



AGENDA
COMMUNITY HEALTH SERVICES BOARD
Cordova Center – Community Room A
May 12, 2016 at 7:00PM
REGULAR MEETING

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

Board Members

President:

David Allison
Term expires 03/19

Vice-President: Tim Joyce

Term expires 03/17

Secretary:

Tom Bailer
term expires 03/17

James Burton
term expires 03/19

Joshua Hallquist
term expires 03/18

Robert Beedle
term expires 03/18

James Wiese
Term expires 03/19

Interim CEO

Noel Rea

OPENING

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

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

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

D. APPROVAL OF CONSENT CALENDAR Pgs. 1-32

1. NSG 130 – Suicide Awareness and Suicide Precautions
2. NSG 126 - Activity Room Refrigerator Temperature Monitoring

3. NSG 118 – Blood Transfusion
4. NSG 112 – Blood Transfusion Reaction
5. NSG 134D – Use of Groshong Catheter for Fluid of Medication
6. NSG 134E – Blood Withdrawal from Groshong Catheter
7. NSG 142 – Documentation of Apical /Radial Pulse with Digoxin
8. NSG 137 – Notifying the Medical Examiner
9. NSG 139 – Patient Accompanied Transport
10. NSG 140 – Dead on Arrival
11. NSG 152 – Catheter Urine Collection
12. NSG 155 – Platelet Transfusion
13. NSG 156 – Patient Leaving Against Medical Advice
14. NSG 158 – Open Wound Cultures
15. NSG 159 – Gastric Tube Feedings

E. APPROVAL OF MINUTES

Pgs. 33-35

1. Minutes from the March 21, 2016 Worksession
2. Minutes from the March 22, 2016 Worksession
3. Minutes from the April 11, 2016 Worksession

F. REPORTS OF OFFICER and ADVISORS

1. President's Report – HSB Bylaws and The City Code **Pgs. 36-55**
2. Administrator's Report - Attached **Pgs. 56-58**
3. Finance Report –March Financials **Pgs. 59-61**

*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.

4. Medical Director's Report - None
5. Sound Alternatives Report - None
6. QHR Report – Quorum Monthly Updates **Pgs..62-68**
- G. CORRESPONDENCE**
- H. ACTION ITEMS**
 1. Resolution to update CCMC Authorized Check SignersPgs..69-70
- I. DISCUSSION ITEMS**
 1. Policy and Procedure Subcommittee
- 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. Personnel
- M. ADJOURNMENT**

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**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 130
Subject: Suicide Awareness and Suicide Precautions	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
Original Approval Date:	
Approved by:	Page 1 of 2

Policy:

Cordova Community Medical Center (CCMC) believes the safety of patients is a priority concern. Nursing personnel may initiate the suicide awareness and suicide precautions process based on nursing assessment or when ordered by the Medical Provider. As CCMC is a critical access hospital with limited staff, patients who require suicidal precautions will normally be transferred to a facility capable of providing psychiatric care.

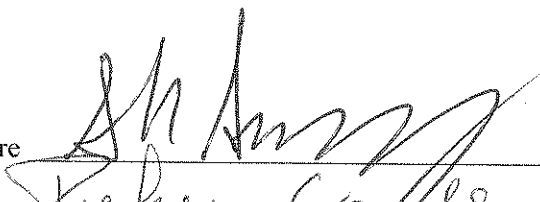
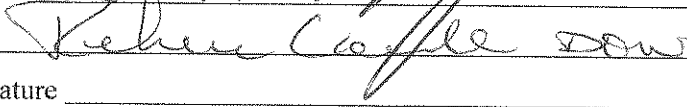
Procedure:

1. The Medical Provider will order suicide awareness or suicide precaution checks at fifteen (15) minute or thirty (30) minute intervals per MD order. When suicide precautions are ordered the patient is to be observed continuously on a one-to-one basis, either by a Certified Nursing Assistant, Behavioral Health Clinician, Registered Nurse (RN) or a Licensed Practical Nurse (LPN).
2. The RN/LPN will inform the patient that he/she is being placed on suicide awareness/close observation checks and give the rationale.
3. The RN/LPN will assign the patient's room as close as possible to the Nursing Station.
4. The patient's room will have all equipment that can be used for self harm removed before placing patient in that room.
5. Curtain to the patient's room will remain open at all times for observation of staff.
6. Consult with a mental health professional on admission or when this process is initiated to obtain a risk level assessment.
7. Check clothing and belongings for safety as often as necessary. Remove those items with which the patient could harm him/herself or others. The sharps container should be removed from the patient's room. No drugs are to be left at the patient's bedside. Personal belongings, which could be used as objects for self-harm, are to be removed from the patient's room (i.e. glass, matches, lighter, razor, belt, pop can with pull-tab, or other sharp objects).
8. The patient is clothed in safe attire (no belts, shoelaces or shoes).
9. Document observations on the Behavioral Observation Sheet every fifteen (15) minute or thirty (30) minutes as ordered by the Medical Provider.

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 130		
Subject: Suicide Awareness and Suicide Precautions	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</td><td style="width: 40%; vertical-align: top;">Date: October 19, 2015</td></tr></table>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	Date: October 19, 2015
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10. The patient may leave the unit only with a Medical Provider's order and will be accompanied by a staff member fully aware of the situation while off the unit.
 11. The nursing staff screens all visitors, and visits may be supervised by the staff. Any items brought in by visitors are subject to search by the nursing staff.
 12. If the patient requests an against-medical-advice discharge (AMA), contact the Medical Provider. If a patient who is a danger to him/herself or others insists on leaving the facility against medical advice, call the police to hold the individual until further evaluation can be completed or until the individual is transferred to a more appropriate facility.
- Suicide Awareness/Close Observation is only discontinued by a Medical Providers order.

Administrator Signature		Date <u>10/15/15</u>
Department Manager		Date <u>10/19/15</u>
Committee Chair Signature		Date _____
Review Signature		Date _____
Review Signature		Date _____
Review Signature		Date _____

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 126
Subject: Activity Room Refridgerator Temperature Monitoring	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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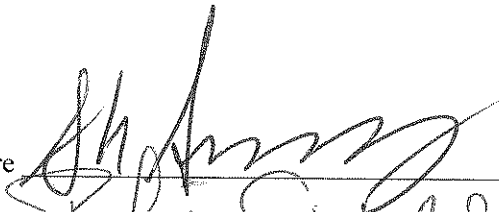
Policy:

The refrigerator, located in the activity room, will have the temperature checked and recorded on a daily basis.

Procedure:

1. A thermometer is permanently displayed in the refrigerator.
2. The temperature will be checked every morning and recorded on the "Activity Room Refrigerator Temperature Log" by the dietary staff.
3. The refrigerator is maintained at a temperature range of 34⁰ F. to 40⁰ F.
4. If the temperature is out of range, the maintenance department will be notified immediately and the contents of the refrigerator will be moved to the downstairs kitchen walk-in refrigerator, or disposed of if it is determined that the contents are not salvageable.

Administrator Signature



Date

10/15/15

Department Manager



Date

10/19/15

Committee Chair Signature

Date

Review Signature

Date

Review Signature

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Review Signature

Date

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 118						
Subject: Blood Transfusion	<table style="width: 100%; border: none;"><tr><td style="width: 60%; border: none;"><input type="checkbox"/> New</td><td style="width: 40%; border: none;">Date:</td></tr><tr><td style="border: none;"><input checked="" type="checkbox"/> Revised</td><td style="border: none;">October 19, 2015</td></tr><tr><td style="border: none;"><input type="checkbox"/> Other</td><td style="border: none;"></td></tr></table>	<input type="checkbox"/> New	Date:	<input checked="" type="checkbox"/> Revised	October 19, 2015	<input type="checkbox"/> Other	
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Original Approval Date:							
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Policy:

Cordova Community Medical Center (CCMC) will have a uniform method of transfusing blood.

Equipment:

1. 250 ml – 1000 ml Normal Saline
2. Y-Blood tubing depending on type of IV pump
3. IV pump
4. Unit of blood

Procedure:

1. Blood transfusions will be initiated by a Registered Nurse upon order of a Medical Provider.
2. All patients typed and crossed to receive blood must have a hospital ID band and a Blood Bank ID band on their wrist or ankle.
3. An “Agreement for Blood Transfusion” will be signed prior to the blood transfusion.
4. Obtain IV access if not already in place. Preferably IV access should be with an 18 or 20-gauge insyte catheter for an adult patient, 22-24 gauge for a pediatric patient. If the IV gauge is 22 or smaller, blood cannot be administered under pressure (i.e. IV pump or pressure infusor).
5. Explain the procedure to the patient. Including the signs/symptoms of a transfusion reaction and have them report these if they occur any time during the transfusion:
 - a. rash
 - b. flushed feeling
 - c. chills
 - d. shortness of breath
 - e. headache
 - f. fever
6. Normal saline is hung at a TKO rate, using Y blood tubing with a filter
7. The RN will obtain the blood from the lab after it has been typed and cross-matched. The lab personnel will let the nursing staff know when the blood is ready. The RN and the lab personnel will double check the blood before leaving the lab.

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General Subject: Blood Transfusion Original Approval Date: Approved by:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 5px;">NSG 118</td> </tr> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other </td> <td style="width: 40%; padding: 5px;"> Date: October 19, 2015 </td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;">Page 2 of 4</td> </tr> </table>	NSG 118		<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	Date: October 19, 2015	Page 2 of 4	
NSG 118							
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	Date: October 19, 2015						
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- a. If the cross-matched blood is needed after regular working hours for lab personnel, two licensed medical personnel will need to check out the unit of blood from the lab.
 - b. Obtain the unit of blood from the Blood Bank refrigerator, which is located on the floor in the center section of the lab area. It is recognized by the small red label with a #2 written on it, attached to the front of the refrigerator. The unit of blood will be in a plastic bag with a unit tag attached with the patient's name and information written on it. There will also be a Transfusion Report Form in the plastic bag.
 - c. Compare the patient information that is written on the unit tag and on Part A of the Transfusion Report Form, with the patient information recorded in the Blood Bank logbook located on top of the Blood Bank refrigerator (see attached copy of Blood Bank log page). Lab personnel will usually have the Blood Bank log completed for the unit(s) of blood.
 - d. After verifying that the information on the unit tag, Transfusion Report Form and Blood Bank log page are correct, both licensed personnel will complete the Blood Bank log page and the released by and to section of Part A on the Transfusion Report Form for that specific unit of blood (see attached copy of the Blood Bank log page and Transfusion Report Form).
 - e. The unit of blood may then be taken to the patient's bedside.
8. Before the blood is hung, it will be checked by two licensed nurses at the patient's bedside for the following:
- a. Patient's name, Blood Bank ID band and hospital ID band match the corresponding information on the Transfusion Report Form.
 - b. The donor unit number and blood product name on the bags label match the corresponding information on the Transfusion Report Form and unit tag.
 - c. The donor and recipients blood groups are compatible.
 - d. That the blood product is not outdated.
9. Obtain a baseline set of vitals (TPR and BP) and document on the Transfusion Report Form.
10. After blood has matched all information on the Transfusion Report Form, hang the blood on the open Y port of the blood tubing. If the blood cannot be hung within thirty (30) minutes after leaving the lab, it must be returned to the lab.
11. If the Medical Provider orders a leukpore filter to be used, follow the instructions on the filter packaging carefully for priming and use of the filter.
12. The first 25-50 mls. should be infused slowly. The RN needs to stay with the patient for the first 15 minutes. If the "test dose" is well tolerated, the infusion rate can be increased so that the infusion is completed within a reasonable time. The maximum time frame for a blood infusion should not exceed four (4) hours.

**Cordova Community Medical Center
Policies and Procedures**

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13. Vital signs (TPR and BP) are done every 15 minutes times two (2), then every 30 minutes times four (4), then hourly from the start of the transfusion until the transfusion is complete unless there is a patient reaction. They are documented on the Transfusion Report Form.
14. If the patient experiences any signs or symptoms of a transfusion reaction (rash, flushed feeling, chills, shortness of breath, headache, fever, decreased blood pressure) stop the blood infusion immediately! DO NOT infuse Normal Saline to flush lines, immediately notify the MP, and refer to the Blood Transfusion Reaction Policy.
15. When the blood is finished, flush the IV line with normal saline and take a final set of vital signs and record on the Transfusion Report Form.
16. Return the blood bag in a Biohazard Bag to the lab with a photocopy of the completed Transfusion Report Form. The original Transfusion Report Form is placed in the patient's chart.
17. If a second unit of blood is to be hung, the IV tubing setup must be changed for the second unit. If a leukopore filter is used, it also needs to be changed for the second unit. Repeat the procedure 1-15 for the second unit.
18. Continue with the Medical Provider's orders
19. Document the transfusion in the nurse's notes or on the Outpatient Treatment form.

