



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
May 31, 2018 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
Linnea Ronnegard exp. 3/21
VACANT exp. 3/21

CCMC CEO

Scot Mitchell

OPENING: Call to Order

Roll Call – April Horton, Kristin Carpenter, Sally Bennett and Linnea Ronnegard.
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. Infection Prevention Program

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E. APPROVAL OF MINUTES

- 1. Minutes from the April 26, 2018 Regular Meeting

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F. REPORTS OF OFFICER and ADVISORS

- 1. Board Chair Report – Kristin Carpenter
- 2. CEO Report – Scot Mitchell, CEO
- 3. Finance Report – Lee Holter, CFO
- 4. Nursing Report – Tammy Pokorney, CNO
- 5. Follow –up to Medical Director’s April Report – Dr. Blackadar, MD
- 6. Quality Improvement Report – Kelly Kedzierski, RN

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G. CORRESPONDENCE

H. ACTION ITEMS

- 1. Board of Directors Vacancy

I. DISCUSSION ITEMS

- 1. Sound Alternatives

L. 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.

M. BOARD MEMBERS COMMENTS

N. EXECUTIVE SESSION

- 1. Review of communication with hospital attorney

2. ADJOURNMENT

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

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



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To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: May 2018 Infection Control

Infection Control

CCMC puts infection control and basic hygiene at the heart of good management and clinical practice, and is committed to ensuring that appropriate resources are allocated for effective protection of patients, their relatives, staff and visiting members of our community. In this regard, emphasis is given to the prevention of healthcare associated infections, the reduction of antibiotic resistance and the sustained improvement of cleanliness in the hospital. Infection control is a team effort and we are very pleased with all of the hard work and dedication of each and every one of our team members.

- The infection control committee has been having monthly meetings to ensure that we are keeping track of the infection control needs throughout the hospital as well as addressing concerns that could potentially affect the community. The last meeting was held on May 8th, 2018.
- I have been doing Kitchen audits and am very pleased with our kitchen staff for all of their hard work. Food safety is so much more than just washing your hands and countertops.

Fun Facts

- The CDC estimates that each year 48 million people get sick from a foodborne illness, 128,000 are hospitalized, and 3,000 die.
- Researchers have identified more than 250 foodborne diseases.
- Most of them are infections, caused by a variety of bacteria, viruses, and parasites.
- Harmful toxins and chemicals also can contaminate foods and cause foodborne illness.

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
April 26, 2018 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

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

Board members present: **April Horton, Sally Bennett, Kristin Carpenter, and Linnea Ronnegard.**

A quorum was established. 4 members present.

CCMC staff present: Scot Mitchell, CEO; Lee Holter, CFO; Tammy Pokorney, CNO, Rona Haberman, Clinician for Sound Alternatives, Faith Wheeler-Jeppson, Executive Admin Assistant, and Barb Jewell, DD Case Manager.

A. APPROVAL OF AGENDA

M/ Bennett S/ Horton “move to approve the Agenda as amended.”

4 yeas, 0 nay

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

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

D. BOARD DEVELOPMENT

1. Hospital Strength Index

Scot Mitchell reviewed the Hospital Strength Index in a PowerPoint for the Board. (A hardcopy of that information is in the permanent record).

E. APPROVAL OF MINUTES

M/ Bennett S/ Horton “move to approve the March 22, 2018 Regular Meeting Minutes as amended”.

4 yeas, 0 nay

Motion passed.

F. REPORT OF OFFICERS AND ADVISORS

1. **Board Chair Report** ~ **Kristin Carpenter** reported that we had a Worksession about the Bylaws, and she had met with Scot on the Agenda.
2. **CEO’s Report** ~ Scot Mitchell, CEO reported that the written CEO report is in the packet. A few additional items reported on were that the budget for the state is changing, it has not been approved yet. The supplemental appropriations that was approved a month or so ago has enough money to pay claims through the middle of May. The Health Fair went well, our staff reported that they had a bigger turn out than in past years.

