (DHSS) saw its overall budget of unrestricted general funds cut by 31%, or almost \$365 million.
- Medicaid services will be the majority of these cutbacks, and will see a cut of \$271 million, which equates to a 39.7% reduction. Here is a breakdown of these cuts.
 - \$255.00 million: implementation of Medicaid cost containment measures and reform initiatives
 - \$31.29 million: unidentified cuts
 - \$8.27 million: eliminate Medicaid adult dental services
 - \$6.44 million: Medicaid reform – 4th year efforts
- This reduction of \$271 million State funds will also result in a loss of nearly \$478 million from Federal matching funds. There are \$12.5 million of other funds cuts for a total negative impact on healthcare of \$761 million.
- Most of the Medicaid cuts are unallocated, so we still do not know the exact impact of this proposal.
- Here are a few more specific cuts.
 - Behavioral Health is cut by \$1.3 million, or 2.5%
 - Public Health Nursing is cut \$2.5 million, or 11%
 - The overall Public Health budget is cut by almost \$2.8 million, or 6.4%
 - Tribal Assistance programs are completely eliminated, resulting in \$16.9 million cuts
 - Senior and Disabilities Services are cut \$358,000, or 1%

Department of Education:

- Since education funding is such a hot button topic in Cordova, it is noted the overall state funding for K – 12 funding is cut \$325 million, or about 25%.
- The direct cut to classroom funding amounts to \$333 million.
- The budget also eliminates a one-time increase of \$30 million that had been approved by the Legislature last year.
- There were some increases in a couple areas, the Alaska Postsecondary Education Commission and the Alaska Performance scholarships.

Department of Transportation:

- Governor Dunleavy appears to be looking at potentially privatizing the Alaska Marine Highway System in the near future. The Department of Transportation will hire a qualified marine consultant to identify ways for the State to reduce the amount of funding it spends on AMHS. The analysis will research public/private partnerships, and other options with a targeted implementation of July 1, 2020 for any changes.
- The total funding cuts to AMHS will be \$97 million.
- AMHS will be asked to move to other service options to save money for the State, and to promote economic growth in affected areas.

If these proposed cuts become a reality, it will have dire impacts on the entire healthcare industry in Alaska. The Alaska State Hospital and Nursing Home Association, of which CCMC is a member, is taking the lead to help prevent the catastrophic effects this budget will have on hospitals in Alaska. We may need to ask Board Members to help with communicating the need for a sustainable health care infrastructure in Cordova to our elected representatives. We'll keep you updated on these, and any other legislative issues throughout the current session.

Status Updates

Service:

- The ongoing saga of our implementation issues with our new EHR continues. Last month we had a representative from Evident onsite to conduct a review of our issues, and to develop an action plan for correcting the problems. We are now reviewing the recommendations for the action plan, and will be starting the enhanced training program soon. Part of the training plan will involve bringing trainers from Evident onsite to help with targeted training for staff. We continue to experience billing issues, which do have a negative impact on our cash flow. This is the biggest priority that we're working on.
- Due to the considerable number of emergency incidents that CCMC has to respond to, we recently started researching online incident management systems that will help us to improve our emergency preparedness and emergency response activities. We have a committee of several CCMC staff members, along with representatives from the City of Cordova Emergency Management team that have been reviewing various systems, since we hope to be able to have a system that can be used jointly by the City and CCMC during planning and actual events. We have now narrowed our options down to three systems. We are spending a couple weeks now of actually trying out these systems to see which one will make the most sense for us.
- At the November 29, 2018 CCMC Authority Board of Directors meeting, Clay Koplin, CEO of the Cordova Electric Cooperative gave a presentation on the project that he has been working on where CCMC could become a partner on an exciting new use of technology for the provision of electrical utility service here in Cordova. We recently received notice that the ArpaE has approved most of the project, with a few more steps before final approval. This is exciting news, and we're hoping that this project ultimately receives final approval to move forward.

Quality:

- As mentioned previously, we had our CMS recertification survey for the nursing home the week of December 10th. We have had the re-surveys completed and we have been found to be in substantial compliance with the Plans of Correction. I want to thank our staff for the amazing work they have done to make these quality improvements! The people of Cordova are lucky to have such dedicated healthcare professionals ready to provide high quality health care in their time of need.
- We will have our first Physician Assistant student doing clinical rotations as part of the affiliation agreement with the University of Washington School of Medicine this summer.

