



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
MAY 25, 2017 at 6:00PM
REGULAR MEETING

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

Board of Directors

Kristin Carpenter exp. 3/20
April Horton exp. 3/19
Sally Bennett exp. 3/19
John Harvill exp. 3/18
Dorne Hawxhurst exp. 3/18

CCMC CEO

Scot Mitchell

OPENING

1. Call to Order
2. Roll Call – April Horton, Dorne Hawxhurst, John Harvill, Kristin Carpenter, Sally Bennett
3. Establishment of a Quorum

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

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

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

D. BOARD DEVELOPMENT

1. Alaska Public Employees Retirement System

E. APPROVAL OF CONSENT CALENDAR

F. APPROVAL OF MINUTES

1. March 16, 2017 Special HSB Meeting Minutes Pages 1-2
2. April 4, 2017 Board of Directors Work Session Meeting Minutes Page 3
3. April 25, 2017 Board of Directors Regular Meeting Minutes Pages 4-6

G. REPORTS OF OFFICER and ADVISORS

1. CEO Report – Scot Mitchell, CEO Pages 7-10
2. Finance Report – Lee Holter, CFO
3. Nursing Report - Helen McGaw, Interim CNO

H. CORRESPONDENCE

I. ACTION ITEMS

1. Delineation of Privileges – Dr. Michael Alexander Page 11
2. Revenue Cycle Changes Page 12

J. DISCUSSION ITEMS

1. Quality Improvement - 4th Quarter 2016 Patient Safety Report Pages 13-24

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

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

L. BOARD MEMBERS COMMENTS

M. EXECUTIVE SESSION

N. ADJOURNMENT

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

Minutes
CCMC Authority Board of Directors
CCMC Conference Room
March 16, 2017 at 6:00pm
Special Meeting

CALL TO ORDER AND ROLL CALL –

Roll Call ~ Scot Mitchell called the Special Board meeting to order at 6:00pm. Board members present: **April Horton, Dorne Hawxhurst, and John Harvill.**

Members Absent: **Sally Bennett and Kristin Carpenter.**

A quorum was established. 3 members present; 2 member absent.

A. APPROVAL OF AGENDA

M/ Harvill S/ Hawxhurst “I move to approve the Agenda.”

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS ~ None

- **Guest Speakers**
- **Audience Comments**

D. ACTION ITEMS

1. Board Member Conflict of Interest Attestation

John Harvill, and April Horton signed. Dorne Hawxhurst, Sally Bennett, and Kristin Carpenter still need to sign the Conflict of Interest/Confidentiality form.

2. Election of Officers

After a round table discussion, the Board members present opted to wait until the remaining Board Members are present to hold the Election of Officers.

3. Update CCMC Authorized Check Signers

M/ Harvill S/ Horton “I move to approve the resolution of the Authority Board of Directors of the Cordova Community Medical Center designating the representatives authorized for signing checks, non-check payroll tax payment, and cash transfers for Cordova Community Medical Center as Scot Mitchell, Lisa Cuff, John Harvill and April Horton.”

E. DISCUSSION ITEMS

After a round table discussion with the three Board Members present it was recommended that the Authority Board of Directors meeting be scheduled later in the month to give the Finance Department ample time to provide the monthly financial data.

The next meeting will be Tuesday, April 25, 2017 at 6:30pm.

Board members were informed that there are binders that are being prepared for each of them. One will have general board information, board training, Alaska Open Meetings Act, EMTALA, HIPAA, Roberts Rules to name a few. The second binder will have information specific to CCMC such as, LTC, CAH and Fire, Life and Safety surveys; 2017 Budget Narrative; Board related policies; HSB Bylaws; MedStaff Bylaws; CHNA Survey Findings and Assessment and 2016 Financial information.

F. AUDIENCE PARTICIPATION ~ None

G. BOARD MEMBERS COMMENTS ~ None

H. EXECUTIVE SESSION

I. ADJOURNMENT –

M/Hawxhurst S/Horton “I Move to adjourn the meeting.”

Scot Mitchell declared the meeting adjourned at 6:43pm.

Prepared by: Faith Wheeler-Jeppson



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
April 4, 2017 at 6:30PM
WORKSESSION MEETING

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

Board of Directors

April Horton
Dorne Hawxhurst
John Harvill
Kristin Carpenter
Sally Bennett

CCMC CEO

Scot Mitchell

OPENING

- A.** Call to Order
- B.** Roll Call – April Horton, Dorne Hawxhurst, John Harvill, Kristin Carpenter, Sally Bennett
Members present: April Horton, Dorne Hawxhurst, John Harvill, Kristin Carpenter and Sally Bennett
- C. WORKSESSION TOPIC**
 - 1. Governance Roles & Responsibilities Training**

The Board members introduced themselves and explained why they wanted to be on the CCMC Board.

April Horton ~ What motivated me was previously working at a hospital and wanting to be the voice of the people of the town and see if I can help make a change for the better.

Sally Bennett ~ I've lived in Cordova for almost 3 years, what motivated me is that I had my baby here 8 months ago and the care that I received here was very good. Then 4 months ago we were admitted and the care again was amazing. I want everyone to know that our hospital provides great care.

Kristin Carpenter ~ When I was on the City Council I was advocating for a separate hospital board and said that if they ever got one I would serve on it. And I think that this hospital is a critical element of the community and people make decisions on whether they want to live here based on whether they can get good healthcare.

John Harvill ~ I decided to run for the board because I remember the chaos several years ago when people were getting involved in running the hospital and not letting management run it. In the meantime, I have been encouraging all of the doctors and nurses that have said that they wanted to be fulltime to be fulltime in this community. With Scot's leadership, I think that it's starting to pay off.

Dorne Hawxhurst ~ I work as an attorney for the State of Alaska for the Court System, I was motivated to run based on my background and understanding healthcare operations and as a healthcare advocate and to support and improve this place to be the first choice for healthcare in Cordova.

Ron Vigus with QHR introduced himself and gave his credentials to the new board members as well as an explanation of the services provided by Quorum. Ron then provided a presentation to the new Authority Board Members on the Roles and Responsibilities of the board.

The board continued an open dialogue regarding what they individually would like to see at upcoming meetings such as Board goals, rewriting Board Bylaws, Financials, Board Training, a conversation with NVE/Ilanka.

D. ADJOURNMENT at 8:12pm

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

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
April 25, 2016 at 6:30pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Scot Mitchell called the Board Meeting to order at 6:30pm.

Board members present: **April Horton, Dorne Hawxhurst, Sally Bennett and John Harvill.**

A quorum was established. 4 members present; 1 member absent.

CCMC staff present: Scot Mitchell, CEO; Lee Holter, CFO; and Faith Wheeler-Jeppson, Executive Admin Assistant.

A. APPROVAL OF AGENDA

M/ Harvill S/ Bennett “move to approve the agenda.”

Motion passed.

- B. CONFLICT OF INTEREST** ~ Sally Bennett stated that her husband works for the City and on some occasions that work filters over to the hospital. Scot Mitchell expressed that in and of itself he did not feel that that was a conflict.