3. **Medical Directors Report** ~ Dr. Blackadar reported that they have been working hard to get the Antibiotic Stewardship Program going. There is a difference between Patient Satisfaction and Patient Care, sometimes the patient isn't happy because of an outcome, but their care is great. A general discussion ensued regarding shingles and Dr. Blackadar stated that he would conduct some research and report back in the May meeting.
4. **Finance Report** ~ Lee Holter, CFO reviewed the March 2018 Financials. A few highlights were, Days cash on hand for March was 20.1 days compared to February with 28.3. AR increased \$102K in March. AP and Payroll liabilities decreased by \$114k and \$10k. Miscellaneous revenue decreased by the \$325k transferred to the City loan. Revenue is above budget by \$103k. Professional services is \$30k above budget. Days in AR were 74.8 in February and went up to 77.1 in March. Supplies YTD was under budget. The Cost Report will be done by the end of May. Lee has submitted his resignation, and his last day will be May 31st.
5. **Nursing Report** ~ Tammy Pokorney, CNO summarized the Nursing report that was in the packet. A few highlights from the Nursing Department Report are that 3 new permanent nurses have been hired, and the clinic nurse that replaced Gladah Hicks has been in place for approximately 3 weeks. LTC Census is at 10, and 2 Swing beds are occupied. Point Click Care is fully operational, Relias Learning Management System go live is 3/31, Evident is moving along, Manager initial training will be April 23rd-25th, LEAN training is April 16th-20th.
6. **Quality Improvement Report** ~ Tammy Pokorney, CNO reported to the board that the Quality Report is in the packet.
7. **Infection Control Report** ~ Tammy Pokorney, CNO reported to the board that the Infection Control Report is in the packet.

G. **CORRESPONDENCE** ~ None

H. **ACTI ON I TEMS**

1. **CCMC Corporate Compliance Plan**

M/ Horton S/ Bennett "I move that the CCMC Authority Board of Directors approve the CCMC Corporate Compliance Plan as presented."

4 yeas, 0 nay

Motion passed.

2. **Behavioral Health Grant Audit**

M/ Horton S/ Bennett "I move that the CCMC Authority Board of Directors approve the State required Behavioral Health Audit to be performed by Dingus, Zarecor & Associates PLLC at a cost not to exceed \$2,500."

4 yeas, 0 nay

Motion passed.

3. **Upgrade to Digital Radiology**

M/ Horton S/ Bennett “I move that the CCMC Authority Board of Directors approve the upgrade to Digital Radiology for \$56,509 as requested.”

4 yeas. 0 nay

Motion passed.

I. DISCUSSION ITEMS

1. Board Vacancy

A vote on the Board Vacancy will be at the May Meeting.

2. Sound Alternatives Update

Scot Mitchell explained that CCMC was notified that the DD Grant of \$26k will be eliminated. The telepsychiatrist has been working with the systems and getting them to speak. The Mental Health Trust has offered to help with the integration of Behavioral Health with the Clinic. Thank you to staff for all of the hard work they have been doing to help get the department back on solid footing.

J. AUDIENCE PARTICIPATION

Rona Haberman, Clinician at Sound Alternatives stated that they work really hard. And that she feels fortunate to be in this town and she’s grateful that this hospital is willing to continue these services.

K. BOARD MEMBERS COMMENTS

Horton ~ I appreciate everyone’s hard work, and Lee you’re going to be missed.

Carpenter ~ Thanks to Sound Alternatives Staff for sticking through this process, thank you staff for the reports too.

Bennett ~ Thank you to everyone.

Ronnegard ~ Nothing right now.

The Board of Directors and CEO Scot Mitchell had a brief discussion and all agreed that going forward the Board Meetings will be the last Thursday of the month rather than the 4th Thursday.

L. EXECUTIVE SESSION ~ None

M. ADJOURNMENT

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

Carpenter declared the meeting adjourned at 8:05pm.

Prepared by: Faith Wheeler-Jeppson



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CEO Report to the CCMC Authority Board of Directors
May 31, 2018
Scot Mitchell, CEO

The Big Picture

As you know the recent situation regarding our telecommunications service has caused a lot of confusion in the community. The FCC has apparently expressed concerns about the high cost of services here in Alaska, and have been conducting an audit of Alaska Communications Service (ACS) since last year. CCMC is charged around \$80,000 per month for our telecommunications service from ACS. We have to pay around \$1,000 per month of this bill, the rest is paid to ACS through the USAC Rural Health Care (RHC) program. While CCMC pays its monthly bill, ASC has not received any of the RHC payments from the USAC since last summer.

ASC recently sent me a letter saying they were going to cancel our telecommunications services at the end of June if we do not pay them the almost one million dollars they are owed from the RHC program. The FCC subsequently sent ACS a letter letting them know that they are bound by contract to continuing providing these services until November of this year, and that they cannot cancel our services as they stated.