Finance:

- Governor Dunleavy recently submitted his proposed 2020 budget to the Legislature. The budget includes cuts of \$1.6 billion, across most State departments. As mentioned above, if this budget is approved it will have devastating impacts on the entire State. We have an agenda item to discuss this further at the meeting.
- As noted, we are still dealing with significant issues with our EHR system. We have several staff members meeting weekly with Evident to try to get the financial system issues corrected so we can get accurate financial statements to the Board.
- Heidi Voss, Pharmacist, has recently completed a review of the impact of the 340B program on our retail pharmacy. The 340B program involves a lot of record keeping and requires additional work for our pharmacy staff. These additional requirements were fruitful, as the 340B program resulted in just over \$200,000 in savings for the pharmacy last year. These funds are able to be used by CCMC to cover expenses of other services that do not cover their costs.
- Alan Lanning and I had a phone conversation with several of the key PERS leadership members from the State about our issues with the PERS obligations. This call took place during the transition to the new administration and they asked us to give them some time for the new staff to come on board and be briefed on our concerns. They did let us know that there are several other entities in Alaska with the same issue, so we are not alone. We are trying to get a follow-up phone call scheduled with the new PERS team, and will update you once that occurs.

People:

- Randall Draney has been interviewing candidates for the Business Office Manager position that could potentially lead to a role as a Controller, with the right candidate. This position will provide us with the hands on experience we need to move our internal revenue cycle management processes to a higher level. This will provide improvements to our billing procedures.
- We have recently hired a new Physical Therapist who will be taking this position as a permanent role. The new person will be starting April 15, 2019. I want to say thank you to Mitchell Luce, who has been providing Physical Therapy services to CCMC patients for the past eight months. He has done a wonderful job for our patients. Chip Hurst has come back to CCMC and will cover the Physical Therapy services until our new person starts.
- Andrew Goss has been hired as our new Dietary Manager.
- Due to some unforeseen issues, and the ferry being down for a while, the new full time Radiologic Technologist has been delayed, but is expected to be here in early March.
- Sound Alternatives has been actively recruiting to fill our two Licensed Clinical Social Worker positions, which have been covered by temporary staff. This is an extremely difficult position to fill due to a national shortage of this profession. We expect to be offering one of the positions to a candidate very soon, and will continue the recruitment efforts for the other position.

Growth:

- Dr. Wesley Gifford came to CCMC for his first Pediatrics clinic on February 19th. By all accounts, this was a successful visit, and Dr. Gifford's next clinic will be held on May 3rd.
- At the February Board meeting, we are presenting the Medical Staff Application from Dr. Ross Dodge, MD to the Board for the granting of privileges. Dr. Dodge is the physician who interprets the sleep study tests for us as part of this new program.
- The sleep medicine program continues to slowly grow. As the word gets out about the new service, we are seeing additional patients seeking this service.
- I have been having discussions with Dr. Sanders regarding provider recruitment for the clinic and emergency room. We are currently exploring the possibility of adding an Advanced Practice Provider, such as a Nurse Practitioner or a Physician Assistant. Adding this type of provider could allow us some flexibility in meeting the needs of our patients and residents.
- We have had some recent conversations with a Nurse Practitioner about CCMC. This person has a lot of experience, and can also perform wound care services. Wound care is a service we've been discussing for some

time now, and this could help us accept patients who have that type of need. We routinely receive referral requests for patients requiring wound care, but we have not been able to accept those patients because we don't have that service available.

- Recent conversations have taken place with a Board Certified Emergency Medicine physician who is interested in coming to CCMC. This physician lives in Alaska, but is not available until later this fall.

Community:

- CCMC staff has been working with other community entities to plan for the Cordova Health Fair. The Health Fair is scheduled for April 27, 2019. Historically, CCMC and NVE will alternate the responsibility for facilitating the planning for the health fair. This year it is CCMC's turn, and Holly Urton has done an amazing job tackling this big project. I want to say thank you to Holly, Kadee and the other staff members who have helped with the planning for this year's health fair. The willingness to take on extra duties such as this, goes to show how dedicated the team is here at CCMC!
- CCMC, along with the City of Cordova and the Native Village of Eyak continue a dialogue regarding the potential for improving collaboration in the healthcare field between these entities. We have had a second smaller, joint meeting and are continuing to work on next steps. We will continue to work towards a solution that is best for all the citizens of Cordova.
- CCMC continues to prepare for the Alaska Shield 2019 statewide disaster exercise. We've had some preliminary discussions with our own staff and state and local emergency preparedness staff on how CCMC will participate. While there are still plenty of unknowns, the initial plan will include multiple terrorism attacks across the state. CCMC will participate along with the City in this multi-day exercise. We are going to serve as a Point of Distribution for medications to treat the agent that will be involved in the drill. This will involve mass dispensing of medications to the members of the community.

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: February 2019 Nursing Update

- Staffing:
 - Nursing staffing continues to be adequate. We had two traveler nurses assignments end and welcomed 2 new travel nurses to our team. They are both doing an excellent job. We are pleased to have them as part of our team here at CCMC.
- Census:
 - LTC census is 10. Currently, we have 1 swing bed occupied.
- The ongoing challenges:
 - Surveys-Continue with the current plans and prepare for the CAH survey in the near future.