Reference:

American Association of Blood Banks, Technical Manual, 12th Edition
Bethesda, Maryland, 1996, pp. 449-457.

Transfusion Guidelines, Regional Technical Advisory Committee, 6th
Edition, American Red Cross Blood Services, Pacific Northwest
Region, 1997

Cross – Reference:

NSG 111 Consent for Blood Transfusion

NSG 112 Blood Transfusion Reaction

NSG 155 Platelet Transfusion

Attachment:

NSG 118a Transfusion Report

NSG 111a Agreement for Blood transfusion

**Cordova Community Medical Center
Policies and Procedures**

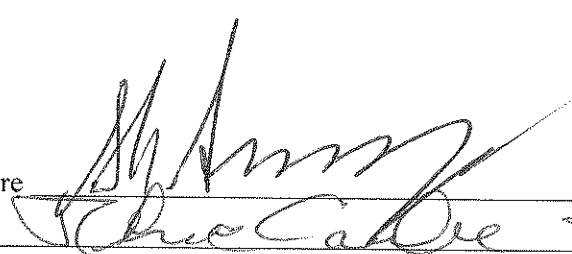
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NSG 118c Blood Bank Log Book page

NSG 118d Blood Unit tag

NSG 118e Leukopore Filter Instructions

Administrator Signature



Date

10/15/15

Department Manager



Date

10/19/15

Committee Chair Signature

Date

Review Signature

Date

Review Signature

Date

Review Signature

Date

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 112
Subject: Blood Transfusion Reaction	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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Policy:

To facilitate immediate recognition and prompt nursing action in the event of a transfusion reaction and to prevent further complications and possible death, the Registered Nurse (RN) infusing the blood/packed cells will be responsible for initiating the transfusion reaction management.

Equipment:

1. Normal Saline IV solution
2. IV line and IV access
3. Urine specimen container
4. Laboratory requisition
5. Investigation of Transfusion Reaction form

Procedure:

1. As soon as the RN suspects an adverse reaction, STOP the transfusion and DO NOT flush or rinse back! Immediately notify the MP and do not take down the blood bag or blood administration set.
2. The Medical Provider will decide whether the symptoms (i.e. fever, urticaria only) will be treated and the transfusion resumed OR if the transfusion is to be discontinued and a full transfusion reaction work-up is to be initiated.
3. A RN will stay with the patient and monitor the patient closely – vital signs every 15 minutes or more if indicated by severity and type of reaction.
4. Have emergency resuscitation equipment available.
5. Compare the labels on all blood containers to corresponding patient identification (SecureLink) wristbands and forms to verify that the transfusion was the correct blood unit. Verify ABO/Rh compatibility. Document on the Transfusion Report Form, part D.
6. Contact the laboratory to start transfusion reaction work-up. The lab will draw a post-transfusion clotted sample from the arm opposite the one receiving the transfusion. The RN will fill out the requisition and the Medical Provider will sign it.
7. Complete the top section of the Suspected Transfusion Reaction form and send it to the laboratory ASAP.

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 112
Subject: Blood Transfusion Reaction	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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8. Complete section D of the transfusion form and send a copy to the laboratory and place the original in the patient's chart.
9. Administer medications as per the Medical Provider's orders. Keep the patient as comfortable as possible.
10. COLLECT THE FIRST POST-TRANSFUSION urine specimen and mark the requisition "possible transfusion reaction" and send to the lab immediately. The laboratory will test the urine for the presence of hemoglobin, which indicates a hemolytic reaction.
11. Closely monitor intake and output. Note evidence of oliguria or anuria because hemoglobin deposition in the renal tubules can cause renal damage.
12. Return the blood bag to the lab in a sealed specimen bag with the tubing.
13. Continue to monitor the patient for changes in vital signs and/or reaction symptoms.
14. The laboratory is responsible for reporting the reaction to the blood center. The laboratory will also report fatal transfusion reactions to the FDA as soon as possible.

Cross – Reference:

NSG 118 Blood Transfusion

NSG 155 Platelet Transfusion

Attachments:

NSG 112a Transfusion Reaction Guidelines

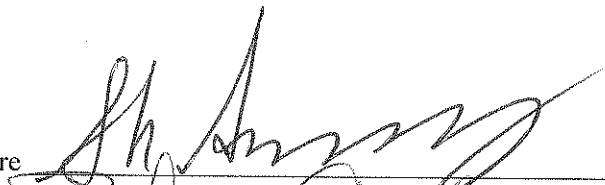
NSG 112b Transfusion Report form

NSG 112c Investigation of Transfusion Reaction form

**Cordova Community Medical Center
Policies and Procedures**

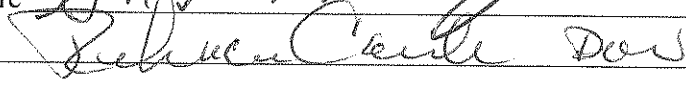
Department: Nursing - General	NSG 112
Subject: Blood Transfusion Reaction	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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Administrator Signature



Date 10/15/15

Department Manager



Date 10/19/15

Committee Chair Signature

Date _____

Review Signature

Date _____

Review Signature

Date _____

Review Signature

Date _____

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 134D		
Subject: Use of Groshong Catheter for Fluid of Medication Administration	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</td><td style="width: 40%;">Date: October 19, 2015</td></tr></table>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	Date: October 19, 2015
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Supplies:

1. Normal Saline flush
2. Alcohol wipes
3. Betadine wipes
4. Needleless system adapters
5. B-D posiflow cap
6. Syringes
7. Non-sterile gloves

Protocol:

1. Wash hands.
2. Explain the procedure to the patient.
3. Don gloves.
4. Wipe the posiflow cap with the Betadine wipe. Wait for one minute and scrub the posiflow adapter with an alcohol wipe for 2 minutes.
5. Before use of the catheter, attempt to aspirate at least 0.5cc of blood before briskly flushing with 5cc Normal Saline (if the catheter is not in use).
6. Securely attach the fluid tubing or medication tubing to the posiflow adapter with a needleless device.
7. Infuse fluid or medication per Medical Provider's orders.
8. Remove gloves and wash hands or use the alcohol based gel.
9. Document the procedure.
10. When the infusion is complete, disconnect the tubing and flush briskly with 5 cc Normal Saline and clamp the line for a lock.

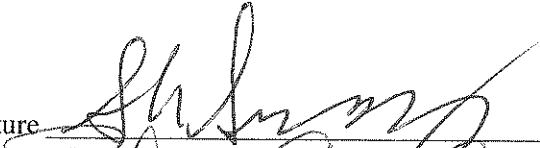
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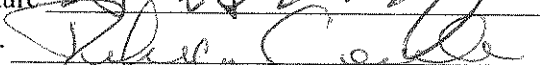
Cross – Reference:

NSG 134 Care and Use of Central Catheters

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 134D
Subject: Use of Groshong Catheter for Fluid of Medication Administration	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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Administrator Signature  Date 10/15/15

Department Manager  Dow Date 10/19/15

Committee Chair Signature _____ Date _____

Review Signature _____ Date _____

Review Signature _____ Date _____

Review Signature _____ Date _____

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 134E		
Subject: Blood Withdrawal from Groshong Catheter	<table style="width: 100%; border: none;"><tr><td style="width: 60%; border: none;"><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</td><td style="width: 40%; border: none; text-align: right;">Date: October 19, 2015</td></tr></table>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	Date: October 19, 2015
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Supplies:

1. Non-sterile gloves
2. Normal Saline
3. Assorted Syringes
4. Lab tubes
5. Betadine wipes
6. Alcohol wipes

Protocol:

1. Obtain supplies.
2. Wash hands.
3. Explain the procedure to the patient.
4. Put on non-sterile gloves.
5. Clean the injection cap/B-D posiflow cap with Betadine and allow to dry for at least one minute. Then scrub with an alcohol pad for 2 minutes.
6. Attach a 5 ml syringe to the posiflow cap and aspirate 5 ml of blood to waste. Dispose of the syringe appropriately.
7. Connect the appropriate size syringe for the blood sample and aspirate the appropriate amount of blood.
8. Connect a 5 ml Normal Saline syringe and briskly flush the catheter and clamp line for lock.
9. Transfer the blood sample to the appropriate lab specimen tubes and label them with the patient information (The purple top tube will be filled first. Remember to gently invert the tubes).
10. Remove the soiled supplies and discard, wash your hands, and clean up the area.
11. Document the procedure.

Trouble Shooting Tips:

1. If the catheter leaks or splits, fold the catheter back on itself, tape and notify the Medical Provider.
2. If the catheter will flush forward, but you cannot aspirate, the opening of the lumen may be against the wall of the blood vessel. Ask the patient to change position. Valsalva (if the condition of the patient permits it), raise his/her hands over his/her head or place the patient in a Trendelenburg position.

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Policies and Procedures**

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Special Considerations:

1. Groshong Catheters do not require Heparinization, due to a patented 3-way valve system.
2. If a patient is only coming to the facility for weekly or monthly blood draws, the B-D posiflow cap needs to be changed after blood draws.

Reference:

Medical Consultants Network, Inc. *Policy and Procedure Manual for*
Medical Surgical Unit, 1999, pg 739

Cross – Reference:

NSG 134 Care and Use of Central Catheters

Administrator Signature _____

Date 10/15/15

Department Manager _____

Date 10/19/15

Committee Chair Signature _____

Date _____

Review Signature _____

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**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 142
Subject: Documentation of Apical/Radial Pulse with Digoxin	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
Original Approval Date:	
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Policy:

An apical/radial pulse will be taken, assessed and documented on the Medication Administration Record (MAR) when a patient or resident is receiving the medication Digoxin (Lanoxin).

Procedure:

1. Before the administration of Digoxin (Lanoxin), the Registered Nurse (RN)/Licensed Practical Nurse (LPN) will take and assess the patients/residents apical/radial pulse.
2. If the heart rate is 60 beats per minute or less than the Medical Provider's ordered rate, the medication will be held and the Medical Provider will be notified.
3. All Medical Provider's orders will take priority over the above mentioned procedure.
4. The RN is required to sign behind the LPN if they are administering the medication.

Administrator Signature _____

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Committee Chair Signature _____

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**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 137		
Subject: Notifying the Medical Examiner	<table style="width: 100%; border: none;"><tr><td style="width: 60%; border: none;"><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</td><td style="width: 40%; border: none; vertical-align: top;">Date: October 19, 2015</td></tr></table>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	Date: October 19, 2015
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	Date: October 19, 2015		
Original Approval Date:			
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Policy:

The State Medical Examiner will be notified depending on the circumstances surrounding a death.

Procedure:

1. The State Medical Examiner must be contacted at 1-888-332-3273 or 907-562-5433 in Anchorage, by the Medical Provider, when a death occurs under the following circumstances:
 - a. By unknown or criminal means, during a crime, by suicide, accident, or poisoning.
 - b. Under suspicious or unusual circumstances or occurred suddenly when the person was in good health.
 - c. Unattended by a Medical Provider or in a medical facility for less than twenty-four (24) hours after admission.
 - d. In association with a diagnostic or therapeutic procedure.
 - e. Due to a disease which is a threat to public health.
 - f. Due to a disease, injury, or toxic agent in the course of employment.
 - g. In a jail, corrections facility, or other place where persons are placed by the state or are in state supervision.
 - h. In a foster home.
 - i. In a mental institution or mental treatment facility.
 - j. While the deceased was in state or government custody.
2. When in doubt whether or not to notify the State Medical Examiner, notify them. It is their responsibility to determine if the death falls within the definition of a medical examiner case.
3. Do not remove items from the patient after death. This includes jewelry, IV needles, ET tubes, airways, etc.
4. The Medical Examiner must be contacted prior to moving the body and must give permission to move the body.
5. Bodies to be sent out for autopsy should:
 - a. Not have hands or feet tied together.
 - b. Have information sent with the body describing lifesaving procedures which may mark the body (CPR, defibrillation, needle sticks, etc).
 - c. If there is other property that came in with the patient, place the belongings in a bag, label it with the patient information, and send with the patient upon departure.

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 137
Subject: Notifying the Medical Examiner	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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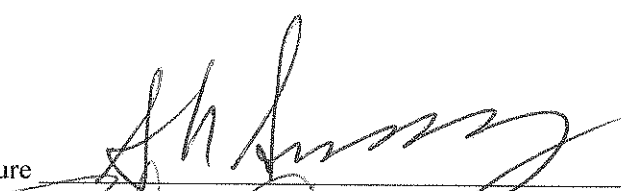
Reference:

Alaska Statute AS12.65.005

Cross – Reference:

NSG 140 Dead on Arrival

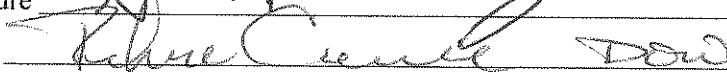
Administrator Signature



Date

10/15/15

Department Manager



Date

10/19/15

Committee Chair Signature

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**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 139
Subject: Patient Accompanied Transport	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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Policy:

Non-emergent patients requiring services from another healthcare facility will be provided a Nurse escort upon receipt of a Medical Provider's order.