We have been working diligently on finding a resolution to this issue. We feel that ACS will not break their contract, but we have also been having discussions with other telecommunications providers to provide these services to CCMC should we need to make a change. I have also been working with our elected delegation and others to try to get a resolution through the government.

Another issue with this same USAC program is that the FCC has recently announced a change to how they pay for these services. Previously they covered 100% of the difference between what we are charged for telecommunications services and what the normal charges are for those services in an urban area. This is the difference between the \$80,000 charges and the \$1,000 that we actually pay each month. With these reductions in payments, our monthly bill will increase to around \$13,000 per month. We have been working with others such as ASHNA, AHA, NRHA, and our elected officials to try to get this reversed.

The Alaska Legislature has adjourned for this session. Here are a few of the bills that passed and other legislative issues pertaining to CCMC.

- The last few days of the session were a flurry of activity regarding the Medicaid supplemental funding. \$48 million was needed to cover the last few weeks of the 2018 fiscal year, but the supplemental was passed at only \$28 million. This means Medicaid will run out of money a few weeks before the end of the fiscal year on June 30th. DHSS has agreed to a payment plan that will allow smaller providers, like CCMC, to continue receiving payments without any interruptions. This does create a larger gap in the Medicaid budget for FYE 2019, so we will have a similar issue that will need to resolve the funding shortfall next year.

- The Department of Health and Social Services budget was reduced by \$30 million to try to move more rapidly on tribal claiming, but the Department believes that only about \$20 million of that will be realized. This could leave a \$10 million general fund deficit on the Medicaid budget next fiscal year.
- SB 169 allows the DHSS to require direct supervision of behavioral health providers by a physician. We're waiting to see how this might impact CCMC.
- SB 108 allows the Executive Secretary of the State Medical Board to grant a physician license in certain circumstances without having to wait for the full board to meet. This has the potential to reduce the time it takes to have a physician licensed in Alaska.
- HB 123 requires health care providers to annually compile and post a list of 60 commonly performed services to include the undiscounted price and any facility fees. It also requires providing a good faith estimate of the cost for any non-emergency health care services as requested by a patient. This new law could prove to be very onerous on all hospitals in Alaska. We are researching the capability of our new EHR system to meet the good faith estimate provision of this law.
- SB 63 prohibits smoking in enclosed spaces in public places along with some other outdoor locations.

Status Updates

Service:

- We continue our efforts at moving the behavioral health services provided by Sound Alternatives into a model that is integrated into the family medicine clinic. Several consultants have started working with us to provide assistance and guidance on our improvement plans. The Alaska Mental Health Trust Authority has again provided us with funding to help with the implementation of our improvement plans for addressing the operational issues within Sound Alternatives. As part of the reorganization and improvement plan, we have changed our staffing plans to include Program Manager and Clinical Supervisor positions. These changes will allow us to become more efficient in the operational aspects of our behavioral health services. The Sound Alternatives staff continue to step up and assist to help make this conversion successful.
- The implementation process for the Thrive EHR system continues. Staff has been involved in numerous training sessions and helping with the build of the system for our facility. This implementation process has not gone as smoothly as the PointClickCare EHR system for the nursing home, but the estimated August 1st go live still appears feasible.
- The project to add an uninterruptable power supply (UPS) for the CT scanner is progressing nicely. The UPS unit is onsite and installation is going as expected. This has been a long and drawn out project, but we are finally seeing it come to fruition.

Quality:

- We have been notified by the Centers for Medicare and Medicaid Services (CMS) that they are fining us \$25,100 as a result of the long term care survey they conducted late last year. The fine is much lower than they would normally levy due to our financial situation. We have been fighting the unjust findings from this survey since they left. CMS will reduce the fines by 35% if we opt to not file an Informal Dispute Resolution (IDR) to their findings. This amounts to extortion, but due to the financial costs we would incur fighting this unjust survey, I've spoken with our legal counsel and decided to not file an IDR and accept the lower fines. I have been working with other nursing home industry people to try to fight the way the federal surveyors treated our staff and Alaska nursing homes in general. We will continue this effort, despite not filing the IDR, simply due to the cost of fighting the federal government.
- We renewed our contract with Healthcare Quality Service, associated with Washington Hospital Services to perform external peer review of patient charts. As part of our Quality Improvement processes, we will be sending a random sample of charts from each physician, each quarter, to be reviewed by another physician. This is the company that we've been contracted with to perform external peer review of patient charts. We are going to be changing the way we use this service, and will be sending randomly selected charts for review on a routine basis. This will be in addition to any peer review cases requested for other reasons.