Kristin Carpenter arrived at 6:35pm

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

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

D. BOARD DEVELOPMENT

1. Hospital Strength Index

Scot Mitchell provided a presentation, the information comes from a data company called iVantage. They look at various components, most of the data comes from cost reports. Most of this data actually comes from the 2015 cost report. The report shows that we are ranked at the 23rd percentile in the country based on our 2015 data. Our Inpatient Market Share shows we are ranked at the 43rd percentile and the Outpatient we're ranked in the 53rd percentile. From the Patient Satisfaction perspective they are saying that our hospital is ranked better than 2/3 of the hospitals in the country. Regarding our costs we are at the 3.8 percentile. Our Charges are in the upper quartile, Financial Stability we've moved up to the 2nd quartile. Our Inpatient and Outpatient Market Share were below the average in Alaska. But we're better off than the average CAH in the rest of the country. HCAPS we are much better than the average Alaska hospital when it comes to Patient Satisfaction and a little bit above the average hospital in the country. Regarding our Cost we barely fell behind the other CAH's in Alaska and that's because the cost of healthcare in Alaska is so much higher than the cost in the lower 48.

Next Meeting for Board Development the topic will be PERS

- E. APPROVAL OF CONSENT CALENDAR** ~ None

F. APPROVAL OF MINUTES

M/ Horton S/ Hawxhurst “move to approve the March 9, 2017 Regular HSB Meeting Minutes”.

Motion passed.

G. REPORT OF OFFICERS AND ADVISORS

1. **CEO's Report** ~ Scot Mitchell, CEO stated that his written report was in the packet. Congress is back in session talking about the repeal and replace of Obamacare. The plan is that they will vote on that this week. We have received notice today that our USAC grant (internet and telephone) is being cut by 7.5%. At a future meeting we're going to have to look at how to **4**

change our Radiology Department, which is computerized to a digital Radiology system by the end of September this year or we will have reduced reimbursement from Medicare. The cost of this CMS requirement will be approximately \$90,000. CCMC will be fully participating in the upcoming Terrorism Drill.

The Board requested a summary of the surveys and other regulatory events and their cycles that the organization is required to adhere to.

2. Finance Report ~ Lee Holter read a brief statement clarifying information provided at the last board meeting regarding Quality measures. The Financial Reports for February and March were presented. The ADC (Average Daily Census) is 3.8 for this year, most of our increase in income can be attributed to the Swing Bed which is \$564,000 over budget and \$442,000 over the prior year revenue. Deductions, and contractual allowances are up this year. Total Revenue is up \$373,000 over budget. Expenses in Wages and Benefits are below what we budgeted for. Our Professional Services is \$209,000 lower this year compared to last year.
3. Medical Director Report ~ Dr. Blackadar's Medical Director's Report was in the packet, some highlights from his report were that the Admits probably won't get much better than they were last year as we're not sending away a lot of people, we're admitting them. Clinic Visits are up. Dr. Blackadar requested that we increase clinic services by advertising those services better.
4. Nursing Report ~ Helen McGaw, Interim CNO is not able to be here to tonight, her written report is in the packet.

H. CORRESPONDENCE ~ None

I. ACTION ITEMS

1. Election of Officers

M/ Bennett S/ Harvill "I move to approve Kristin Carpenter as President, April Horton as Vice-President and Dorne Hawxhurst as Secretary of the CCMC Authority Board of Directors."

Motion passed.

2. Update CCMC Check Signers

M/ Hawxhurst S/ Harvill "I move to approve the Resolution of the CCMC Authority Board of Directors designating the representatives authorized for signing checks, non-check payroll tax payment, and cash transfers for Cordova Community Medical Center."

Motion passed.

3. 340B Retail Pharmacy

M/ Harvill S/ Horton "I move to approve the establishment of a 340B/Retail Pharmacy at CCMC, and authorize the expenditure of funds, as noted in the pro-forma budget presented by staff, to implement the 340B/Retail Pharmacy."

Motion passed.

4. Conflict of Interest Policy

M/ Harvill S/ Horton "I move to approve the revised ADM 302, Conflict of Interest Policy as presented."

Motion passed.

5. City Distribution Request for PERS

M/ Harvill S/ Bennett "I move to approve recommending that the City of Cordova transfer \$240,500.00 to CCMC to covers the CCMC PERS payments that are currently in arrears."

Motion passed.

6. Delineation of Privileges for Dr. Mary Jo Groves

M/ Horton S/ Harvill "I move that the CCMC Authority Board of Directors grant one year Active Medical Staff Membership with the requested privileges to Mary Jo Groves, MD as requested, and recommended by the CCMC Medical Staff."

Motion passed.

7. Board Meeting Schedule –

The board agreed that going forward the regular meeting schedule will be the **4th Thursday of every month at 6:00pm**. The next regular meeting is scheduled for May 25th 2017.

J. DISCUSSION ITEMS ~ None

K. AUDIENCE PARTICIPATION ~ None

L. BOARD MEMBERS COMMENTS

Hawxhurst ~ None

Horton ~ As an outsider looking in, I would say that one of the major things that we have an issue with in this town is communication between people. No one watches the Scanner all the time, no one sits there and opens emails all the time. How can we better communicate to the public?

Harvill ~ My real comment is, what can we do to help you (Scot)? By that I mean, what can we do to promote or other things?

Bennett ~ None

Carpenter ~ None

M. ADJOURNMENT –

M/ Bennett S/ Horton "I move to adjourn the meeting."

Carpenter declared the meeting adjourned at 9:00pm

Prepared by: Faith Wheeler-Jeppson



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CEO Report to the CCMC Authority Board of Directors
May 25, 2017 Meeting
Scot Mitchell, CEO

The Big Picture

A lot has been happening in the healthcare industry on a national basis. The House of Representatives recently passed the American Health Care Act, which has the intent of repealing and replacing parts of the Affordable Care Act. The bill now moves to the Senate, where it will definitely be changed before it is passed there. The Senate doesn't appear to be in any big hurry to work on this bill, so we will probably not see any action for a few weeks. Once we know more about what changes the Senate will be proposing, I will pass along information as I become aware of how it will impact CCMC. I do want to thank the board members who recently contacted Congressman Young to ask him to oppose the AHCA. Even though Congressman Young voted in favor of it, we made our voices heard!

I'm sure you've heard about the numerous cyber-attacks targeting healthcare entities worldwide over the past week or so. There has been a lot of activity in the United States to help hospitals prevent the ransomware attacks. We receive routine communication from various groups such as the Department of Homeland Security, the FBI, the American Hospital Association, etc. on the status of these attacks and how we can protect our critical infrastructure. As you will remember, CCMC was the target of a different ransomware attack a few weeks ago. We were lucky enough to catch and stop the attack before the ransomware software was installed and encrypted any data. We have made a few improvements to our IT security since then, and have not had any issues with the most recent cyber-attacks.

Status Updates

- CCMC has continued its increased utilization in 2017. We are still averaging around 4 patients in the hospital, while last year our average census was about one patient per day. At the April meeting, the board requested a dashboard of important indicators be provided to them monthly. Lee Holter will be presenting a dashboard as part of his financial report. It will include not only financial data, but also some utilization data where you will see more details on our increased utilization statistics.
- Since Lee Holter started as our CFO last October, he has been working diligently on evaluating our current revenue cycle management processes. After a thorough review, we have come to the conclusion that our current processes are not as efficient and effective as they should be, and will not allow us to make improvements in our financial position. As a result we will be asking the board for approval to replace our current billing and coding companies with a new company. AVEC Health Solutions is a company with a focus on smaller, rural hospitals. I have worked with AVEC at a previous

company, and feel that they will help us improve our revenue cycle processes by increasing our collections and getting those bills paid quicker. I will be asking for permission from the board to contract with AVEC Health Solutions due to the fact that the contract cost is above the limit set in the City code for the CEO to approve without board approval. By making this change we will actually be paying less for billing and coding services than we currently pay just for our billing services, and we expect to reduce our accounts receivable and improve cash flow.