Procedure:

1. Upon receipt of a Medical Provider's order, the Nurse or Nursing Administrative Assistant will notify the Director of Nursing (DON), who will arrange for Medical Staff to accompany the patient to their final destination. The selection of the Medical Staff will be made on a rotating basis, taking into account the work schedule and overtime hours. In the absence of the DON, a Charge Nurse on duty will select the escort.
2. The DON or the Administrative Assistant will arrange for the tickets for the patient and Medical Staff. In the absence of the DON or Administrative Assistant, the Chief Financial Officer or the Administrator may arrange for the tickets.
3. The Medical Staff will take all required supplies, medications, medical records and x-rays with them.
4. The Medical Staff and patient will be taken to the airport in the facility's vehicle.
5. All efforts will be made for the Medical Staff to return on the next available commercial flight. In the event that a same day commercial flight is not available, the facility will pay for a hotel room and appropriate expenses (i.e. meals and cab fare).
6. Wage compensation will be calculated from the time of the patient's discharge to the time of the patient's arrival at the receiving facility. In the event that the Medical Staff is unable to return on the same day, compensation will be calculated according to the State of Alaska Wage and Hour Administration Pamphlet. Examples of different scenarios are:
 - a. If the Medical Staff is able to return the following day on the morning or afternoon flight, compensation will be calculated from 6:00 am until the flight's arrival into Cordova.
 - b. If the Medical Staff is booked on a flight that is delayed after 6:00 pm, compensation is calculated from 6:00 am until 6:00 pm (CFR 785.39 "As an enforcement policy the Divisions will not consider as work time that time spent in travel away from home outside of regular working hours as a passenger on an airplane, train, boat, bus, or automobile.").
7. All receipts must be attached to an Expense Reimbursement Form. The Medical Staff will sign the form and forward it to the DON for approval and signature. The form and receipts will then be forwarded to the Accounts Payable Department for reimbursement to the Medical Staff.

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 139
Subject: Patient Accompanied Transport	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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8. All hours incurred will be charged to department "Medical Staff Escort 708" on the Medical Staff time sheet.

Reference:

State of Alaska Wage & Hour Administration Pamphlet 100, June 1999

Cross – Reference:

NSG 119 Patient Transfers

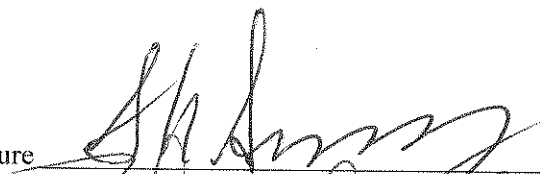
NSG 121 Medical Transports To and From the Mile 13 Airport

Attachment:

State of Alaska Wage & Hour Administration Pamphlet 100, June 1999

Expense Reimbursement Form

Administrator Signature



Date

10/15/15

Department Manager



Date

10/19/15

Committee Chair Signature

Date

Review Signature

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**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 140		
Subject: Dead on Arrival	<table style="width: 100%; border: none;"><tr><td style="width: 60%; border: none;"><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</td><td style="width: 40%; border: none; vertical-align: top;">Date: October 19, 2015</td></tr></table>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	Date: October 19, 2015
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Policy:

Individuals arriving dead on arrival (DOA) will be handled appropriately and in accordance with Cordova Community Medical Center protocol.

Procedure:

1. Upon notification of a body being brought to the facility, instruct the transport team to bring the body to the lower level garage entrance and then go downstairs to turn on the morgue.
2. A Medical Provider, if available, will pronounce the individual as deceased. The Medical Provider will document the "pronouncement" on a "Physician's Progress Note" and the progress note will be placed in the individual's medical record. If a Medical Provider is unavailable, a RN may pronounce the patient as per Alaska Statutes Section 18.08.089 (see attached).
3. The State Medical Examiners office will be notified as necessary
4. The body is placed in the morgue. If the body is to be sent to Anchorage, place it in a body bag and place it on a morgue table. If the body is to stay in Cordova, it will be placed on the morgue table with a bed sheet covering it.
5. The Nurse or Nursing Administrative Assistant will make every effort to obtain the identifying information concerning the individual. The information may be obtained from the person(s) accompanying the individual. If there is no information on the individual or those accompanying the individual do not know the information, the police department will be notified. If it is a Medical Examiner's case, do not look through the individual's pockets, etc.
6. Notify the Purchasing Coordinator, that a body is in the morgue so that the process for handling the body may be started.
7. Notify the Director of Nursing.

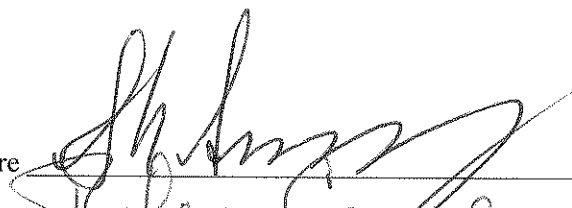

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 140
Subject: Dead on Arrival	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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Reference:

Cross – Reference:

NSG 137 Notifying the State Medical Examiner

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Department Manager		Date	10/19/15
Committee Chair Signature		Date	
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**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 152		
Subject: Catheter Urine Collection	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; vertical-align: top;"><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</td><td style="width: 40%; vertical-align: top;">Date: October 19, 2015</td></tr></table>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	Date: October 19, 2015
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Policy:

Catheterized urine specimens are collected from patients with an indwelling or straight catheter.

Protocol:

For indwelling catheter:

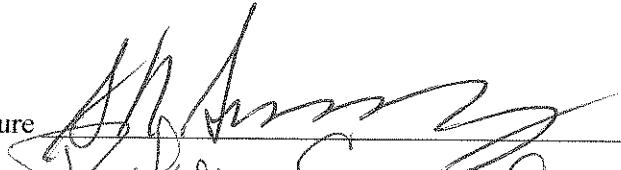
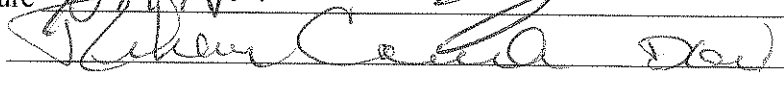
1. Wash hands.
2. Explain procedure to patient/resident and provide for privacy.
3. Put on gloves.
4. Fold or clamp drainage tubing about four (4) inches below junction of drainage tubing and catheter.
5. Allow urine to pool in drainage tubing; if urine does not pool in tubing immediately, leave it clamped for urine to collect over a period of time (usually 10-30 minutes).
6. Cleanse specimen collection port of drainage tubing with alcohol swab. Carefully insert sterile needle of syringe into specimen collection port at a 45 degree angle; insert needle slowly, taking care not to puncture other side of catheter tubing.
7. Pull back on syringe plunger and obtain 3-10 ml of urine.
8. Squirt urine into specimen container. Place patient label on the container, put container into transport bag and take to lab with lab order slip. Label must have required date, time and initials of collector.
9. During non lab normal business hours, place the specimen in the small tan refrigerator in the lab

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 152		
Subject: Catheter Urine Collection	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</td><td style="width: 40%;">Date: October 19, 2015</td></tr></table>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	Date: October 19, 2015
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Original Approval Date:			
Approved by:	Page 2 of 2		

Reference:

Nurse's Guide to Clinical Procedures, Third Edition, Lippincott 1998
pp 260-262.**Policy:**

Administrator Signature 	Date <u>10/15/15</u>
Department Manager 	Date <u>10/19/15</u>
Committee Chair Signature _____	Date _____
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**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 155
Subject: Platelet Transfusion	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
Original Approval Date:	
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Policy:

Platelets will be administered intravenously (IV) by a Registered Nurse upon an order from the medical provider.

Equipment:

1. 250cc Normal Saline
2. Y-Platelets tubing
3. IV pump
4. Unit of platelet

Procedure:

1. Platelet transfusions will be initiated upon order of a medical provider.
2. All patients receiving platelets will have an hospital ID band and a Platelets Bank ID band on their wrist or ankle.
3. An "Agreement for Platelets Transfusion" shall be signed prior to the platelets transfusion.
4. Obtain IV access if not already in place. Preferably IV access should be with an 18 or 20-gauge catheter for an adult patient, 22-24 gauge for a pediatric patient
5. Explain the procedure to the patient. Explain to the patient the signs/symptoms of a transfusion reaction and have them report these if they occur any time during the transfusion:
 - a. rash
 - b. flushed feeling
 - c. chills
 - d. shortness of breath
 - e. headache
 - f. fever
6. Normal saline is hung at a TKO rate, using Y platelets tubing with a filter
7. The RN will obtain the platelets from the lab. The lab personnel will let the nursing staff know when the platelets are ready. The RN and the lab personnel will double check the platelets before leaving the lab.
 - a. If the platelets are needed after regular working hours for lab personnel, two licensed medical personnel will need to check out the unit of platelets from the lab.

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 155		
Subject: Platelet Transfusion	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</td><td style="width: 40%;">Date: October 19, 2015</td></tr></table>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	Date: October 19, 2015
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- b. Obtain the unit of platelets from the lab. **PLATELETS ARE KEPT AT ROOM TEMPERATURE AT ALL TIMES. DO NOT PLACE THEM IN THE REFRIGERATOR.** The unit of platelets will be in a plastic bag with a unit tag attached with the patient's name and information written on it. There will also be a Transfusion Report Form in the plastic bag.
 - c. Compare the patient information that is written on the unit tag and on Part A of the Transfusion Report Form, with the patient information recorded in the Platelets Bank logbook located on top of the Platelets Bank refrigerator (see attached copy of Platelets Bank log page). Lab personnel will usually have the Platelets Bank log completed for the unit(s) of platelet.
 - d. After verifying that the information on the unit tag, Transfusion Report Form and Platelets Bank log page are correct, both licensed personnel will complete the Platelets Bank log page and the released by and to section of Part A on the Transfusion Report Form for that specific unit of platelet (see attached copy of the Platelets Bank log page and Transfusion Report Form).
 - e. The unit of platelet may then be brought to the patient's bedside.
8. Before the platelets are hung, it is checked by two licensed Registered Nurses at the patient's bedside for the following:
 - a. Patient's name, Platelets Bank ID band and hospital ID band match the corresponding information on the Transfusion Report Form.
 - b. The donor unit number and platelets product name on the bags label match the corresponding information on the Transfusion Report Form and unit tag.
 - c. The donor and recipients platelets types are compatible.
 - d. That the platelets product is not outdated.
9. Obtain a baseline set of vitals (TPR and BP) and document on the Transfusion Report Form.
10. After platelets have matched all information on the Transfusion Report Form, hang the platelets on the open Y port of the platelets tubing.
11. If the medical provider orders a leukpore filter to be used, follow the instructions on the filter packaging carefully for priming and use of the filter.
12. Infuse the platelets slowly for the first 15 minutes. The RN needs to stay with the patient for the first fifteen (15) minutes. If the "test dose" is well tolerated, the infusion rate can be increased so that the infusion is completed within a reasonable time. The maximum time frame for a platelet infusion should not exceed four (4) hours.
13. Vital signs (TPR and BP) are done every 15 minutes times 2, then every half hour during the transfusion. They are documented on the Transfusion Report Form.

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General Subject: Platelet Transfusion Original Approval Date: Approved by:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">NSG 155</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other </div> <div style="width: 35%;"> Date: October 19, 2015 </div> </div> <div style="text-align: right; margin-top: 20px;">Page 3 of 4</div>
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14. If the patient experiences any signs or symptoms of a transfusion reaction (rash, flushed feeling, chills, shortness of breath, headache, fever, decreased platelets pressure) stop the platelets infusion immediately, DONOT infuse Normal Saline through tubing and refer to the Blood Transfusion Reaction Policy.
15. When the platelets are finished, flush the IV line with normal saline and take the final vital signs and record on the Transfusion Report Form.
16. Return the platelets bag in a Biohazard Bag to the lab with a photocopy of the completed Transfusion Report Form. The original Transfusion Report Form is placed in the chart.
17. If a second unit of platelets is to be hung, the IV tubing setup must be changed for the second unit. If a leukopore filter is to be used, it also needs to be changed for the second unit. Repeat the procedure 1-15 for the second unit.
18. Continue with the medical provider's orders.
19. Document the transfusion in the nurse's notes or on the Outpatient Treatment form.

Reference:

American Association of Platelets Banks, Technical Manual, 12th Edition
Bethesda, Maryland, 1996, pp. 449-457.