- Kelly Kedzierski, our Quality Improvement Nurse will attend the Board meeting this month to provide an overview of our Infection Control process during the Board Development agenda item. This will provide a more detailed overview of the steps we take to meet the regulatory requirements for preventing and treating infections, along with an overview of our antibiotic stewardship program.
- We are close to finalizing the first phase of our LEAN training and projects. We will plan on providing a synopsis of this project to the Board at the June meeting.

Finance:

- With Lee Holter's resignation as CFO, we are working on a strategy for this position going forward. We've looked at a couple options for an interim CFO, and Lee Bennett, who has served as interim CFO at CCMC previously, has agreed to help out until we develop a plan. I am also researching another option that would provide us with a team approach to addressing the financial issues. This approach would have a team with a CFO, controller, revenue cycle, accounts payable and materials management experts. These people would be onsite part time and then also provide services remotely.
- We are still waiting on the audit report for 2017. Once we receive it, we'll set up a time for the accountants from Dingus, Zarecor & Associates to present it to the Board.

People:

- Tammy Pokorney has been working on bringing advanced training for the nursing staff to CCMC. She has the following courses in the works: Trauma Nurse Core Course (TNCC), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS). The advanced courses will be taught here at CCMC, and provides an opportunity for our nurses to maintain their competency in these areas. Nurses from Ilanka and some personnel from the City of Cordova EMS will also be invited to participate.
- As mentioned above, we are continuing our re-organization with our behavioral health services. We are continuing to adjust our staffing levels and prepare for the ultimate goal of integrating the behavioral health services with the medical clinic.
- Our staff continue to be actively involved in training and preparation for the implementation of our new EHR in August.
- As part of the Emergency Preparedness grant that we previously received, we were able to purchase ten handheld radios so our staff will be able to communicate more clearly with local emergency services during disasters. On May 24th, the State Department of Health and Social Services provided training on the use of these new radios and how to communicate with local and state-wide emergency personnel.
- At the request of the Medical Staff, we are conducting research into changing our physician model from where we currently employ them, to an independent contractor model. If ultimately we make this move, we will be able to recruit another physician to share call with our current physicians, without increasing the costs to CCMC.

Growth:

- Dr. Bradford Fenton conducted his first visit at CCMC to see patients on May 4, 2018. We heard some nice comments from patients and staff about Dr. Fenton. His next OB-GYN specialty clinic is scheduled for August 17th.
- We have tried to schedule Dr. Susan Beesley, Pediatrician for a couple visits this summer, but with the Ravn flight schedule changes, we have not yet been able to work this out. We should be bringing privileges requests for Dr. Wesley Gifford, Pediatrician to the Board at the June meeting. Dr. Gifford will be starting to work with the Alaska Neonatology Associates later this summer, and is tentatively planning to have quarterly pediatric clinic visits to Cordova starting this fall.
- We are actively recruiting additional physicians who would be able to help provide coverage for when Drs. Blackadar and Sanders take time off. I have spoken with some locum tenens firms as well as individual physicians about this opportunity.

Community:

- We recently purchased a wheelchair lift van using funds that have been donated to CCMC over the years for this purpose. Once we get everything ready, we will have a celebration to thank everyone in the community who donated funds to help us with this purchase. This van will also help us address one of the improvement plan items from the evacuation of the hospital during the tsunami warning in January.
- My next “Lunch with the CEO” will be held June 19th. As in the past, I would like to invite one of the Board members to attend. I use this as an opportunity to invite local community and business leaders to come to CCMC and provide them with an update on some of the activities we are involved in, along with some of the challenges that we face.
- I was recently asked to provide a presentation to the Statewide Healthcare Coalition on how CCMC evacuated during the tsunami warning earlier this year. This is a group of healthcare and governmental representatives who are involved in the emergency planning activities for Alaska. As a result of hearing this presentation, Providence Valdez Medical Center has asked me to give a presentation to their Emergency Planning Committee next month. We have received numerous inquiries about how we were able to evacuate the facility so quickly. It’s nice for our facility and employees to be recognized for the amazing work they did that night.
- I wanted to let the Board know that I have recently been elected as the Vice President of the Board for the Cordova Chamber of Commerce. I have been on the Chamber Board for over a year now, and I also participate on the Economic Development Committee. As another community involvement activity, earlier this month I spent a few hours with the local EMS crews providing some training for them on emergency scene management. My past experience as a paramedic allowed me to give them some pointers on how to efficiently and effectively treat patients and get them to the hospital as quickly and safely as possible.