- The Alaska Legislature is now in a Special Session to finalize the 2018 budget. The negotiations in the Legislature continue, and the latest news is predicting some cuts to provider payments and no inflation increases in long term care, along with a 5% cut to hospital services for Medicaid patients. While these changes are expected to have a negative impact on CCMC, we will not know the final amount until the budget is approved. I will pass long more details as they become available.
- Included in this board packet you will find a Patient Safety Trend Report for the 4th quarter of 2016. This report comes from our participation, via the Alaska State Hospital and Nursing Home Association, in the Partnership for Patients quality improvement project with the Washington State Hospital Association. CCMC just started submitting quality data last fall, so our historical data is somewhat limited at this time. Due to our small volume of patients, we will probably never have a statistically valid data set to benchmark ourselves against other hospitals. Most of our data for this period pertained to antimicrobial stewardship, which is geared towards reducing the unnecessary use of antibiotics. Since we only had a very limited number of inpatients who received antibiotics, our usage is well within expected ranges. The report further shows that CCMC had no deaths from severe sepsis during the last half of 2016, which is all that we reported last year. We also did not report any adverse drug events or falls among our inpatients during this time frame.
- The 340B retail pharmacy implementation process is underway. Our registration for the 340B program has already been approved by HRSA. We have started the recruitment process for a pharmacist, as we will have to have one on staff in order to obtain our state pharmacy license and our DEA license. We are close to beginning the renovation process for the new pharmacy, which will be located in the main lobby at CCMC. The access control and security camera systems are in the process of being installed. We are also working on purchasing arrangements for our medications and over-the-counter stock, as well as payment contracts from insurance companies. Due to the many tasks to be completed, I would expect an opening of the pharmacy no sooner than August or September of this year.
- One of the Conditions of Participation in the Critical Access Hospital program is that we must annually perform a CAH periodic evaluation. This is an intense process where we must evaluate the services that CCMC provides and to make sure that those services are appropriate. This has not been done for at least several years, as CCMC has received a deficiency on the last two CAH surveys. I have developed a process for CCMC to get back in compliance with this requirement. We have a new framework that will be followed, and I have tentatively scheduled this evaluation to occur in late June of this year. Once the evaluation is completed, I will draft a written report that will be reviewed by our Quality Management Committee and then presented to the board for approval.
- Our Survey Readiness Team has been meeting weekly and are making progress in improving awareness among our staff of the many conditions of participation we must abide by to remain a CAH and Nursing Home. The team started by reviewing the results of our most recent CAH, LTC and Life Safety surveys. They are expanding the areas of focus every week, and are conducting weekly “Clean Sweeps” throughout the facility to prepare staff for upcoming surveys. As part of this process, we will also have a mock CAH survey in July of this year.
- At the last board meeting, as request was made for information on the various surveys that CCMC must endure. There are numerous surveys and inspections every year, such as fire alarm system,

medical gas system, underground storage tanks, etc. These are usually one day surveys or inspections, and do not put a great strain on the staff or facility. We have three major surveys that can have a significant impact on the facility and our staff, below is a brief synopsis of those surveys:

- Long Term Care: we undergo a LTC survey every year, but it can happen anywhere from 9 to 15 months after the last survey. This generally lasts one week and is a very intensive review of our entire nursing home. The State Department of Health and Social Services is contracted to CMS to conduct these surveys. Occasionally CMS will also conduct a survey of their own to make sure the State is performing up to their expectations. In addition to the annual survey, the State can conduct a survey any time they receive a complaint against CCMC.
- Critical Access Hospital: generally we will receive a CAH survey every 3 years, but they can be completed sooner. This survey will also be conducted by the State and will focus on the hospital side of the organization. This survey also usually lasts a week. We are also subject to surveys for complaint investigations just like the LTC side.
- Fire and Life Safety: this survey focuses on our compliance with the numerous state and federal fire and life safety regulations. Since we are a co-located facility, with the CAH and LTC in the same building, we will always receive this survey during both the LTC and CAH regular surveys. This survey is very intense, and can result in significant financial outlays to correct deficiencies so we can remain compliant.
- We continue our efforts at researching a replacement for our current electronic health record. We had a demo of the Athena Health system on May 16th and 17th. We have a demo of the CPSI system scheduled for May 30th and 31st. The Meditech system is tentatively scheduled for a demo in July. Due to the high cost for EHR systems, we are looking at systems that will not require a large initial capital outlay.
- We will have one physician privileging case for the board to address at this meeting. As I mentioned in my report last month, I granted emergency medical staff privileges for telebehavioral health for Dr. Michael Alexander on March 29, 2017. Those emergency privileges will expire on June 1, 2017. We are presenting Dr. Alexander's application for privileges and his credentials verification packet at this meeting.
- Our new auditors were recently here to conduct the audit of the 2016 financial statements. We have not yet received the report back yet but there were several issues of concern with accounting practices used here at CCMC prior to Lee Holter, CFO and my arrival last summer. We are currently working with the City and our auditors to address the issues that they have found so far. Lee Holter will give a more detailed update on the audit during his presentation.
- On May 18th, Sandra Aspen, Interim Executive Director of Sound Alternatives and I had a meeting with staff from Ilanka and Native Village of Eyak to discuss opportunities for potential collaboration on mental health services. The next steps are that Sandra and Matt Rush from Ilanka are going to get together and research options for collaboration between the mental health providers at each organization. Once they have developed some ideas, we will get back together and the leadership teams will work on strategies to better meet the mental health needs of the people of Cordova. I have been meeting monthly with the leadership team from NVE and Ilanka to try to rebuild the trust between the entities, and this recent meeting is one of the results of those efforts. We are still waiting on setting up a meeting between the boards of CCMC and Ilanka, so we can further explore collaborative opportunities.
- As I mentioned last month, one of the biggest impediments to continued success that CCMC has been dealing with is the lack of continuity of staff. We are continuing our recruitment efforts for several positions. We are currently recruiting for a CNO, physical therapist and staff nurses, in addition to a pharmacist for our new pharmacy. We've made some good strides in improving our permanent staffing, and now have several excellent staff in key departments. My goal is to get us to the point

that we have all our staff as permanent people who live in Cordova. We have a long way to go, but are continually looking for good, quality professionals who want to join our team.

- CCMC participated in terrorism exercise on April 29, 2019. The scenario involved a terrorist attack on the M/V Aurora. We initiated our Incident Command System and simulated the treatment of 12 patients from the event. Our staff did a good job during the drill, which is the first time in a few years that CCMC has actually received patients during local drills. This was a good learning experience since we have quite a few staff members who have not participated in a drill like this at CCMC. We will be meeting soon to start working on an action plan to help us improve our response to future disaster situations. We are required to participate in at least two drills, or actual events each year. We have already had two actual events this year where we activated our Incident Command System, the first was a telephone threat received by a staff member and the second was the ransomware cyber-attack. The airport is required to conduct a drill every three years, and their next drill is scheduled for August of this year. CCMC will participate in this upcoming drill to help us continue improving our emergency preparedness readiness capabilities.
- We will be required to make a change from our current computerized radiology system to a digital radiology system in order to not be subject to a penalty on our future radiology payments. We are currently researching options for this move, which will need to be completed before the end of 2018. Our goal is to select a system and include the cost of that in our 2018 capital budget, which will give us plenty of time to implement the change before we would be subject to any penalties.



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: Delineation of Privileges – Dr. Michael Alexander
Date: May 19, 2017

Suggested Motion: “I move that the CCMC Authority Board of Directors grant one year Active Medical Staff Membership with the requested tele behavioral health privileges to Michael Alexander, MD as requested, and recommended by the CCMC Medical Staff.”