Transfusion Guidelines, Regional Technical Advisory Committee, 6th
Edition, American Red Cross Platelets Services, Pacific Northwest
Region, 1997

Cross – Reference:


NSG 111 Consent for Blood Transfusion
NSG 112 Blood Transfusion Reaction
NSG 118 Blood Transfusion Policy


Attachment:

NSG 118a Transfusion Report
NSG 118b Agreement for Blood Transfusion
NSG 118c Blood Bank Log Book page
NSG 118d Blood Unit tag
NSG 118e Leukopore Filter Instructions

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 155
Subject: Platelet Transfusion	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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Administrator Signature  Date 10/15/15

Department Manager  DON Date 10/19/15

Committee Chair Signature _____ Date _____

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**Cordova Community Medical Center
Policies and Procedures**

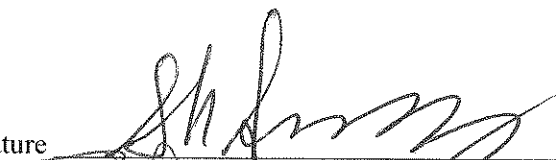

Department: Nursing - General	NSG 156
Subject: Patient Leaving Against Medical Advice (AMA)	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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Policy:

A patient leaving AMA will have the proper documentation in their chart.

Procedure:

1. The Nurse and/or Medical Provider will discuss with the patient and/or family, the potential complications/consequences that may occur if the patient leaves prior to the Medical Provider discharging them.
2. If, after explanation of the potential complications/consequences, the patient/family still wishes to leave AMA, the patient/family is asked to sign the AMA form.
3. The Nurse or Medical Provider will complete the AMA form, obtain the patient's/family's signature and place it in the patient's chart.
4. The Nurse will document in the nurses notes all conversations concerning potential complications/consequences and the patient's condition prior to leaving the hospital. If the patient/family is not willing to sign the AMA form, the Nurse will document this in the nurse's notes and on the AMA form, followed by her signature and date.

Administrator Signature 	Date <u>10/15/15</u>
Department Manager 	Date <u>10/19/15</u>
Committee Chair Signature _____	Date _____
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**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 158
Subject: Open Wound Cultures	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
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Policy:

Proper preparation of wound will be followed in order to obtain reliable cultures.

Procedure:

1. Deep wound cultures:
 - A. Wash hands and apply gloves.
 - B. Remove and discard dressing.
 - C. Remove gloves, wash hands, and put on the appropriate personal protective equipment with gloves.
 - D. Cleanse wound with sterile saline or sterile water.
 - E. Dry the wound.
 - F. Press gently on the surrounding intact skin to expel deep exudates.
 - G. Swab wound using a rotating "Z" configuration.
 - H. Return swab to sterile culture tube containing transparent media and send to the lab after placing the tube inside a transport bag and labeling the specimen with nurse initials, date, time, and location of wound.
 - I. Remove personal protective equipment and dispose of it properly.
 - J. Wash hands.

2. Open wound cultures:
 - A. Wash hands and apply gloves.
 - B. Remove and discard dressing.
 - C. Remove gloves, wash hands, and put on appropriate personal protective equipment with gloves.
 - D. Clean wound with sterile saline or sterile water.
 - E. Rotate sterile swab in a one (1) centimeter area of the open wound for five (5) seconds while applying enough pressure to the tip of the swab to cause minimal bleeding in the underlying tissue.
 - F. Place swab in sterile culture tube containing transport media and send to the lab after placing the tube inside a transport bag with the nurse initials, date, time, and location of wound.
 - G. Remove personal protective equipment and dispose of it properly.
 - H. Wash hands.

Special Considerations:

If an anaerobic culture is ordered, do not express the exudates. Gently push the swab deep into any wound tunnels to obtain a specimen which has not been exposed to air.

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 158
Subject: Open Wound Cultures	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
Original Approval Date:	
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**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 159
Subject: Gastric Tube Feedings	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
Original Approval Date:	
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Policy:

Gastric Tube feedings will be initiated by a Registered Nurse upon orders from the Medical Provider.

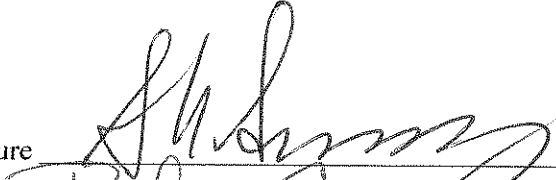

Procedure:

1. Care of G-Tube (gastric tube):
 - a. Measure the length of the G-Tube once a week and document in the patient's chart.
 - b. Measure the number of cc's of water in the balloon, to assure no leakage. Document in the patient's chart. Make sure the water in the balloon is replaced.
 - c. Clean the G-Tube site with soap and water once a shift.
 - d. When drainage is noted, apply a drain sponge or a 4x4 or 2x2 with a slit cut in it, and place over the G-Tube site.
2. When administering medications:
 - a. Crush all medications or use liquid medications.
 - b. Mix crushed medications with water.
 - c. Aspirate residuals from the G-Tube with a catheter tip syringe and return to the stomach, prior to giving medications. Document residual in the patient's chart.
 - d. Flush the G-Tube with 30-40 cc of water prior to administering medications.
 - e. Administer medications by gravity.
 - f. After the medications are administered, flush the G-Tube with 30-40 cc of water, by gravity.
3. Initiate G-Tube feeding:
 - a. Wash your hands and gather supplies.
 - b. Explain the procedure to the patient.
 - c. Provide for privacy.
 - d. Don non-sterile gloves.
 - e. Attach a 60 cc catheter tip syringe to the G-Tube to aspirate stomach contents. Note amount of stomach contents and return to the stomach. Document in the patient's chart. If the residual is greater than 100 cc, hold the feeding.
 - f. Flush the G-Tube with 30 cc of water, unless otherwise ordered by the medical provider.
 - g. Fill the Kangaroo bag with no more than four (4) hours of feeding. Prime the tubing and attach to the Kangaroo pump. Set the rate and dose on the pump.
 - h. Attach the tubing to the G-tube and start the pump. Stop the feeding if the patient complains of nausea/vomiting, or gastric distress. Document in the patient's chart.
 - i. When the feeding is complete, turn off the pump and disconnect. Flush the G-Tube with 30 cc of water unless otherwise ordered by the medical provider.
 - j. Wash the Kangaroo bag in running water and hang to dry. Change the bag every 24 hours.

**Cordova Community Medical Center
Policies and Procedures**

Department: Nursing - General	NSG 159
Subject: Gastric Tube Feedings	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</div><div>Date: October 19, 2015</div></div>
Original Approval Date:	
Approved by:	Page 2 of 2

- k. Document in the patients chart how the feeding was tolerated.

Administrator Signature 	Date <u>10/15/15</u>
Department Manager 	Date <u>10/19/15</u>
Committee Chair Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

Minutes
Community Health Services Board
Cordova Center – Community Rooms A&B
March 21, 2016 at 12:00pm
Worksession Meeting

A. CALL TO ORDER

B. ROLL CALL

Tim Joyce called the HSB special meeting to order at 12:00pm.

Board members present: **Tim Joyce** (telephonically), **David Allison**, **Tom Bailer**, and **James Wiese** (telephonically).

A quorum was established.

James Burton, **Josh Hallquist** and **Robert Beedle** were absent

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Comments ~ None

D. WORKSESSION TOPIC

Discussion of CEO position with Scot Mitchell, Mr. Mitchell was available via Skype for this discussion.

HSB took a 5 minute recess

Discussion of CEO position with Noel Rea started at 2:00pm, Mr. Rea was available via Skype for this discussion.

E. AUDIENCE PARTICIPATION ~ None

F. BOARD MEMBERS COMMENTS ~ None

G. ADJOURNMENT –

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

Joyce declared the meeting adjourned at 3:15pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
Community Health Services Board
Cordova Center – Community Rooms A&B
March 22, 2016 at 2:00pm
Worksession Meeting

A. CALL TO ORDER

B. ROLL CALL

Tim Joyce called the HSB special meeting to order at 2:00pm.

Board members present: **Tim Joyce** (telephonically), **David Allison**, **Tom Bailer**, and **James Wiese** (telephonically).

A quorum was established.

James Burton, **Josh Hallquist** and **Robert Beedle** were absent

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. **Audience Comments** ~ None

D. WORKSESSION TOPIC

Discussion of CEO position with Aaron McPherson, Mr. McPherson was available via Skype for this discussion.

E. AUDIENCE PARTICIPATION ~ None

F. BOARD MEMBERS COMMENTS ~ None

G. ADJOURNMENT –

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

Joyce declared the meeting adjourned at 3:15pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
Community Health Services Board
Cordova Center – Library Education Room
April 11, 2016 at 7:00pm
Worksession Meeting

A. CALL TO ORDER

B. ROLL CALL

David Allison called the HSB special meeting to order at 7:00pm. Board members present: **David Allison, Tim Joyce** (telephonically), **Tom Bailer, Josh Hallquist, Robert Beedle and James Wiese**. A quorum was established.

James Burton was absent

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Comments ~ None

D. WORKSESSION TOPIC

CEO Meet and Greet, Discussion of CEO position and Cordova with Scot Mitchell and his spouse Bonnie.

HSB took a 10 minute recess at 8:50pm at which time Scot and Bonnie departed.

HSB resumed the meeting at 9:00pm

Noel Rea and his spouse Mari joined the meeting for a discussion about the CEO position and Cordova.

E. AUDIENCE PARTICIPATION ~ None

F. BOARD MEMBERS COMMENTS ~ None

G. ADJOURNMENT –

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

Allison declared the meeting adjourned at 10:35pm.

Prepared by: Faith Wheeler-Jeppson

BYLAWS
OF
THE COMMUNITY HEALTH SERVICES BOARD
OF
THE CCMC

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ARTICLE I

NAME

The CCMC, a city-owned entity, is referred to in these bylaws as “CCMC.” The governing body of CCMC is the Community Health Services Board, referred to in these articles as the “board”.

ARTICLE II

MISSION STATEMENT

CCMC’s core purpose is to deliver quality health care locally.

VISION STATEMENT

CCMC will become the center of leadership in community healthcare through consistently investing our efforts to:

- Improve access to services
- Increase effective resource utilization
- Promote healthy, successful lifestyles
- Maximize staff potential and our utilization of technological advancements
- Maintain a proactive relationship with community health care providers

ARTICLE III

COMMUNITY HEALTH SERVICES BOARD

MEMBERSHIP. There shall be a board known as the community health services board that shall be composed of seven voting members including specifically at least one city council member, who shall also serve as liaison to the city council, and one member of the tribal council of the Native Village of Eyak. No employee of the city medical center or subsidiary shall be eligible to serve on the board. Members of the board shall be appointed by the mayor and confirmed by the city council for three years, alternating terms. Members on the board will serve on a non-compensated basis. When a vacancy on the board exists the mayor shall be notified immediately and the mayor shall appoint a new member for the unexpired term, the appointment to be confirmed by the city council.

A. REMOVAL OF BOARD MEMBER.

Any board member may be recommended for removal to city council by a two-thirds majority vote of the board. The city council may remove a member of the board upon fifteen days written notice of removal to the board member.

B. ABSENCES TO TERMINATE MEMBERSHIP.

1. If a board member is absent from more than one-half of all the regular meetings of the Health Services Board held within any period of four consecutive calendar months, without being excused from attending such meetings, the president of the board shall declare the member's seat vacant, except that in the case of a board member appointed from the council, the president of the board shall report such member's unexcused absences to the council. The board shall determine whether any absence is excused. An absence will be considered excused if due to the following causes and shall require approval by the board at the next regularly scheduled meetings:

- a. the illness or injury of the board member or a family member
- b. the death of a family member
- c. an employment related commitment
- d. a commitment for hospital business
- e. other good cause approved by the board.

2. Whenever possible, absences should be noticed to the board president prior to the meeting for purposes of securing a quorum at the meeting.

3. A board member may participate in a board meeting by teleconference.

C. GENERAL POWERS. Subject to state and municipal law and the authority of the city council, the board shall be responsible for the operations of the hospital, and of all hospitals, clinics, and other public health facilities owned or operated by the city according to the best interest of the public's health, and shall make and enforce all rules and regulations necessary for the administration of the hospital, and all hospitals, clinics, and other public health facilities operated by the city, and shall prescribe the terms under which patients shall be admitted thereto. The board is authorized to contract on an annual basis with professional and nonprofessional consultants as appropriate in the best interest of the hospital. All contracts for non-medical services that obligate the CCMC in excess of ten thousand dollars, including contracts for professional or consulting services, must be approved in advance by the Health Services Board unless said contracts are in the approved CCMC budget. Non-medical contracts are those that do not fall in the realm of direct patient services. Standards of operation shall be established and enforced, to the extent possible, by the board. The board shall advise the city council on all matters regarding community health problems in and around the city.

D. ADOPTION OF BYLAWS. The board shall adopt bylaws for the administration and government of hospitals, clinics and other community health facilities operated by the city, and submit these bylaws to city council for approval.

E. ORGANIZATION. The board shall elect annually from its members a president, a vice-president and a secretary and such other officers as it deems necessary.