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Date: May 22, 2018
To: CCMC Authority Board of Directors
From: Chief Nursing Officer, Tammy Pokorney, RN
RE: Nursing Report

May 2018 Nursing Activity Update:

1. Staffing:
 - a. Nursing staffing continues to be adequate. We have additional ER travelers over the summer for coverage of training for the new electronic health record.
 - b. The LTC DON interim will train an inbound nurse and we will “grow our own” leadership.
 - c. One CNA was audited for certification and passed thanks to our new learning management system and Kelly Kedzierski’s organizational skills.
 - d. The Dietary/Activities staffing is adequate, although volunteers are always welcome.
2. Census:
 - a. LTC census is 10 residents. Currently, we have 1 Swing beds occupied.
3. The ongoing challenges:
 - a. Technology innovations-See #4. (UNCHANGED)
 - b. Training-requirements for compliance and innovations require additional time.(UNCHANGED)
 - c. Surveys-Continue with the current plans and prepare for the CAH survey in the coming months.
 - d. “Life cycle” management is ongoing with bids for equipment replacement coming in weekly. Expect to have a 90% solution of “must haves” by 15 Jun.
 - e. Trauma training! We are bringing a Trauma Nursing Core Course to Cordova with 6 CCMC and 2 Ilanka nurses attending. We were awarded a \$500 grant from AK Emergency Nurses Association to defer some costs. Training 6 CCMC nurses in ANC for this course would have been nearly \$10K, the course here will be approximately \$3K.
4. Systems being implemented at this time:
 - a. Point Click Care-is fully operational for our current patient population. Newest analytics will be visible after next MDS submissions in Jun.
 - b. Relias Learning Management System-Clinical and Non-Clinical Compliance training plans have been established with a completion date of 30 Jun 2018 required. This will align with the CAH survey for the fall.
 - c. EVIDENT-Continue to tweak the system to meet CCMC needs and requirements. Training at present is not the ideal format for a small facility with limited staff. Working with the implementation team for effective alternatives.
5. LEAN training occurred 16-20 April. 5 Instructors Report out on Friday 25 May for 5 projects. Anticipate a list of possible projects by 30 Jun.
6. The UAA staff visited Cordova for an ADN/RN program with clinical support/training completed here at CCMC beginning in 2019. Interest is high and interoperability with PWSC and UAA will continue.
7. Please review the quality reports from Kelly.

Please let me know if there are any questions.

Tammy Pokorney
CNO

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: May 2018 Quality Improvement Report

Quality Improvement

CCMC is dedicated to the highest level of professional and ethical standards in our service to the community. Improving the quality and safety of health care services remains a key concern to CCMC. CCMC continues to work hard toward developing appropriate organizational strategies, incentives and cultures to support delivery of quality and safety with in our organization. The improvements attained by CCMC thus far are the results of clearly and consistently focusing on the principles outlined in the 2018 Quality Improvement Plan. The CCMC team is continuously and consistently working hard to build a healthcare system that focuses on keeping our community healthy, provides appropriate and timely access to excellent healthcare, and provides the right care, at the right time, in the right place, all the while promoting focused improvement.

CCMC continues to use national benchmarks provided by national associations, clinical organizations, and federal and state provided databases such as WSHA Partnership for Patients. The organization will continue to monitor progress toward goals by comparing its results to these benchmarks and its historical performance.

- Currently we are meeting on a monthly basis.
- The last Quality meeting was held on May 9, 2018 where we discussed -
 - LEAN- We have done 5 projects in Lean for process improvements and will be presenting them to our LEAN instructor on Friday May 25, 2018.
 - Evident-New HER- we are currently working on the build along with staff education on our new Electronic Health Record this is an ongoing quality improvement effort.
 - Ongoing Improvement Activities
- To ensure that we are in compliance with all of the Plans of Corrections from our recent Surveys. Each department manager brings their documentation for all of the committee members to view. This gives the committee the data we need so we are able to evaluate our progress toward each quality goal. Each department has been diligent in bringing their documentation or giving the committee report of their ongoing progress.