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: AVEC Contract
Date: May 23, 2017

Suggested Motion: “I move that the CCMC Authority Board of Directors authorize Scot Mitchell, CEO to sign a contract for revenue cycle services with AVEC Health Solutions.”

Partnership for Patients



ALASKA STATE HOSPITAL &
NURSING HOME ASSOCIATION



Washington State
Hospital Association

Cordova Community Medical Center

Patient Safety Trend Report

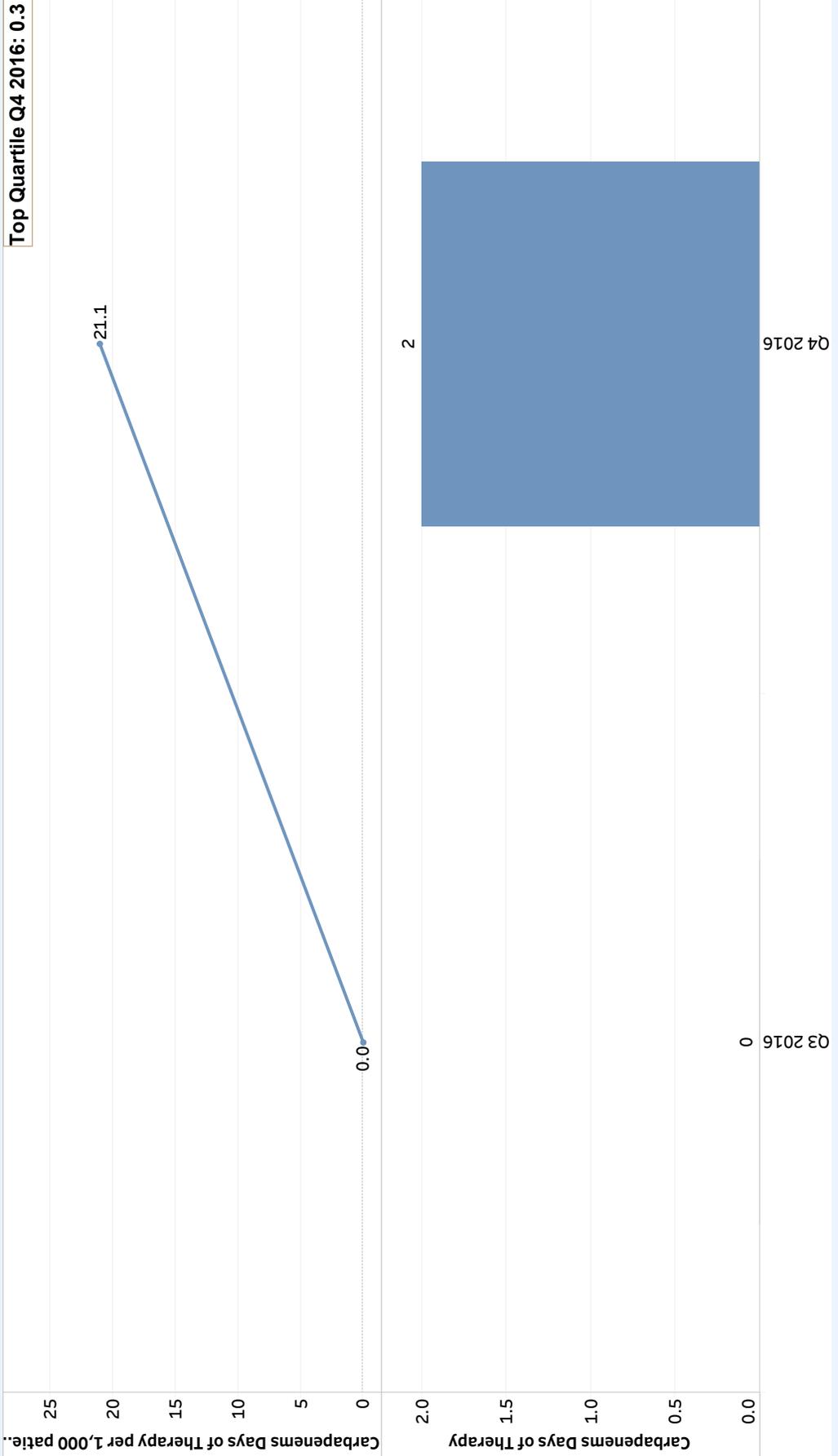
May 2017 Release



Cordova Community Medical Center Patient Safety Trend Report - May 2017 Release

Antimicrobial Stewardship (ASP) Carbapenems Days-of-Therapy

Top Quartile Q4 2016: 0.3



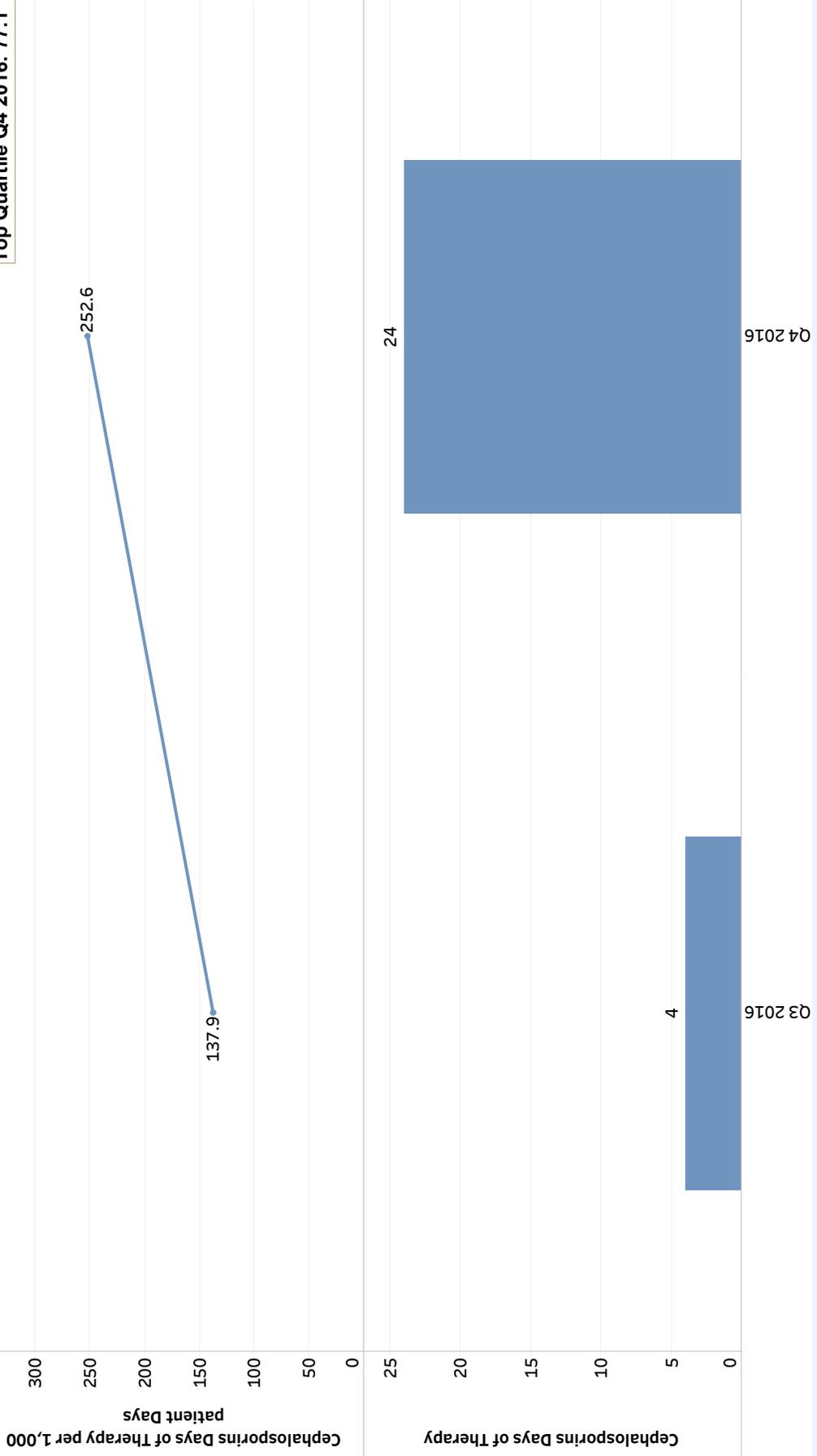
Definition: Total number of days of therapy over total number of patient days * 1,000 (Carbapenems, Cephalosporins, Clindamycin, Fluoroquinolones, Penicillins).
Data Source: Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS).