Training-

- On February 5th and 6th, 2018 nursing staff had lab a competency in-service.
- On February 12th and 13th four members of our staff participating in TEAM training where they learned “Techniques for Effective Aggression Management”
- CCMC has been having all nursing staff, registration and ancillary staff continue education and training in the Evident EHR.

Kelly Kedzierski, RN

CAH-DON

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: February 2019 Quality Improvement Report

Quality Improvement

The CCMC team is continuously and consistently working hard to build a healthcare system that focuses on keeping our community healthy, provides appropriate and timely access to excellent healthcare, and provides the right care, at the right time, in the right place, all the while promoting focused improvement.

Currently we are meeting on a monthly basis. The last Quality meeting was held on January 29, 2019 where we discussed:

- ICS demos for sand box to take place on February 19, 2019
- The Health Fair is scheduled for April 27th we are working collaboratively on making it a great event!
- CCMC has been attending meetings regarding the Alaska Shield for emergency preparedness. As part of Alaska Shield 2019 assessment of the readiness of Cordova Community Medical Center to establish a Point of Dispensing in the event of an infectious outbreak will take place starting the week of April 6, 2019.

Our next Quality meeting will be held on February 26, 2019.

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: February 2019 Infection Control

Infection Control

- The last meeting was held on February 5th, 2019. Our next meeting will be held on March 20, 2019
- At our last meeting we discussed the fast response of the nursing staff when addressing the blood bank alarm. A random unannounced test was performed and the nursing staff responded very quickly and appropriately.
- On February 5th and 6th the nursing staff participated in their annual lab competency in-service where the lab manager ensures that the nursing staff know how to competently perform certain lab tests.
- We also discussed our annual inspection of our sterile processing machine/autoclave. It is in excellent working order. This is preventative maintenance to ensure that everything is working at maximal operating capacity and it is.

Fun Facts:

According to the CDC:

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation's \$3.3 trillion in annual health care costs.

Most chronic diseases are caused by key risk behaviors. By making healthy choices, you can reduce your likelihood of getting a chronic disease and improve your quality of life.

Most chronic diseases are caused by the following short list of risk behaviors:

- Tobacco use and exposure to secondhand smoke.
- Poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats.
- Lack of physical activity.
- Excessive alcohol use.



Stopping smoking (or never starting) lowers the risk of serious health problems, such as heart disease, cancer, type 2 diabetes, and lung disease, as well as premature death—even for longtime smokers. Take the first step and call 1-800-QUIT-NOW for FREE support.

[Quit Smoking](#)

[Tips From Former Smokers](#)

[Eat Healthy](#) –



Eating healthy helps prevent, delay, and manage heart disease, type 2 diabetes, and other chronic diseases. A balanced diet of fruits, veggies, whole grains, lean meats, and low-fat dairy products is important at any age. If you are overweight, losing even 5% to 7% of your body weight can help prevent or delay type 2 diabetes.

[ChooseMyPlate.gov](#)

[Healthy Eating for a Healthy Weight](#)

[Plan Healthy Meals](#)

[Get Regular Physical Activity](#) –



Regular physical activity can help you prevent, delay, or manage chronic diseases. Aim for moderate physical activity (like brisk walking or gardening) for at least 150 minutes a week.

[Physical Activity and Health](#)

[Adding Physical Activity to Your Life](#)

[Physical Activity for a Healthy Weight](#)

[Avoid Drinking Too Much Alcohol](#) –



Over time, excessive drinking can lead to high blood pressure, various cancers, heart disease, stroke, and liver disease. By not drinking too much, you can reduce these health risks.

[Alcohol Use and Your Health](#)

Get Screened –



To prevent chronic diseases or catch them early, visit your doctor regularly for preventive services.

[Cancer Screening Tests](#)

[Prediabetes and Diabetes Testing](#)

[Get Enough Sleep](#) –



Insufficient sleep has been linked to the development and poor management of diabetes, heart disease, obesity, and depression. Adults should get at least 7 hours of sleep daily.

[Basics About Sleep](#)

[Know Your Family History](#) –



If you have a family history of a chronic disease, like cancer, heart disease, diabetes, or osteoporosis, you may be more likely to develop that disease yourself. Share your family health history with your doctor, who can help you take steps to prevent these conditions or catch them early.

[Family Health History](#)

[CDC Feature: Knowing is Not Enough—Act on Your Family Health History](#)

Make Healthy Choices in School, at Work, and in the Community ⁺

Cordova Health Fair



Make your health a priority & participate in this year's exciting activities: enter to win prizes!

