



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
July 25th 2019 at 6:00PM
REGULAR MEETING

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

Board of Directors

Greg Meyer exp. 3/22
Kristin Carpenter exp. 3/20
Linnea Ronnegard exp. 3/21
Gary Graham exp. 3/21
VACANT exp. 3/22

CCMC CEO

Randall Draney

OPENING: Call to Order

Roll Call – Greg Meyer, Linnea Ronnegard, Kristin Carpenter, and Gary Graham.
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. Business Office Update

E. APPROVAL OF MINUTES

F. REPORTS OF OFFICER and ADVISORS

1. Board Chair Report
2. CEO Report Pg 1
3. Finance Report Pg 2
4. Ancillary Services Report Pg 3
5. Medical Director's Quarterly Report Pg 4
6. LTC Nursing Report Pg 5
7. CAH Nursing Report Pg 6
8. Quality Improvement/Infection Control Report Pgs 7-10
9. Sound Alternatives Quarterly Report Pgs 11-13

G. CORRESPONDENCE

H. ACTION ITEMS

1. CEO Contract Pg 14
2. Authorization to Provide Statistical and Financial Data to NVE Pg 15
3. Delineation of Privileges for Alaska Regional Hospital Telemedicine Providers Pg 16

I. DISCUSSION ITEMS

1. 2019 Alaska State of Reform Health Policy Conference Pgs 17-19
2. Small Group Meeting Update
3. PERS Update
4. NVE/CCMC Types of Relationships

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

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

K. BOARD MEMBERS COMMENTS

L. EXECUTIVE SESSION

1. CEO Contract

M. ADJOURNMENT

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

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

CFO June activities and July plan

- I met individually with key staff and business office staff to re-evaluate job functions and priorities. I still have a few staff to meet with.
- For June my plan was to Identify mission critical functions, who is responsible, and what our status is, along with plans of correction. I did create a “functions list” identifying the person responsible and I now need to circle back and focus on priorities, status, and plans for correction.

Creation of marketing committee

- We have created a marketing committee with Andrew Goss, Dietary manager, as its chair. The idea would be to come up with ideas that we can implement to promote the hospital and services to the community, as well as benefit the community.

Meetings with Ilanka Clinic

- I have recently met with Kari Collins and Cindy Bradford as a result of the “small group” meeting held last week. I was able to tour the facility and meet the staff. Our discussions focused on “patient” topics, as opposed to “politics.” We will be meeting again the week of the 22nd to talk about radiology imaging services and also documentation for Ilanka patients seen in the Emergency Room. We agreed to meet every other week to discuss topics related to patient care.

Status Updates

Service:

Quality:

Finance:

- See the “Financial report to the Board” report.

People:

- We have hired a behavioral health clinician, Dennis Manson, a Licensed Clinical Professional Counselor. Our staffing is now complete for our behavioral health program.
- The wife of Dennis, Claudette Manson, is a medical social worker and we have hired her to replace Holly Urton, Admissions Coordinator. Holly is going out on maternity leave and then will return part-time to primarily assist Holly Rikkola with medical records duties. This will allow Holly Rikkola to give greater assistance in the billing and collection function.

Growth:

- Laura Henneker, clinic nurse practitioner, and Dr. Woelk will be guests on the KCHU Coffee Break show on July 24 at 9pm. The goal is to highlight our providers and also provide information to benefit the community. This is a result of ideas created in our Marketing Committee.

Community:

- Hospital volunteers did a great job with game booths during the recent 4th of July celebration in town and also the recent Salmon Jam. This was a result of ideas from the Marketing Committee and powered by hospital volunteer staff. From comments received, this was well received by the community.

FINANCIAL REPORT TO THE BOARD

July 25, 2019

Randall Draney, CEO

Financial Statements

The financial statements will be presented at the board meeting.

Accounting

Improving the bank reconciliation process is still ongoing. The withdrawal part of the reconciliation is working well but the deposits reconciliation still needs improvement. We are putting processes in place to match books to bank on a daily basis but this will take more time to work smoothly.

Billing and Collections

We are in the process of switching "clearing house" companies from Trizetto to TruBridge. Mariesa Woods, Business Office Manager, will give an "educational" report on how this is going.