Cordova Community Medical Center Patient Safety Trend Report - May 2017 Release

Antimicrobial Stewardship (ASP) Cephalosporins Days-of-Therapy

Top Quartile Q4 2016: 77.1



Definition: Total number of days of therapy over total number of patient days * 1,000 (Carbapenems, Cephalosporins, Clindamycin, Fluoroquinolones, Penicillins).
Data Source: Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS).

Partnership for Patients



ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION



Washington State Hospital Association

Cordova Community Medical Center Patient Safety Trend Report - May 2017 Release

Antimicrobial Stewardship (ASP) Clindamycin Days-of-Therapy

Top Quartile Q4 2016: 7.9



Definition: Total number of days of therapy over total number of patient days * 1,000 (Carbapenems, Cephalosporins, Clindamycin, Fluoroquinolones, Penicillins).
Data Source: Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS).

Washington State Hospital Association - for questions or support in improving results, please contact jenniferC@wsha.org.

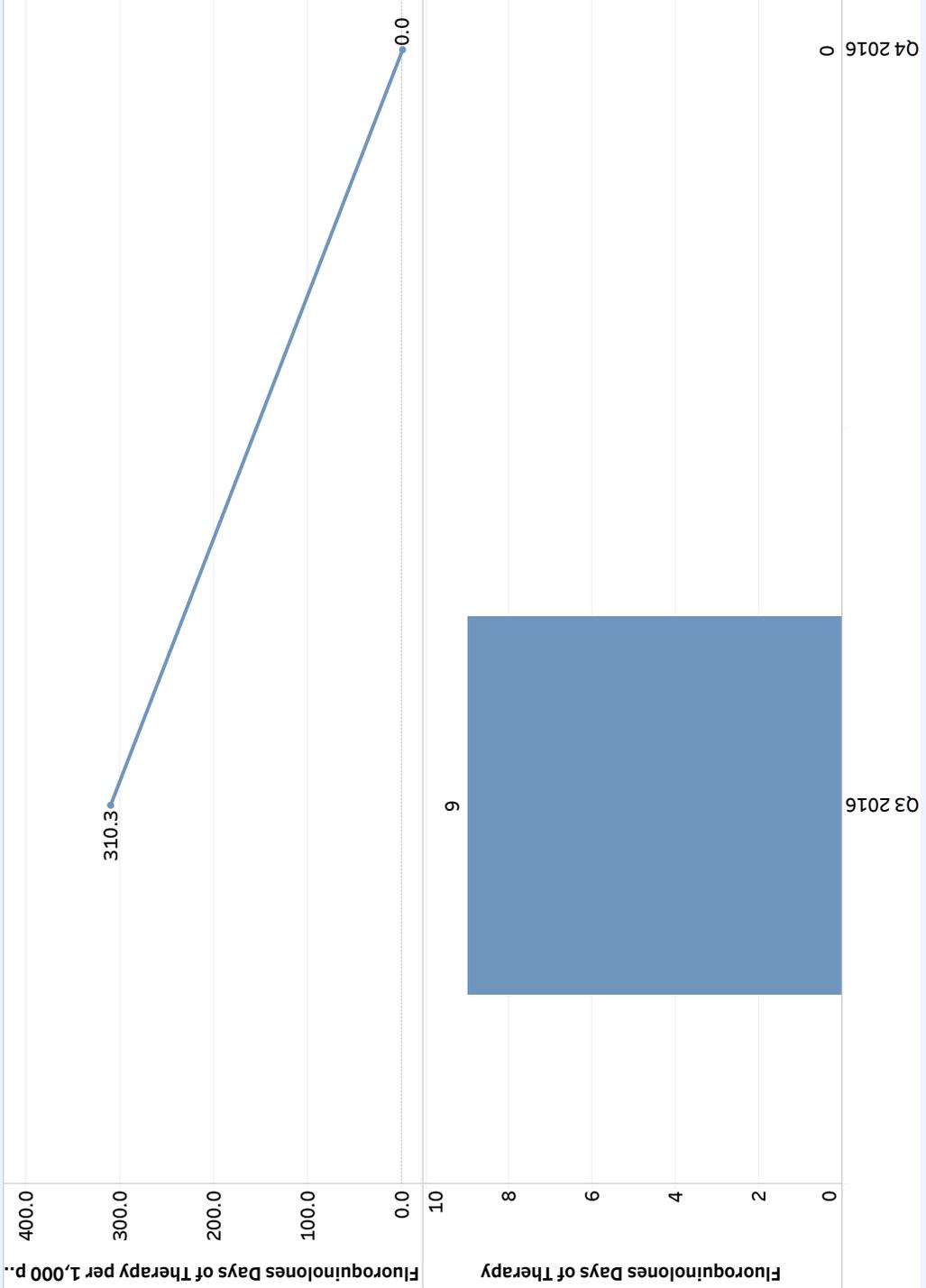
Decision Support



Cordova Community Medical Center Patient Safety Trend Report - May 2017 Release

Antimicrobial Stewardship (ASP) Fluoroquinolones Days-of-Therapy

Top Quartile Q4 2016: 39.7



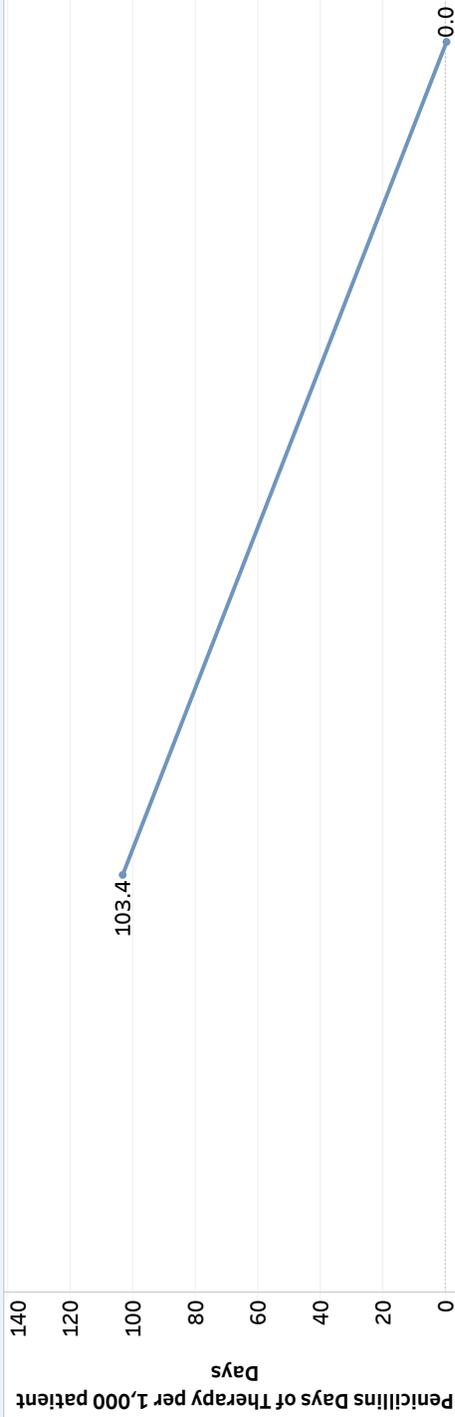
Definition: Total number of days of therapy over total number of patient days * 1,000 (Carbapenems, Cephalosporins, Clindamycin, Fluoroquinolones, Penicillins).
Data Source: Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS).