1. The duties of the board President shall be to preside at all board meetings. He/she shall:

- a. Call the meeting to order at the appointed time;
- b. Announce the business to come before the board in its proper order;
- c. Enforce the board's policies relating to the order of business and the conduct of meetings;
- d. Recognize persons who desire to speak, and protect the speaker who has the floor from disturbance or interference;
- e. Explain what the effect of a motion would be if it is not clear to every member;
- f. Restrict discussion to the question when a motion is before the board;
- g. Rule on parliamentary procedure;
- h. Put motions to a vote, and state clearly the results of the vote.

2. The president shall have all the rights of any member of the board, including the right to move, second, discuss, and vote on all questions before the board.

3. The president shall also perform other duties as directed by the board, including the duty to:

- a. Sign all instruments, acts, and orders necessary to carry out the will of the board.
- b. Consult with the health services administrator (CEO) on the preparation of the board's agendas;
- c. Appoint and disband all committees, subject to board approval;
- d. Call such meetings of the Board as he/she may deem necessary, giving notice as prescribed by law;
- e. Make the initial decision to excuse board members' absences from regular board meetings in accordance with these Bylaws. Ultimately, the board shall determine whether any absence is excused or unexcused;
- f. Confer with the health services administrator (CEO) on crucial matters which may occur between board meetings;
- g. Be responsible for the orderly conduct of all board meetings;

4. When the president resigns or is absent or disabled, the vice president shall perform the president's duties. If both the president and vice president are absent or disabled, the secretary shall perform the president's duties. If all officers of the board are absent or disabled, the board shall choose a president pro tempore to perform the president's duties.

5. The duties of the Vice President shall be to:

- a. Serve as presiding officer in the absence of the president;

- b. Help to implement the annual board self-evaluation procedure.
- c. Help to implement the adopted procedure by which the administrator will be evaluated.
- d. Perform any other duties assigned by the board.

- 6. The Secretary of the board shall have the following duties:
 - a. Make sure that minutes of each board meeting are taken
 - b. The secretary is responsible for the accuracy and completeness of the minutes. The secretary should review and sign the approved minutes.
 - c. Insure that all board members have an updated HSB Notebook/Packet.
 - d. Perform any other duties assigned by the board.

F. SPECIAL PRIVILEGES. Board members as individuals have no special privileges or authority other than duties delineated in these bylaws; the board must meet formally to make decisions or set policy.

G. TERM OF OFFICE. The term of office for all officers shall be one year. Officers shall be eligible for re-election to the same or other positions as officers.

H. REMOVAL OF OFFICERS. Any officer may be removed either with or without cause by a two-thirds majority vote of the board.

I. COMMITTEES. The board shall establish such standing and ad hoc committees and shall assign such duties and responsibilities to the committees, as it deems necessary. Committees shall act in an advisory capacity, making recommendations to the board. The health services administrator may serve as an advisor to any committee at the discretion of the board. No committee action shall be binding on the full board. The board as a whole shall have the final consideration in all matters. Committee meetings are subject to the State Open Meetings Act.

- 1. A standing subcommittee of the board, known as the Sound Alternatives Advisory Board, is to provide guidance to the behavioral health and developmental disabilities programs and develop and present a budget to the Community Health Services Board. Members of this subcommittee shall be appointed by the board. At least two of the subcommittee members shall be voting board members.
- 2. A Standing Bylaws Committee shall be appointed consisting of two board members. At least biennially the Bylaws Committee shall review the bylaws. When the need for a new bylaw or modification of an existing bylaw is recognized, the committee shall draft a new or modified bylaw for consideration by the board.

J. MEETINGS. The board shall meet at least once each month at a time and place to be designated by the board, and notice of and agenda of all meetings shall be posted no later than three (3) days before a regular meeting at a public location in CCMC, and at the city hall in accordance with state law. Special meetings of the board may be

called by the presiding officer or a majority of the board members. Notice of a special meeting shall be posted at least twenty-four (24) hours before the meeting and shall include a statement of the purpose of the meeting. No business may be transacted at this special meeting, other than that which is specifically stated in the notice of the meeting.

K. Order of Business: The board president and health services administrator (CEO) shall prepare an agenda for each meeting of the board. The order of business for the regular meetings of the board shall be as follows, unless otherwise modified:

1. Openings
 - a. Call to Order
 - b. Roll Call
 - c. Establishment of a Quorum
2. Communications by and Petitions from Visitors
 - a. Guest Speakers
 - b. Audience Comments. Limited to 3 minutes per speaker. Speaker must give name and item on the agenda to which they are addressing.
3. Conflict of Interest
4. Approval of Agenda
5. Approval of Consent Calendar
 - a. Approval of Minutes
6. Reports and Correspondence
7. Action Items
 - a. Resolutions and Motions
8. Discussion Items
9. Audience Participation
 - a. The board shall give members of the public 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.
 - b. Public comment limited to 3 minutes per speaker.
10. Board Members' Comments
11. Executive Session
12. Adjournment

L. EXECUTIVE SESSION. Prior to entering an executive session, the board first shall meet in open session. At this open meeting, the board shall enter an executive session only after a majority of the board votes to accept a motion to enter the executive session. The motion shall clearly and with specificity describe the subject of the proposed executive session without defeating the purpose of addressing the subject in private. No other subject may be discussed in that executive session unless it is auxiliary to the main question. The board may not take action in an executive session, except to give direction to an attorney or labor negotiator regarding the handling of a specific legal matter or pending labor negotiations. All other action of

the board must be made in an open meeting except that the board may meet in executive session, pursuant to notice, to discuss:

1. Matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the government unit;
2. Subjects that tend to prejudice the reputation and character of any person; provided 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 disclosure;
5. Direction to an attorney or labor negotiator regarding the handling of a specific legal matter or pending labor negotiations.

M. GOVERNING RULES. The rules contained in the most current edition of Robert's Rules of Order, shall govern the board in all cases to which they are applicable and in which they are not inconsistent with these Bylaws, the ordinances of the City of Cordova, or the statutes of the State of Alaska.

N. QUORUM AND VOTING. Four voting board members constitute a quorum for the transaction of all business of the board. A majority of the votes actually cast is sufficient to adopt any motion that's in order except those that require a two-thirds vote. Board members have a duty to vote on issues before them, unless excused because of a conflict of interest. Any abstention, other than for a conflict of interest, shall be considered an affirmative vote.

O. CONFLICT OF INTEREST. A board member shall be considered to have a conflict of interest if he or she has an existing or potential financial interest that impairs or might reasonably appear to impair such member's independent, unbiased judgment in the discharge of his or her responsibilities to the hospital.

1. All board members shall disclose to the board any possible conflict of interest at the earliest practical time.
2. A board member shall excuse himself or herself from voting or otherwise participating in any matter under consideration at a board or committee meeting in which he or she has a conflict of interest.
3. The minutes of each meeting shall reflect any excuses.

4. A board member who is uncertain whether a conflict of interest exists in any matter shall disclose the possible conflict and request the board to resolve the question by majority vote without his or her participation.
- P. REPORTS. The board shall, on or before sixty days prior to the end of the fiscal year, submit to the city council an itemized budget for the next fiscal year.
- Q. MEMBERSHIP IN ASSOCIATION. The board may maintain membership in any local, state, or national group or association organized and operated for the promotion of public health and welfare or the advancement of the efficiency of hospital and community health facilities administration and in connection therewith, pay dues and fees thereto.
- R. POLICIES AND PROCEDURES.
1. Board Policies and Procedures. The board shall establish and maintain policies and procedures for conducting the business of the board. These policies and procedures will be included in the orientation packet for all new members.
 2. CCMC Policies and Procedures. The board has the power to establish policies for CCMC within the parameters of law. Policies must be consistent with the mission statement, goals, and objectives of CCMC, with each other, and with applicable laws and regulations. In the formulation of policies the board will consider input from a number of sources, including the CEO and/or the Quality Management Committee under the processes set forth in the Organization Performance Improvement Plan. The implementation of policies is an administrative task to be performed by the CEO. Whatever procedures, protocols, or guidelines are necessary to implement CCMC policies are in the realm of responsibilities of the CEO.
- S. BOARD SELF-EVALUATION. The board will annually schedule a time and place, in conjunction with its annual program review, at which time its members may participate in a formal self-evaluation. The board shall be evaluated as a whole and not as individuals. The evaluation will focus on the performance of the board. The board shall develop goals and objectives against which the board will be evaluated. Each board member should participate in the board self-evaluation. The board may invite the health services administrator or others to suggest specific criteria to measure board performance as a governing body. The evaluation process should include the establishment of strategies for improving board performance.
- T. BOARD DEVELOPMENT. The public entrusts the board with the governance of CCMC. Board members need to participate in training activities that help them understand their responsibilities, stay abreast of new developments in the health care environment, and learn new ways to cope effectively with the problems they confront. At least one board development activity should be scheduled each year.

U. STRATEGIC PLAN. The board in collaboration with the leadership of CCMC, as determined by the Health Services Administrator, shall develop and implement a strategic plan. The plan should identify key issues facing CCMC for a period of time from 3 to 5 years. It should prioritize the key issues and craft a guideline for addressing the top key issues. Strategic planning is a dynamic process that is characterized by self-examination, setting direction and priorities, making difficult choices, implementing, monitoring and evaluating.

ARTICLE IV

ADMINISTRATION

There is created the position of health services administrator that shall be classified as a city hospital employee with classification and pay plans as established by the board. All personnel necessary to operate CCMC or community health facilities, operated by the city, shall be subject to personnel, pay, and classification plans for city medical center employees except as modified by contractual arrangement. The Health Services Board shall set personnel, pay, or classification plans, as well as other personnel policies, statements, or resolutions. No personnel, pay, or classification plan is effective unless and until it is approved by the HSB. All contracts for non-medical services that obligate the CCMC in excess of ten thousand dollars, including contracts for professional or consulting services, must be approved in advance by the Health Services Board unless said contracts are in the approved CCMC budget. Non-medical contracts are those that do not fall in the realm of direct patient services.

A. MEDICAL CENTER ADMINISTRATOR: The chief executive officer of the health services system shall be the health services administrator.

B. APPOINTMENT AND TERMINATION OF ADMINISTRATOR. The health services administrator (or Interim) shall be appointed by the HSB and may be terminated by the HSB.

C. DUTIES AND RESPONSIBILITIES OF THE ADMINISTRATOR. The administrator is responsible for the overall supervision of the affairs of the health services system. The administrator's authority and duties shall include, without limitation, the following:

1. To be responsible for carrying out all applicable laws and ordinances, and the terms of all grants received by the health services system;
2. To be responsible for carrying out policies established by the board and, if necessary, approved or adopted by the city council.
3. To prepare and submit to the board a detailed and itemized estimate of revenues and a detailed and itemized budget by at least ninety days prior to the end of the fiscal year for the next fiscal year;

4. To prepare and submit to the board for approval a plan of organization for the personnel and others concerned with CCMC.
5. To select, employ, control and discharge all city medical center employees subject to the provisions of any medical center personnel plans;
6. To work with the professional staff and with those concerned with the rendering of professional services to the end that the best possible care may be rendered to all patients;
7. To prepare such reports as may be required on any phase of medical center activity;
8. To attend all meetings of the board and standing committees established by the board except where otherwise specified;
9. To supervise all purchasing of equipment and supplies in accordance with policy and procedures established by the board and approved by the city council;
10. In his/her temporary absence, the health services administrator shall appoint a designee to the position of temporary, acting health services administrator.
11. To perform all duties and responsibilities identified by the administrator's job description and employment contract as may be amended from time to time.
12. To perform any other duty that may be necessary in the best interest of the CCMC.

D. **EVALUATION OF ADMINISTRATOR.** The board shall evaluate the performance of the administrator annually based on mutually agreed upon goals and objectives. This evaluation shall be performed in an executive session, unless the administrator requests a public discussion. A written record of the evaluation shall be made a part of the personnel and confidential file of the administrator.

ARTICLE V

MEDICAL STAFF

There is created a medical staff that shall be composed of physicians, dentists, podiatrists, and mid-level health professionals.

A. **PROFESSIONAL CARE.** All persons admitted to any hospital, clinic or other Community health facility operated by the city shall be under the professional care of a member of the medical staff.

B. **RESPONSIBILITY.** The medical staff shall be responsible to the board for the clinical and scientific work of the hospital, clinic or other community health facilities operated by the city. The medical staff shall be called upon to advise the board regarding professional problems and policies.

C. **MEMBERSHIP.** Membership of the medical staff shall be restricted to physicians, dentists, podiatrists, and mid-level health professionals competent in their respective fields, in good standing. Medical staff shall at all times comply with all federal and state laws of medical practice and operate within designated scope of practice. In this connection, the practice of fee splitting shall be prohibited and any such division of fees shall be cause for exclusion or expulsion from the staff. Appointment to the medical staff shall be made by the board after recommendation of the medical staff as outlined in the by-laws of the medical staff.