CORDOVA HIGH SCHOOL GYM
SATURDAY APRIL 27TH 8-12

Laboratory Blood Tests

Basic Health Fair Package

(FASTING)

\$40.00

CMP - Blood chemistries (tests liver lung kidney function, electrolytes + blood sugar)

CBC - blood cell count

Lipid panel - cholesterol profile

Single Tests

(no fasting required)

Blood Type (A,B,O and Rh Factor)

\$35.00

Hemoglobin A1C

(long term glucose test for diabetes)

\$35.00

Preparation for Laboratory Testing

In order to get accurate results metabolic and cholesterol panels require you to be FASTING for at least 8 hours before your blood draw. The morning before your blood draw take your usual medications and drink ONLY black coffee or water. Drinking water is encouraged before your blood draw

PSA - Prostate Specific Antigen

\$40.00

TSH - Thyroid Stimulating Hormone

\$40.00

Vitamin D - Testing for Deficiency

\$60.00

If you cannot attend the Health Fair CCMC will be offering these low cost screening prices to the community April 25th 8-11 and April 30th 8-11

Payments for Testing must be made in Cash or Check only

Contact CCMC Laboratory with any further questions (907) 424-8232



P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

Date: February 28th 2019
To: CCMC Authority Board of Directors
From: Director of Long Term Care, Kadee Goss RN
RE: Nursing Report

- We still have 10 residents in our Long Term Care Unit
- Safety continues to be our number one goal with all of our residents. Beds are kept in low position, call lights in reach and hourly rounds on each resident completed by the staff to minimize the number of unwitnessed falls.
- Care plans are a continued part of all daily activities and care for each resident. They are updated quarterly and as need with any changes to the residents care. All the staff reviews the care plans to know what goals are set for each resident and what interventions we have in place to meet those goals.
- We have added an Admit Discharge Coordinator Holly Urton to our team here at CCMC. She has been a big apart of the residents care and communicating with the families and POA's.



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: Delineation of Privileges for Dr. Ross Dodge
Date: 2/20/2019

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Ross Dodge, MD as requested.”

CCMC CONFIDENTIALITY AND CONFLICT OF INTEREST DISCLOSURE FORM

1. Indicate your relationship to CCMC:
 - I am a CCMC employee
 - I am a CCMC Authority Board Member
 - I am a Sound Alternatives Advisory Board Member
 - I am a Cordova City Council or Council Committee Member
 - I am an Affected Person as defined in the Conflict of Interest Policy
 - Other

2. I acknowledge and agree to abide by CCMC's Confidentiality Policy which requires me to:
 - a. Maintain the strict confidentiality of CCMC's non-public information including, but not limited to protected health information, employee information, business or propriety information, and any other type of confidential information that I am not authorized to release or disclose.
 - b. Not pursue for personal gain any opportunities that arise from my knowledge of confidential or proprietary information acquired by virtue of my relationship to CCMC.

Yes No

3. I further acknowledge and agree to abide by CCMC's Conflict of Interest Policy which requires me to:
 - a. Disclose the existence and nature of any financial interest that may give rise to an actual, perceived, or potential conflict of interest to my supervisor or appropriate CCMC resource.
 - b. Put CCMC's interests before a personal interest in any business or corporate opportunity of which I learn in my role with CCMC.
 - c. Abstain from participating and absent myself from any board, committee, or other meeting which discusses or votes on matters where I have an actual, perceived, or potential conflict of interest.
 - d. Not accept any favor, payment in cash of any kind, gifts, or other items or service of value from any third party in exchange for influencing the actions of CCMC.
 - e. Supplement this disclosure and inform your supervisor or appropriate CCMC resource promptly in the event that a conflict of interest that has not yet been disclosed arises.

Yes No

4. Disclosure of interests.
 - a. Financial Interests. List and describe any financial interest that you or an immediate family member has, including ownership in vendors or consultants to CCMC, or in a business that competes with CCMC. Write "None" if you have no financial interests to disclose.

- b. Contracts. List any contracts or other written or verbal agreement that you may have with CCMC. Write "None" if you have no contracts to disclose.

- c. Gifts and Favors. List any gifts or favors received in your capacity as an interested or affected person at CCMC. Examples include non-business meals, travel, tickets to events, or discounts. Write "None" if you have no gifts or favors to disclose.

- d. Other Potential Conflicts. List and describe any other situations including board membership, employment, business or professional activity that may conflict with your duties and responsibilities for CCMC. Write "None" if you have no potential conflicts to disclose.

5. I have disclosed all actual, perceived, or potential conflicts of interest to my immediate supervisor and or appropriate CCMC resource as identified in the CCMC Conflict of Interest Policy.

Affirmation: I affirm that the responses provided in this conflict of interest disclosure form are true and accurate to the best of my knowledge, and that this disclosure was personally completed by me.

Printed Name	Signature	Date
Witness	Date	