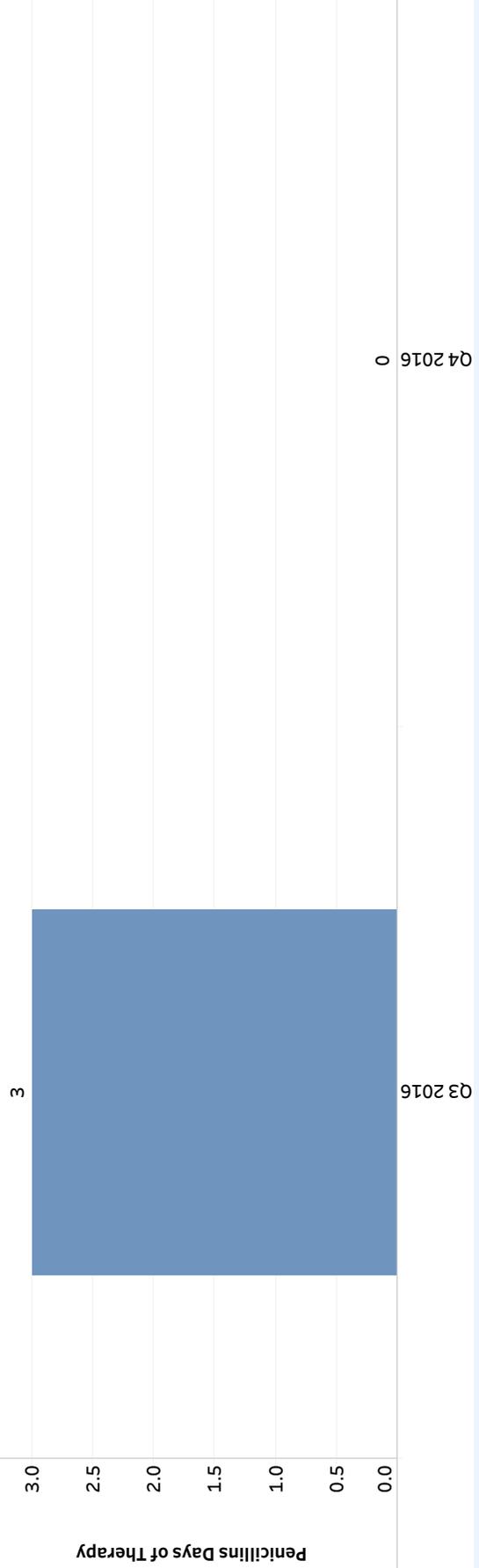
Cordova Community Medical Center Patient Safety Trend Report - May 2017 Release

Antimicrobial Stewardship (ASP) Penicillins Days-of-Therapy

Top Quartile Q4 2016: 49.1



3



Definition: Total number of days of therapy over total number of patient days * 1,000 (Carbapenems, Cephalosporins, Clindamycin, Fluoroquinolones, Penicillins).
Data Source: Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS).



Cordova Community Medical Center Patient Safety Trend Report - May 2017 Release

Severe Sepsis and Septic Shock Mortality Rate

Top Quartile Q4 2016: 3%

Sepsis Mortality Percentage

0.0%

Sepsis Mortality

0

0

0

Q3 2016

Q4 2016

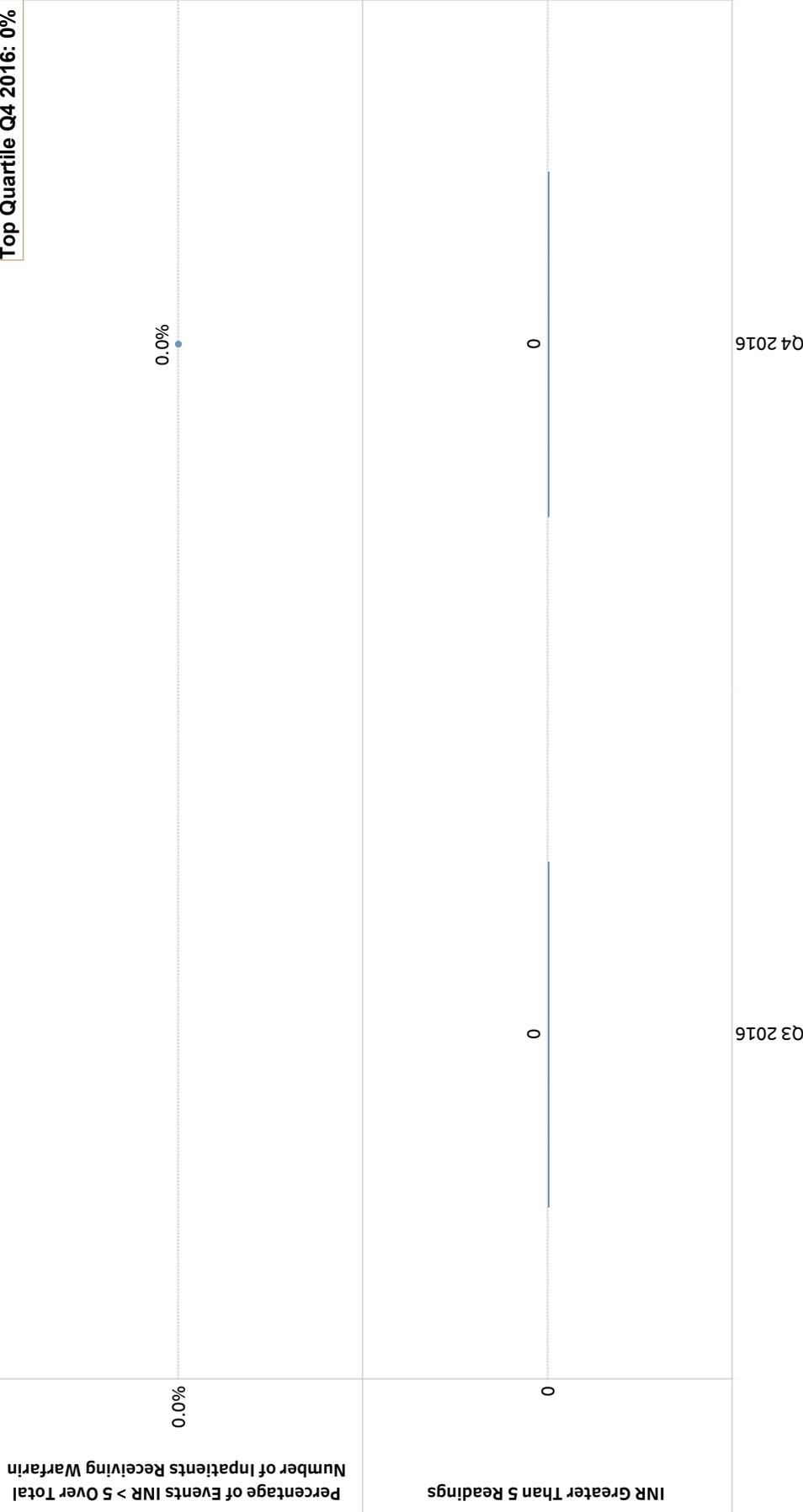
Definition: Hospital deaths related to Severe Sepsis and Septic Shock (All Ages) from the number of patients diagnosed with Severe Sepsis and Septic Shock (Excludes Comfort Care Patients) (with ICD-9 or ICD-10 codes).
Data Source: Washington State Department of Health Comprehensive Hospital Abstract Reporting System (CHARS).