D. **ORGANIZATION.** The medical staff shall be an organization that shall formulate and, with the approval of the board, adopt by-laws, rules, regulations and policies for the proper conduct of its work and eligibility for membership to the staff.

E. **PROFESSIONAL WORK PERFORMED.** The medical staff shall be self-governing with respect to the professional work performed in any community health facility owned or operated by the city.

F. **CONTRACT FOR RENDERING OF PROFESSIONAL SERVICES.** The board may contract with physicians, dentists, podiatrists, and mid-level health professionals for the rendering of professional services in any community health facility owned or operated by the city under the direction of or as requested by attending physicians of patients in the hospital, clinic or other community health facility.

G. **ACTION OF THE BOARD; CORRECTIVE ACTION; SUMMARY SUSPENSION.** In accordance with the rules set forth in the medical staff by-laws, the board shall take action or make a decision:

1. Approve or deny an application for membership to the medical staff;
2. Revoke membership of the medical staff;
3. Approve or deny a request by a member of the medical staff for additional privileges;
4. Impose additional limitations with respect to the practice of medicine, dentistry, or podiatry.
5. The Administrator may grant temporary privileges to any other providers for up to 2 weeks.

H. **COSTS.** If any attorney is retained to hear a case by the board, the attorney's fees and costs shall be considered an operating cost of the medical center or other community health facility owned or operated by the city.

ARTICLE VI

ALLIED HEALTH PROFESSIONALS

Allied health professionals shall be defined as hospital-based, mid-level, health professionals, and physician-based mid-level health professionals. In each case, these professionals shall be limited to physical therapists, inhalation therapists, orthopedic technicians, surgical technicians,

advanced nurse practitioners, certified nurse midwives and physician's assistants. Their activities shall be authorized and supervised by a physician on the medical staff.

The allied health professionals shall adhere to the rules and regulations of the medical staff, and must submit their qualifications to the active medical staff credentialing body, detailing their training and experience in the specific services they seek to render to patients. The credentialing body of the medical staff shall review the qualifications of the applicant, conduct a personal interview, and determine the specific privileges to be granted. This shall be accomplished in a manner consistent with the regular review activities carried out by the medical staff. Final approval for privileges rests with the board. Since no rights of privilege are presumed, rejection of an applicant is final, except that a rejected applicant may reapply at any time. The granting of privileges to an allied health professional does not confer upon that individual any degree or classification of membership on the medical staff.

ARTICLE VII

OTHER HEALTH CARE PROFESSIONALS

The board may at its discretion, provide for the granting of privileges to health care professionals who are not members of the medical and nursing staff, and who are not allied health professionals as defined above. Candidates for this category of health care professionals must possess a valid Alaska license to practice their profession, and must qualify by virtue of all federal, state and local laws. Each category of professional health care providers must furnish such credentials, as shall be required by the board, and as required by the by-laws, rules and regulations, established by and for members of each category. The rules must include a mechanism for the delineation of privileges and scope of activity, for peer review, suspension, appeals and hearings, and a standard of ethics for each category of professionals. The professional activities of each member of this category shall not result in the compromise of professional standards and ethics of other members of the hospital and medical staff. This category of health care providers shall in no way be the responsibility of or under the direction of the medical staff, except as pertains to those items under general responsibility of the medical staff to ensure the overall quality of health care provided by the institution.

ARTICLE VIII

RECORDS

A system of records for CCMC, including those of previous owners and operators of Cordova Community Hospital, is established and is to be maintained in accordance with applicable standards set forth by the board. Accurate and complete confidential medical records shall be prepared and maintained on all patients in accordance with state and federal regulations.

ARTICLE IX

FINANCES

Finances of the various community health facilities owned or leased by the city and operated under the direction of the board shall be in accordance with city, state and federal laws and regulations, those regulations generally prescribed by any accrediting associations as may apply and as the city council and board determines to accept. Because the board is responsible for monitoring CCMC's finances, it has the right to receive monthly fiscal status reports that include a comparison of budgeted to actual revenues and expenditures; a balance sheet, and a cash flow statement. For all checks issued from medical center funds, two signatures shall be required. At least one signer of the checks issued shall be an officer of the HSB.

A. SCHEDULE OF CHARGES: A schedule of charges for each general classification of revenue as incorporated in the budget shall be approved annually or more frequently as need may arise by the board. The city council may, through taxation or other lawful method of obtaining funding, provide additional or supplemental funding of community health services operations.

B. PREPARATION AND SUBMISSION OF BUDGET.

1. The health services administrator shall prepare an annual budget in accordance with approved city medical center procedures and shall submit such budget(s) to the board for approval. The board shall submit such budget(s) to the city council with its recommendations by no later than sixty days prior to the end of CCMC's fiscal year.

2. The city council, in accordance with Section 5-4 of the City Charter, by vote of at least a majority of its members no later than the third day before the beginning of the fiscal year, shall adopt budget appropriations for the next fiscal year. If the council fails to adopt the budget and make appropriations on or before that day, the budget and rate changes if any, as submitted or as amended as the case may be, shall go into effect and the proposed expenditures therein shall become the appropriations for the next fiscal year.

C. Other Fiscal Matters. All other fiscal matters including, but not limited to, custody of funds, accounting and collection, shall be governed by general accounting procedures. CCMC will maintain all financial documents required by state and federal regulations.

ARTICLE X

INDEMNIFICATION

The hospital shall indemnify, defend and hold harmless the administrator, the chief of medical staff, and any board member who was or is made a party, or is threatened to be made a party, to any threatened, pending or completed action, lawsuit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was an officer, representative, employee, or agent of the hospital, or is or was serving as an officer, representative, employee or agent of the hospital in any matter, including a peer review proceeding or in any proceeding relating to the discipline or licensure of a medical staff member, against all expenses, attorney's fees, judgments, fines and amounts paid in settlement actually and reasonably incurred by that person in connection with the action, suit or proceeding, if he or she acted in good faith and in a manner he or she reasonably believed to be in the best interest of the hospital, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful. The determination of any action, suit or proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or equivalent, shall not by itself, create a presumption that the person did not act in good faith or in a manner which he or she did not reasonably believe to be in the best interests of the hospital and, with respect to any criminal action or proceeding, had reasonable cause to believe that his conduct was unlawful.

ARTICLE XI

AMENDMENTS

The board shall adopt bylaws for the administration and government of medical centers, clinics, and other community health facilities owned or operated by the city. These bylaws may be amended or have additional articles or sections added at any regular meeting of the board by five votes, provided the amendment or additions have been submitted in writing and read at the previous regular meeting. Amendments or additions to the bylaws by the board shall be submitted to the city council for approval.

ARTICLE XII

IN ACCORDANCE WITH CITY ORDINANCE

The bylaws are in accordance with powers granted by the City of Cordova Ordinance 14.28. In the event of a conflict, the City Ordinance will supersede these bylaws.

ADOPTED BY THE BOARD

DATE: January 11, 2011

SIGNED: 

President

SIGNED: 


Secretary

APPROVED BY THE CITY COUNCIL

DATE: 6/10/11

SIGNED: 

Mayor

SIGNED: 

City Clerk

Title 15 - CITY OWNED MEDICAL FACILITIES

Sections:

15.10.005 - Definitions.

As used in this chapter:

"Administrator" means a city employee appointed by the city to administer the CCMC, a contract administrator or, where the context requires, the employee that the contract administrator designates as administrator of the CCMC.

"Board" means the Community Health Services Board.

"CCMC" means the Cordova Community Medical Center, which consists of an acute care hospital, long term care facility and clinic, and all other health care facilities owned and/or operated by the city.

"Contract administrator" means an entity with whom the city contracts to administer and/or manage the CCMC.

(Ord. No. 1106, § 1, 2-20-2013)

15.20.010 - Community health services board.

- A. There shall be a board known as the community health services board which shall be composed of all the members of the city council. No employee of the CCMC or the administrator shall be eligible to serve on the board.
- B. A subcommittee of the board comprised of three board members shall be appointed by a majority of the board to provide guidance to the mental health and alcohol programs and develop and present the mental health and alcohol budget to the board.
- C. General Powers. Subject to state and municipal law, the board shall be responsible for the operations of CCMC and shall prescribe the terms under which patients shall be admitted to CCMC. Standards of operation shall be established and enforced, to the extent possible, by the board. The powers of the board may be delegated to a contract administrator with approval by a majority of the board.
- D. Organization. The board shall elect annually from its members a president, a vice-president and secretary and such other officers as it deems necessary. The board shall establish such committees and shall assign such duties and responsibilities to the committees as it deems necessary.
- E. Removal. A member of the board shall be removed upon removal of that member from the council.
- F. Meetings. The board shall meet quarterly in concurrence with the first council meeting in January, April, July, and October at a time and place to be designated by the board, and notice of and agenda of all meetings shall be posted at a public location in the CCMC, and at the city hall. Any two members of the board may schedule a meeting at any time when they determine such a meeting is necessary. All meetings of the board shall be open to the public; except that the board may meet in executive session, pursuant to notice, to discuss:
 - 1. Matters the immediate knowledge of which would clearly have an adverse effect upon the finance of the government unit;
 - 2. Subjects that tend to prejudice the reputation and character of any person; provided, that the person may attend the discussion and 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 disclosure;

5. Direction to an attorney or labor negotiator regarding the handling of a specific legal matter or pending labor negotiations.
- G. Reports. The board shall, on or before sixty days prior to the end of the fiscal year, submit a detailed and itemized estimate of revenues and a detailed and itemized budget for the next fiscal year to the city council.
- H. Membership in Association. The board may maintain membership in any local, state, or national group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency of medical center and community health facilities administration and in connection therewith, pay dues and fees thereto.

(Ord. No. 1106, § 1, 2-20-2013)

15.30.020 - Administration.

- A. All personnel necessary to operate the CCMC, except for employees of a contract administrator, shall be subject to personnel, pay, and classification plans for CCMC employees. No personnel, pay, or classification plan is effective unless and until it is approved by the board. All contracts for nonmedical services which obligate the CCMC in excess of twenty-five thousand dollars, including contracts for professional or consulting services, must be approved in advance by the board.
- B. Administrator. The administrator shall be the chief executive officer of the CCMC.
 1. Appointment and Termination of Administrator. The administrator shall be appointed by the board and may be terminated by the board. In determining whether to appoint or terminate an administrator, the board shall consult with the city attorney.
 2. Duties and Responsibilities of the Administrator. The administrator is responsible for the overall supervision of the affairs of the CCMC. The administrator's authority and duties shall include without limitation, the following:
 - a. To be responsible for carrying out all applicable laws and ordinances and the terms of all grants received by the health services system;
 - b. To be responsible for carrying out policies established by the board or the city council;
 - c. To prepare and submit to the board a detailed and itemized estimate of revenues and a detailed and itemized budget at least ninety days prior to the end of the fiscal year, for the next fiscal year;
 - d. To prepare and submit to the board a plan of organization for the personnel and others concerned with the CCMC;
 - e. To select, employ, control, and discharge all CCMC employees subject to oversight and approval by city manager in accordance with the provisions of any CCMC personnel plans;
 - f. To work with the professional staff and with those concerned with the rendering of professional services to the end that the best possible care may be rendered to all patients;
 - g. To prepare such reports as may be required on any phase of medical center activity;
 - h. To attend all meetings of the board and standing committees established by the board, except where otherwise specified;
 - i. To supervise all purchasing of equipment and supplies in accordance with policy and procedures established and approved by the board and approved by the city council;
 - j. To ensure that CCMC adopts and imposes a record retention policy that fully complies with federal, state, and local laws;
 - k. To perform any other duty that may be necessary in the best interest of the city medical center system.

(Ord. No. 1106, § 1, 2-20-2013)

15.40.030 - Medical staff.

- A. The medical staff shall be defined and governed by medical staff bylaws approved by the board. Any amendments to the medical staff bylaws shall also be approved by the board. There is created a medical staff which shall be composed of physicians, dentists, and podiatrists.
- B. Professional Care. All persons admitted to CCMC shall be under the professional care of a member of the medical staff.
- C. Responsibility. The medical staff shall be responsible to the board for the clinical and scientific work of the medical center, clinic or other community health facilities operated by the city. The medical staff shall be called upon to advise the board regarding professional problems and policies.
- D. Membership. The medical staff shall at all times comply with all federal and state laws of medical practice. In this latter connection, the practice of fee-splitting shall be prohibited and any such division of fees shall be cause for exclusion or expulsion from the staff. Appointment to the medical staff shall be made by the board as provided under the medical staff bylaws.
- E. Contract for Rendering of Professional Services. The board may contract with medical staff for the rendering of professional services at CCMC.
- F. Costs. If any attorney is retained to hear a case, the attorneys fees and costs shall be considered an operating cost of the CCMC.

(Ord. No. 1106, § 1, 2-20-2013)

15.50.040 - Allied health professionals.

Allied health professionals, as defined in the medical staff bylaws, shall comply with the medical staff bylaws. The board must approve privileges at CCMC for any allied health professional. Since no right of privileges are presumed, rejection of an applicant is final, except that a rejected applicant may reapply at any time. The granting of privileges to an allied health professional does not confer upon that individual any degree or classification of membership on the medical staff.

(Ord. No. 1106, § 1, 2-20-2013)

15.60.050 - Other health care professionals.

The board may at its discretion, provide for the granting of privileges at CCMC to health care professionals who are not members of the medical and nursing staff, and who are not allied health professionals. Candidates for this category of health care professionals must possess a valid Alaska license to practice their profession, and must qualify by virtue of all federal, state and local laws. Each category of professional health care providers must furnish such credentials, as shall be required by the board and the medical staff bylaws.

(Ord. No. 1106, § 1, 2-20-2013)

15.70.060 - Schedule of revenue.

- A. Finances of the CCMC shall be in accordance with city, state and federal laws and regulations, those regulations generally prescribed by any accrediting associations as may apply and as the Board determines to accept. For all checks issued from CCMC funds, two signatures shall be required. The board may, by board policy, establish a monetary cap and checks exceeding the monetary cap shall

require the signature of the administrator and a member of the board and checks not exceeding the monetary cap shall require the signature of the administrator and a CCMC employee to be designated by the board. In absence of the administrator checks shall be signed as established by board policy.

- B. Schedule of Charges. A schedule of revenue for each classification as incorporated in the budget shall be approved annually or more frequently as need may arise by the board. The city council may, through taxation or other lawful method of obtaining funding, provide additional or supplemental funding of community health services operations.
- C. Preparation and Submission of Budget.
 - 1. The administrator shall prepare an annual budget in accordance with approved CCMC procedures and shall submit such budget to the board for approval. The board shall submit such budget to the city council with its recommendations by no later than sixty days prior to the end of the fiscal year.
 - 2. The city council, in accordance with Section 5-4 of the City Charter, by vote of at least a majority of its members no later than the third day before the beginning of the fiscal year, shall adopt budget appropriations of the next fiscal year. If the council fails to adopt the budget and make appropriations on or before that day, the budget and rate changes if any, as submitted or as amended as the case may be, shall go into effect and the proposed expenditures therein shall become the appropriations for the next fiscal year.
- C. Other Fiscal Matters. All other fiscal matters including, but not limited to, custody of funds, accounting and collection, shall be governed by general accounting procedures.

(Ord. No. 1106, § 1, 2-20-2013)

Date: May 6th, 2016
To: Health Services Board
From: Noel D. Rea, MBA, NHA, CCMC Interim CEO
RE: CEO Report

1. Budget/Finance

- The statement compares the year to budget. Gross revenue is up very slightly for the month, cumulative is down by 4.03%. Contractual adjustments are over budget considerably at \$173,278 or 42.86%. This is a number we really can't control, it is what Medicare and Medicaid require us to write off after they pay the claim. Expenses are under budget for the month by 2.33%, cumulatively they are over budget by 3.16% .
- Charges have been raised as of May 1st by 7% to receive a 5% increase in revenue for the year.
- April Income is estimated at 924,751, that is an increase of \$155,422.
- Our days in AR is just under 60 days (59.89) currently. This has improved and will continue to be an area we report on.

2. Recruitment

- Recruitment – We have successfully recruited a fulltime RN that should be arriving later this month. Additionally we have hired a new C.N.A.

3. Staffing

- We are making progress in this area. Numerous areas are still staffed with travelers however we have successfully recruited a fulltime RN that should be arriving later this month. Additionally we have hired a new CNA who started working this past week.
- There had been a CNA class scheduled to start next month but has been cancelled due to lack of enrollment. This was disappointing to hear but remain supportive and hopeful that we can get a class going in Cordova.

4. Nursing

- We are working with HR to fill our nursing vacancies to decrease the number of contract nurses utilized. We have hired two permanent caregivers.
 - a. 1 fulltime CNA
 - b. 1 fulltime RN
- National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. Celebrations on these dates to recognize the contributions that nurses and nursing make to the community. We have planned celebration of Nurse's week May 9-12 2016. Theme "Nursing- Culture of Safety".
- The delivery of safe care is the continued focus for our nursing team. We have opportunity for improvement in regards to medication administration. Due to events that have occurred we have found the current medication administration process needed improvement. Each nurse will have their own medication cart with areas of focus including the "5" Rights of Medication Administration.
 - a. Right Patient
 - b. Right Drug
 - c. Right Dose
 - d. Right Route
 - e. Right Time

Education and mentoring of caregivers with focus on the enhanced medication administration completed 5/4/16. The new process begins 5/9/16.

- We have continued, daily focus on the delivery of safe and excellent care with team. Clear communication is key in providing that care. Education done on 5/4/16 with nursing team regarding the process of an effective, concise shift to shift report with new documentation utilized on the Kardex to ensure continuity in care and allow the opportunity to ask questions.
- Nursing team has the opportunity to participate in a drill with the Coast Guard. Drill focus will allow the Coast Guard to complete familiarization training using hospital helipad on 5/9/16.

5. CFO Recruitment

- We have had limited communication from QHR on the CFO candidates that were mentioned a few weeks ago. I have not received anything in writing from Olinda but believe we will have her for approximately the next six weeks.

6. General

We are continuing to see new and/or returning patients to the clinic each month. We count new patients and those that have not been receiving their care at the primary care clinic but report that they are now making CCMC their medical home. This is a wonderful trend.

We spent some time refining the data reports this month to make a more streamlined series of data charts for your review. We look forward to receiving your feedback as we continue to generate meaningful data that can be used for decision making.

7. Board

- Many thanks for the board participation in the CCMC culture efforts over the last few weeks. Special thanks for spending time at CCMC following the decision on the CEO position. Staff noticed the effort and it was well received. It is important that the progress made to date continue during this transition time. Ongoing communication between the HSB and the CEO is important. Once the new CEO has signed his contract we will need to have some communication to help him be successful once he arrives.

05/05/16

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Profit & Loss Statement

15:05

Application Code : GL

User Login Name:lwhite

Through March 2016

Description	Period Amount	Budget Amount	Period Variance	Year-To-Date Amount	Year-to-date Budget	Year-To-Date Variance
REVENUE						
Acute	24,967.06	30,838.75	-5,871.69	135,843.16	92,516.25	43,326.91
Swing Bed	80,044.52	92,045.17	-12,000.65	190,496.89	276,135.51	-85,638.62
Long Term Care	358,476.60	346,378.16	12,098.44	1,061,218.75	1,039,134.48	22,084.27
Clinic	63,010.17	63,293.00	-282.83	202,553.30	189,879.00	12,674.30
Outpatients-Other	191,190.72	188,519.92	2,670.80	485,885.04	565,559.76	-79,674.72
Behavioral Health	52,854.26	48,254.34	4,599.92	139,014.64	144,763.02	-5,748.38

Patient Services Total	770,543.33	769,329.34	1,213.99	2,215,011.78	2,307,988.02	-92,976.24
DEDUCTIONS						
Charity	310.88	21,803.59	-21,492.71	-305.54	65,410.77	-65,716.31
Contractual Adjustments	179,024.57	94,385.02	84,639.55	495,785.10	283,155.06	212,630.04
Bad Debt	17,105.43	18,575.58	-1,470.15	82,091.30	55,726.74	26,364.56

Deductions Total	196,440.88	134,764.19	61,676.69	577,570.86	404,292.57	173,278.29
COST RECOVERIES						
Grants	0.00	40,807.91	-40,807.91	99,473.80	122,423.73	-22,949.93
In-Kind Contributions	82,474.54	101,453.67	-18,979.13	270,809.20	304,361.01	-33,551.81
Other Revenue	1,394.29	63,287.58	-61,893.29	14,131.08	189,862.74	-175,731.66

Cost Recoveries Total	83,868.83	205,549.16	-121,680.33	384,414.08	616,647.48	-232,233.40

TOTAL REVENUES	657,971.28	840,114.31	-182,143.03	2,021,855.00	2,520,342.93	-498,487.93
EXPENSES						
Wages	268,607.98	294,438.56	-25,830.58	828,612.68	883,315.68	-54,703.00
Taxes & Benefits	141,444.70	201,962.50	-60,517.80	515,597.40	605,887.50	-90,290.10
Professional Services	156,745.79	180,625.27	-23,879.48	552,635.63	541,875.81	10,759.82
Minor Equipment	7,076.77	1,447.83	5,628.94	24,120.34	4,343.49	19,776.85
Supplies	30,475.44	36,269.75	-5,794.31	90,855.98	108,809.25	-17,953.27
Repairs & Maintenance	236.20	8,797.83	-8,561.63	3,359.27	26,393.49	-23,034.22
Rents & Leases	23,581.69	10,196.99	13,384.70	35,157.17	30,590.97	4,566.20
Utilities	101,692.69	47,299.67	54,393.02	302,985.46	141,899.01	161,086.45
Travel & Training	-605.97	4,340.93	-4,946.90	5,617.03	13,022.79	-7,405.76
Insurances	0.00	17,220.74	-17,220.74	44,281.24	51,662.22	-7,380.98
Recruit & Relocate	30,390.99	7,838.34	22,552.65	33,959.05	23,515.02	10,444.03
Depreciation	43,636.44	22,360.92	21,275.52	126,942.55	67,082.76	59,859.79
Other Expenses	19,082.26	9,151.09	9,931.17	41,777.28	27,453.27	14,324.01

TOTAL EXPENSES	822,364.98	841,950.42	-19,585.44	2,605,901.08	2,525,851.26	80,049.82

OPERATING INCOME	-164,393.70	-1,836.11	-162,557.59	-584,046.08	-5,508.33	-578,537.75

NET INCOME	-164,393.70	-1,836.11	-162,557.59	-584,046.08	-5,508.33	-578,537.75
=====						

Cordova Community Medical Center
Cash Flow Statement
FYE 2016

	Jan-16	Feb-16	Mar-16
Cash in Bank - Operating			
Beginning Balance	(3,031.90)	164,586.60	61,966.48
Deposits	717,308.30	715,658.75	778,288.73
Disbursements	549,689.80	818,278.87	778,409.07
Ending Balance	164,586.60	61,966.48	61,846.14
Cash In Bank - Payroll			
Beginning Balance	1,820.22	7,380.69	1,474.53
Deposits	172,000.00	335,000.00	290,000.00
Disbursements	166,439.53	340,906.16	186,149.57
Ending Balance	7,380.69	1,474.53	105,324.96
Cash in Bank - Sound Alternatives			
Beginning Balance	2,092.54	4,012.96	3,711.76
Deposits	1,920.42	99,698.80	1,726.95
Disbursements		100,000.00	
Ending Balance	4,012.96	3,711.76	5,438.71
Cash in Bank - Money Market			
Beginning Balance	8.15	8.15	10.92
Deposits		2.77	1.87
Disbursements			
Ending Balance	8.15	10.92	12.79
Total Cash	175,988.40	67,163.69	172,622.60
Accounts Payable	936,747.58	949,880.32	938,005.10
Accounts Receivable			
Regular	1,273,736.08	1,139,663.54	1,259,402.18
Long Term Care	550,945.98	483,428.34	455,548.64
Total Receivables	1,824,682.06	1,623,091.88	1,714,950.82

05/05/16

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Balance Sheet

15:06

Application Code : GL

User Login Name:lwhite

March 2016

Description	Year-To-Date Amount	Prior YTD Amount
ASSETS		
Cash & Cash Equivalents	173,469.52	198,430.05
Net Patient Receivables	961,786.20	787,584.18
Other Receivables	232,343.28	228,834.20
Fixed Assets	4,202,171.10	3,936,341.91
Prepaid Expenses	22,641.76	27,010.29
Inventory	177,805.14	158,916.67

TOTAL ASSETS	5,770,217.00	5,337,117.30
=====		
LIABILITIES		
Payables	3,471,652.96	2,022,868.86
Payroll Liabilities	638,441.05	607,061.52
Other Liabilities	161,037.92	77,747.54

TOTAL LIABILITIES	4,271,131.93	2,707,677.92
 EQUITY/FUND BALANCE		

TOTAL FUND BALANCE	1,499,085.07	2,629,439.38

TOTAL LIABILITIES AND EQUITY	5,770,217.00	5,337,117.30
=====		



Quorum Board Minutes

Addressing Changes in the Healthcare Landscape

Strategic Changes in Group Purchasing

April 2016

As the healthcare industry changes, our group purchasing organization (GPO), Quorum Purchasing Advantage (QPA), adjusts to meet the changing needs of our clients. Here is an overview of what's happening and questions trustees can ask to learn how their hospital's supply chain team is maximizing value in these key areas.