Cordova Community Medical Center Patient Safety Trend Report - May 2017 Release

Adverse Drug Events: Anticoagulants - Option 1

Top Quartile Q4 2016: 0%



Definition: Number of patient events with an INR >5 after any warfarin administration (for patients cared for in an inpatient area) over the number of patients (cared for in an inpatient area) on warfarin. A patient that has multiple elevated INRs will be counted as one event until it drops below 3.5 and rises above 5 again. Exclusions: emergency department readings, patients admitted for trauma, patients with liver failure diagnosis, and patients given argatroban before warfarin.

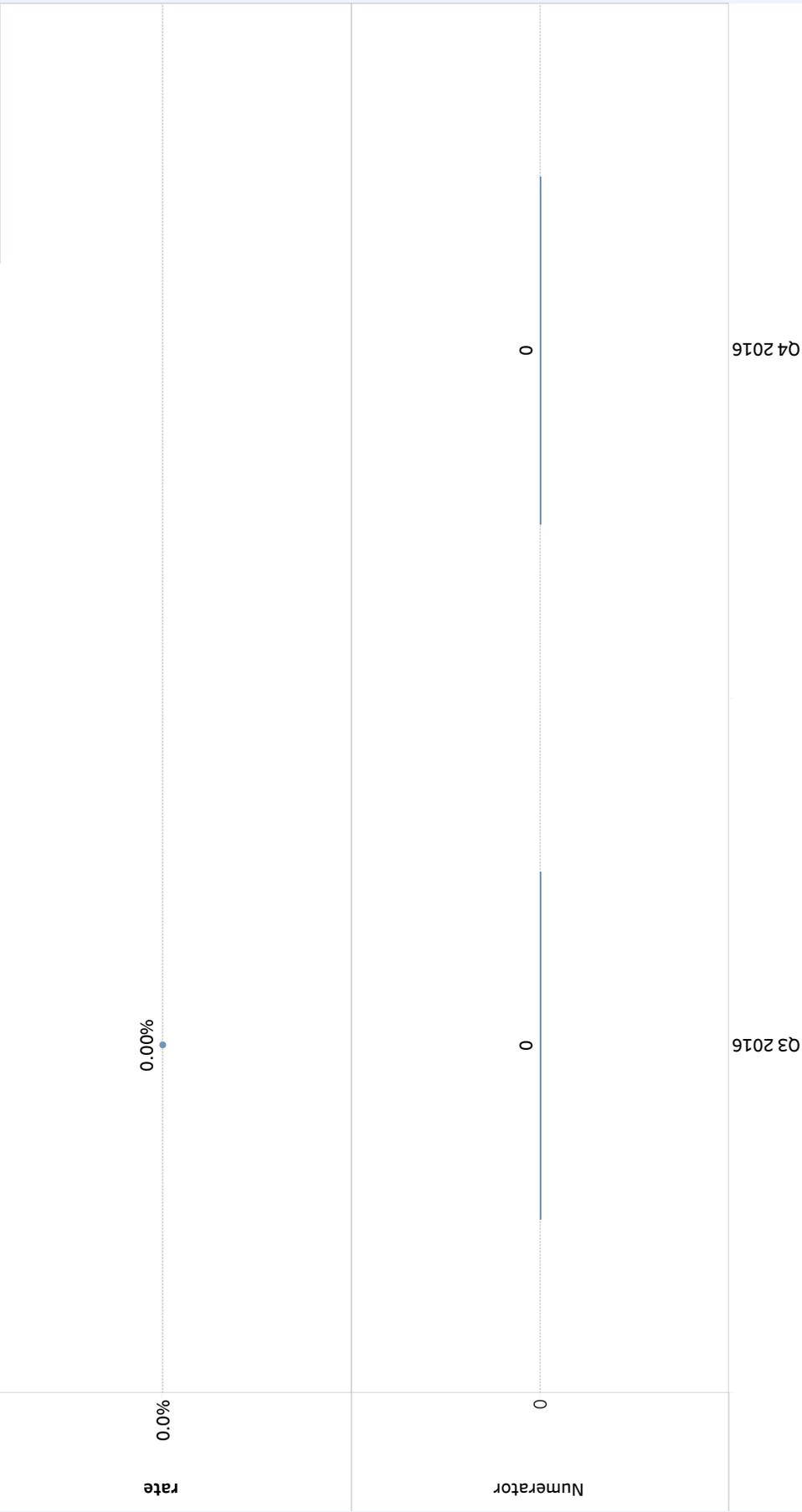
Data Source: Washington State Hospital Association (WSHA) Quality Benchmarking System.



Cordova Community Medical Center Patient Safety Trend Report - May 2017 Release

Adverse Drug Events Hypoglycemic Agent: Option 1

Top Quartile Q4 2016: 0%



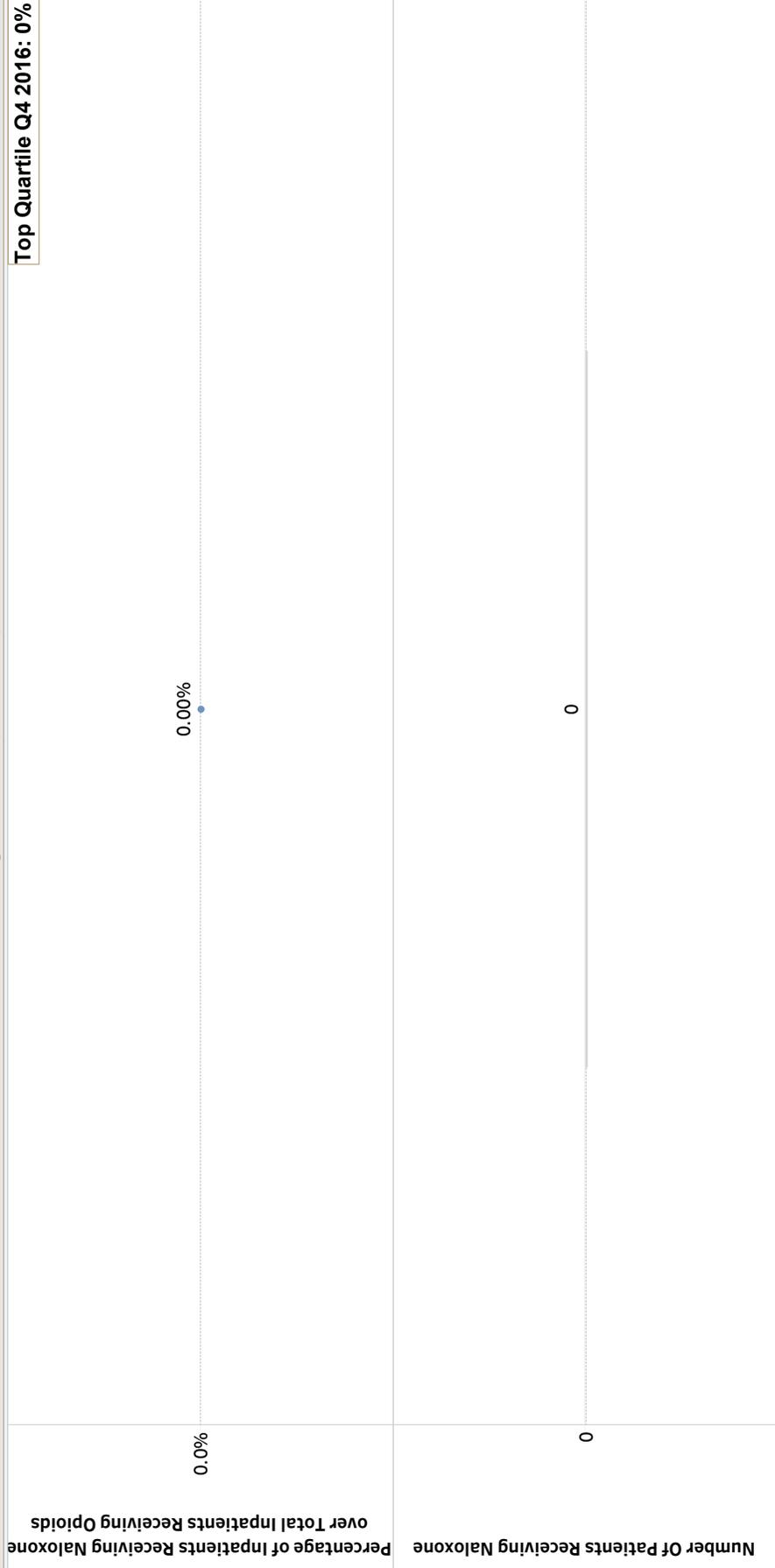
Definition: Number of patient blood glucose (BG)* levels of <50 mg/dl after any hypoglycemic agent administration (patients cared for in an inpatient area) over the number of patients (cared for in an inpatient area) receiving hypoglycemic agents (oral & insulin).
Data Source: Washington State Hospital Association (WSHA) Quality Benchmarking System.



Cordova Community Medical Center Patient Safety Trend Report - May 2017 Release

Adverse Drug Events Opioids: Option 1

Top Quartile Q4 2016: 0%



Definition: Number of patients (cared for in an inpatient area) who received naloxone after any opioid administration over number of patients (cared for in an inpatient area) receiving opioids. Exclusions: naloxone given in PACU and procedural areas, given (via IV infusion) for epidural-related itching symptoms, all doses given in the ED or within 24 hours of admission for a diagnosis of suicide attempt, opiate abuse, dependence, poisoning, or overdose.
Data Source: Washington State Hospital Association (WSHA) Quality Benchmarking System.

Partnership for Patients



ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

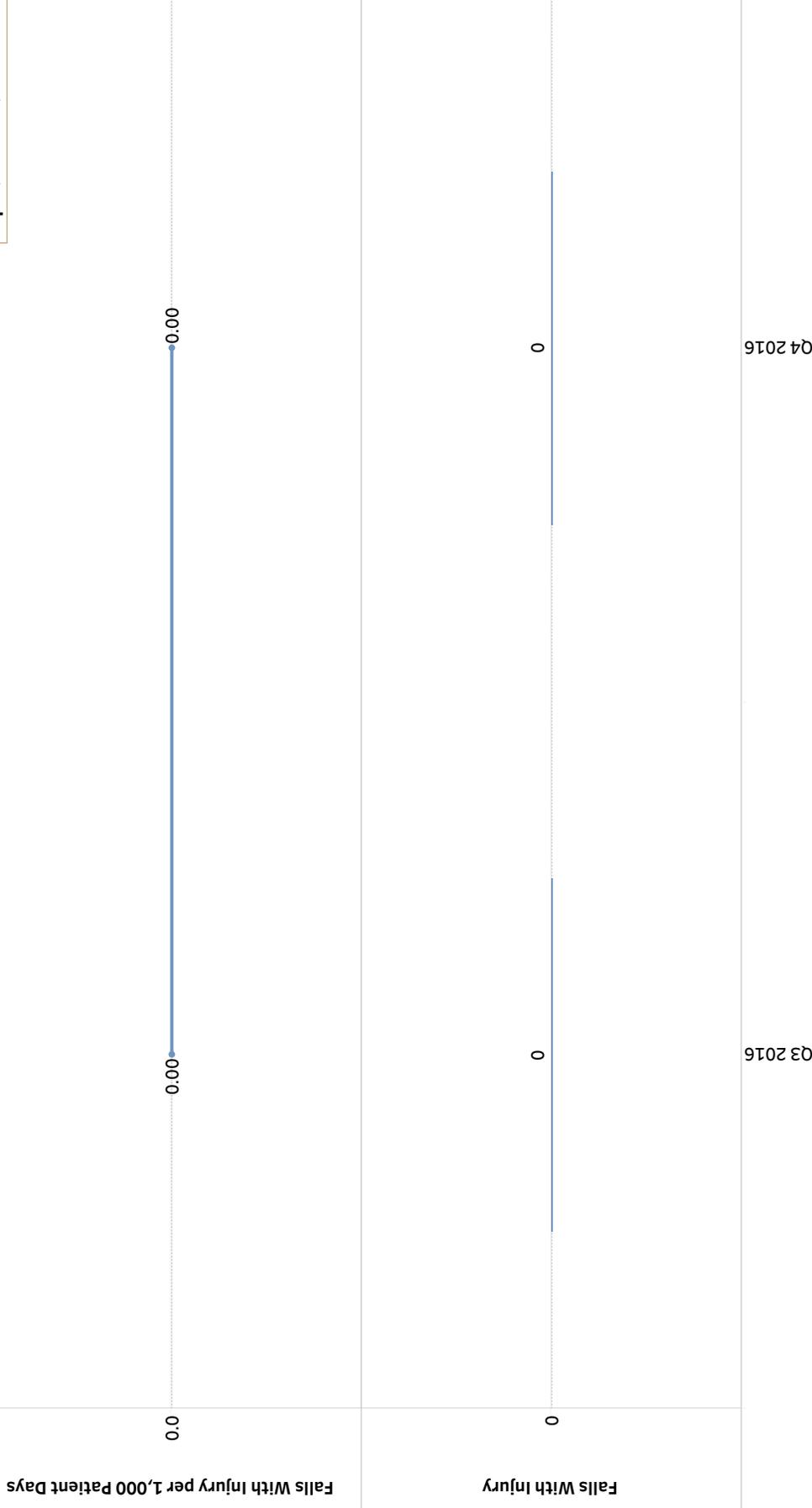


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Inpatient Falls with Injury Rate (NQF 0202)

Top Quartile Q4 2016: 0



Definition: National Database of Nursing Quality Indicators/Collaborative Alliance for Nursing Outcomes (CALNOC) and NQF 0202, number of falls with an injury level of minor or greater per 1,000 patient days.
Data Source: Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS) and CALNOC.

Partnership for Patients



ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION



Washington State Hospital Association

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Undue Exposure to Radiation: Radiology Dosage Per Pediatric Head CT

Top Quartile Q4 2016: 470.1

Dose Length Product (DLP) Ratio

0

Number of Pediatric CT Scans

0

0

Q3 2016

Q4 2016

Definition: Total dose length product (DLP) for all head CTs divided by number of head CTs for pediatric patients.
Data Source: Washington State Hospital Association's (WSHA) Quality Benchmarking System (QBS).

Washington State Hospital Association - for questions or support in improving results, please contact Jennifer.G@wsha.org.

Decision Support