Focus on Supply Spend Optimization is Growing

- As margins grow tighter, hospitals seek to rebalance costs — and supply expense is the second largest expense for hospitals.
- Supply chain leaders have been tasked to identify opportunities to reduce supply costs. Some of their options are:
 - ♦ Increasing the hospital's compliance with group purchasing contracts, which is typically 80 percent of a hospital's total supply spend
 - Increasing the use of contracted products typically reduces costs
 - Increasing cost effective product utilization is often challenging because it can require changing provider behavior
 - ♦ Reducing the cost of non-supply purchases such as IT systems, short term staffing, durable medical equipment, department management, etc.
 - ♦ Containing the cost of pharmaceuticals, which is currently increasing at a rate of 6 – 8% per year
 - ♦ Lowering the cost of Physician Preference Items
 - These are expensive products such as artificial hips and knees or cardiovascular products, for which a physician may have a specific brand preference, even though the prices on alternative products can vary widely.
 - ♦ Improving efficiencies in ordering/inventory management

Strategic Changes in Group Purchasing (Continued)

How QPA Brings Value to Client Hospitals with the Following Activities

Overall, Quorum client hospitals have 90+ percent compliance with vendor contracts. As a result of this high level of compliance, QPA is now focusing on initiatives to help your hospital optimize supply spend through improved utilization and best supply chain practices.



- Your GPO Compliance visit and report will be replaced with a new supply chain optimization visit and report, to more specifically help hospitals address total supply spend and their specific 2016 initiatives.



- QPA will pilot regional supply chain groups to further improve discounts through leveraged purchase volumes.



- We will continue to expand Strategic Service Partner vendors to meet the changing needs of our client hospitals for non-supply products and services.



- We have invested in Insight RX, an easy-to-use clinical decision support tool to help guide and support your hospital's pharmacy savings and initiative opportunities.



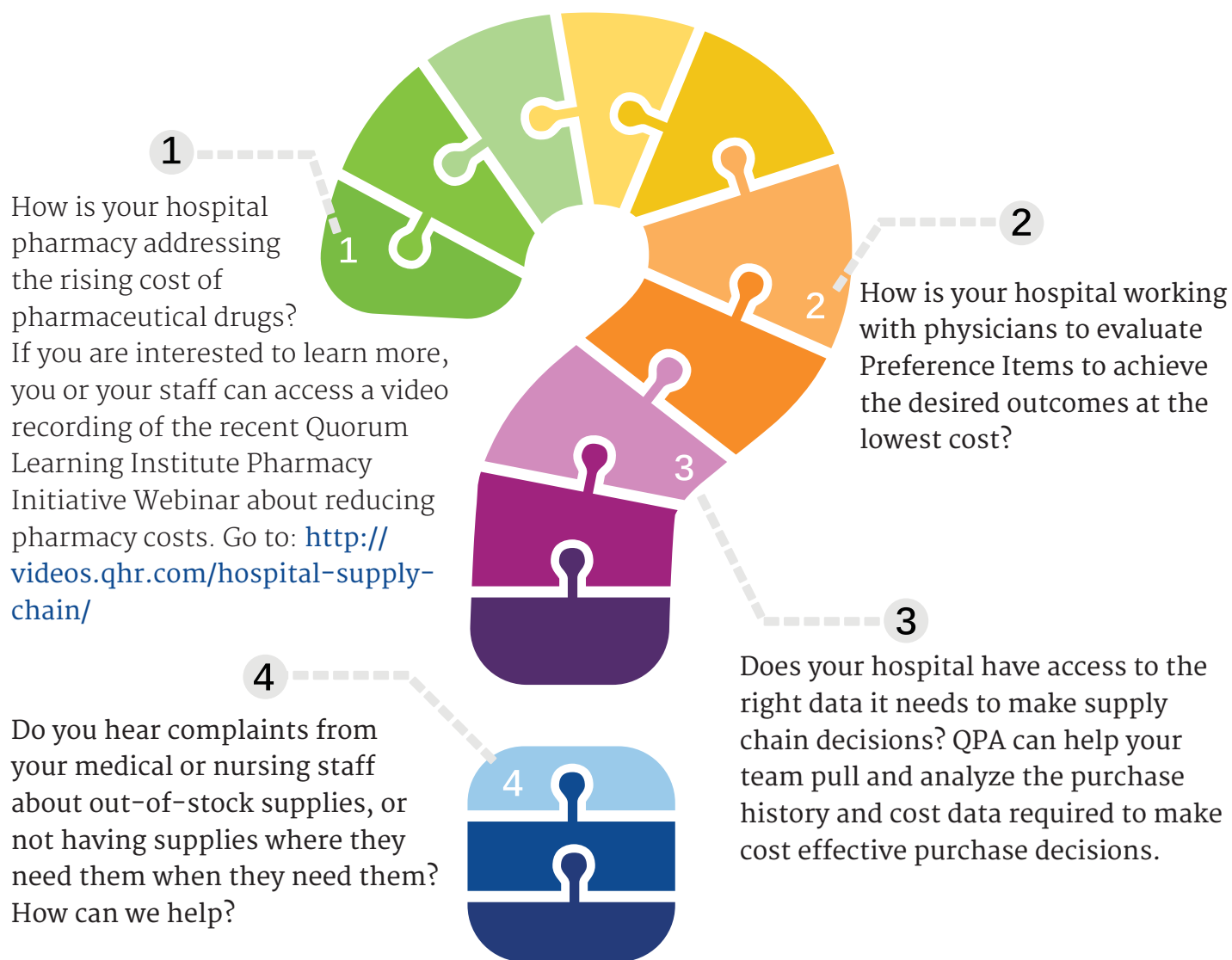
- QPA is negotiating with vendors to help hospitals access even better volume discounts on Physician Preference Items.



- Finally, QPA partners with Quorum Lean consultants to help client hospitals address inefficiencies and waste in their supply chain, resulting in savings on reduced inventory levels.

Strategic Changes in Group Purchasing (Continued)

Questions for Trustees



To discuss further, please contact Tony Bramer, vice president, QPA at Tony_Bramer@qhr.



VIEW

APRIL

2016

Quorum's Monthly Digest of the Business of Healthcare

REFERENCES

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HOSPITALS ON FRONTLINES FIGHTING OPIOID EPIDEMIC

Hospitals throughout the country—particularly those in rural areas—are on the frontlines fighting the opioid epidemic plaguing America. In fact, new data from the Center for Disease Control (CDC) found that drug overdose deaths quadrupled since 2000. "Nearly 30,000 individuals died from opioids in 2014," (*H&HN*). The number of drug-related deaths is impacting neonatal units across the country as well. According to *Reuters*, hospitals saw "27,000 diagnosed cases of drug-dependent newborns in 2013, which on average means that one baby was born dependent on opioids every 19 minutes."

"The National Institute of Drug Abuse reports that more than 21,000 infants born in the U.S. in 2012 experienced symptoms of opioid withdrawal," (*NPR*). According to *The Washington Post*, "The cost to care for each child has also soared, to an average of \$53,000 in 2009." The symptoms facing addicted newborns typically require around-the-clock care. *Reuters* reported that "doctors say that while drug-addiction is agonizing for newborns, it is treatable in most cases."

Today's healthcare providers assume that no two newborns will experience withdrawal in quite the same way—making caring for addicted newborns tricky and labor-intensive. "Each newborn must be weaned slowly and monitored carefully to avoid a seizure, which could have lifelong consequences," (*The Washington Post*). Quorum client hospital King's Daughters Medical Center (KDMC), located in Brookhaven, MS, uses the Neonatal Abstinence Scoring method to determine the level of comfort measures needed to care for the newborn until they are symptom-free.

Some research suggests that "children do best when they are held for hours, preferably by their mothers, in quiet rooms, as they are weaned off the drugs," (*NPR*). Angie Williamson, LDRP (Labor, Delivery, Recovery and Postpartum) Manager of KDMC, explained that each mother is treated with sensitivity, courtesy and respect. "We always encourage mothers to spend as much time as possible with their newborns, which includes skin-to-skin and breastfeeding when circumstances allow."

Geographically, rural areas are also more vulnerable to this epidemic. A recent United States Department of Agriculture (USDA) news release stated that "rural communities are affected at higher rates than urban communities due in part to a lack of outreach and treatment resources available in rural communities." In addition to rural areas, *Modern Healthcare* reported that states that have not expanded Medicaid under the Affordable Care Act face higher rates of drug abuse. "An estimated 1.9 million uninsured people with a mental illness or substance use disorder live in states that have not yet expanded Medicaid."

Along with the news of the CDC's latest report on U.S. opioid use, the White House stated it will utilize "\$94 million for community health centers across the country, aiming to treat patients with substance use disorders," (*H&HN*). In addition, the USDA is making \$1.4 million available through its Rural Health and Safety (RHSE) competitive grants program to "address the critical challenges of substance abuse in rural communities across the nation."

Talk to your CEO about how your hospital and community are addressing this health issue. Your Quorum regional vice president can share other hospitals' experiences in your area.

HHS pushing Medicaid expansion to curb opioid abuse, depression

By **Virgil Dickson** | March 28, 2016

Related

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HHS wants to capitalize on bipartisan interest to address **opioid addiction** and lack of access to behavioral health services by releasing a new report that shows **Medicaid** expansion could address the crises. The goal is to convince Republican holdout states to expand coverage.

An estimated 1.9 million uninsured people with a mental illness or substance use disorder live in states that have not yet expanded Medicaid under the Affordable Care Act and had incomes that could qualify them for coverage, according to the report released Monday.

The report found that if all states expanded Medicaid, an estimated 371,000 fewer people each year would experience depression, and 540,000 more people would report being in good or excellent health.

To date, 30 states and the District of Columbia have expanded Medicaid under the Affordable Care Act.

On a call with reporters Monday, a senior HHS official admitted that recent bipartisan

interest in addressing mental health woes and substance abuse epidemics played some part in releasing the report.

“We thought it was good time to inject some new facts into that discussion,” said Richard Frank, assistant secretary for planning and evaluation at HHS.

Earlier this month, the Senate passed, 94-1, a bill aimed at combating opioid misuse and overdose deaths. **The bill** creates grant programs for states to build education programs, develop evidence-based treatment plans and strengthen prescription-monitoring programs. It also expands the availability of naloxone, which can reverse an opioid overdose.

However, Democrats said that without funding, the legislation is essentially powerless. The White House made a similar assertion.

And HHS' own data shows Medicaid expansion is not a silver bullet as some behavioral health providers are unwilling to take any insurance, especially Medicaid.

For instance, a 2014 JAMA Psychiatry study **posted on the National Institutes of Health's website** showed that psychiatrists' Medicaid acceptance rates, at 43%, were lower than physicians of other specialties, who came in at 73%.

Just last month, the CMS **released a report** that found Medicaid enrollees were not getting the behavioral care they needed, noting that the results “suggest that states have substantial room for improvement.”

A CMS spokesman countered that there is also positive data about Medicaid beneficiaries getting the behavioral care they need.

A **2015 American Journal of Public Health study** found that low-income adults with serious mental illness are 30% more likely to receive treatment if they have Medicaid coverage.

He also pointed to a **2015 Government Accountability Office** report, which found that Medicaid expansion states reported greater access to behavioral health treatment.

Officials in Nevada noted that there were fewer delays in receiving care, and officials in West Virginia reported an increased availability of prescription drugs for individuals with behavioral health conditions.

May 6, 2016

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

CCMC and the Health Service Board need to update and resubmit the Resolution Authorizing CCMC Check Signers to be in compliance with the HBS Bylaws:

To remove the following HSB Members as authorized check signers:

HSB Member Josh Hallquist
HSB Member Robert Beedle

To add the following HSB Officers as authorized check signers:

HSB President David Allison
HSB Secretary Tom Bailer

The updated list of CCMC authorized check signers will be as follows:

Interim CEO	Noel Rea
Interim CFO	Olinda White
Dir. Of Rehab Svcs.	Randy Apodaca
HSB President	David Allison
HSB Vice-President	Tim Joyce
HSB Secretary	Tom Bailer

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

**Community Health Services Board
Resolution**

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

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

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

THEREFORE, BE IT RESOLVED THAT,

1. All checks issued require two signatures; at least one (1) Health Service Board Officer's signature, and that non-check electronic payments and cash transfers from the general checking account to the payroll checking account should be signed off by at least one HSB officer and another authorized signer;
2. The Health Services Board authorizes the following individuals only to act as check signers on the above-mentioned accounts:

Interim CEO	Noel Rea
Interim CFO	Olinda White
Dir. Of Rehab Services	Randy Apodaca
HSB President	David Allison
HSB Vice-President	Tim Joyce
HSB Secretary	Tom Bailer

PASSED and approved this 6th day of May 2016.

Board Signature: _____ Date: _____