Financial Auditors

The auditors are on schedule to produce a draft audit by the end of July.

Status of Revenue Cycle Processes

		Perform %	
1	Functioning computer system (financial portion)		
	System reports all charges	80%	no change
	Resolution of numerous issues - working with Evident	50%	no change
	Integration of lab with Quest/CPSI	30%	no change
2	Staff understands how to use system		
	Unit clerk training on patient registration	95%	no change
	Patient registration functioning	95%	no change
3	Processes in place that affect revenue cycle		
	Provider enrollment with insurance companies	75%	improving
	Processes between BH, Medical Records, Business office	90%	Up 10%
	Quality oversight (continuous process improvement)	80%	Up 20%
	Chart review for quality and to catch all charges	100%	no change
4	Effective billing and collection function		
	AVEC (outsourced billing company) performance	70%	no change
	TruBridge being implemented to finish 7.15.19	80%	up 60%
5	Effective collections on old receivables		
	(Looking for a local person to work receivables and other)	30%	up 10%

Board of Director's July 2019 Report

Clinic & Ancillary Services

Clinic

Laura Henneker has settled into the community and is being well-received by patients. She is scheduled full-time in the Clinic and sees the majority of walk-in and worker's compensation patients as well as established patients. The emergency room on-call provider sees ER follow-up patients as well as overflow patients in the Clinic.

Laura sees all our wound care patients and has been taking over all of Dr. Sanders's regular patients. Dr. Woelk does most procedures for the Clinic. Both providers will be on the Coffee Break hour of KCHU, the NPR station out of Valdez, on Wednesday, July 24.

The next Pediatric Clinic with Dr. Gifford is July 26.

The next Sleep Clinic is August 1.

Lab/Radiology/PT

I have met with employees to learn about current processes, ask about department needs, and talk about scheduling.

CCMC is pursuing a contract for radiology services with Alaska Imaging in Anchorage. Radiology reads from the company we are currently using, VRAD, have not been consistently timely or thorough. Scot and Dr. Sanders have spoken with Alaska Imaging and believe they will provide a much better service to CCMC as well as not require a monthly minimum fee. Having images available based in Anchorage will make sharing images directly with specialists such as Orthopedic Physicians Alaska much easier.

I am currently working on priorities in each department and will develop a workflow and timeline for each as I settle into the role of Ancillary Services Director.

Medical Director Report to the Board of Director's

7/17/2019

Quarter II 2019

Summer is in full swing here in Cordova. All departments of the hospital continue to be busy with the influx of summer visitors to Cordova.

Specialty and outpatient services: We continue to develop service lines. Our clinic continues to offer sleep medicine services with outpatient sleep studies and access to durable medical equipment fitted and dispensed here at our facility. Wound care services are growing as providers and patients see the benefit of excellent wound management by Laura Henneker, NP. Dr. Gifford, pediatrician will continue quarterly visits and is a valuable resource to our community.

Emergency Room: As usual for the summer, we have seen an influx of emergency patients and our ER wait times continue to be very minimal. We continue joint quarterly training with EMS. We have benefited greatly from highly trained stable long term nursing staff. We welcomed Dr. Harper, a board certified ER physician, who brings years of experience and knowledge to our facility, we are lucky to have him back in Cordova.

Long Term and Hospital Based Care - We continue to provide excellent inpatient and rehabilitation care for our community. The CNAs do an exceptional job of caring for our residents and their compassionate care is evident throughout the facility. At this time all 10 long term care beds are full and we have 2 patients waiting for LTC placement at our facility.

The hospital has shown resilience and strength as we continue to grow and improve our services during both high volume seasons and leadership staffing changes. Thanks to dedicated staff, we have become more involved in community events over the last quarter. We have had volunteers at community events providing carnival style children's games (also played by many adults). CCMC employees have clearly enjoyed engaging in these activities.

Please let me know if you have any questions

Hannah Sanders, MD



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Date: July 25th 2019
To: CCMC Authority Board of Directors
From: Director of Long Term Care, Kadee Goss RN
RE: Nursing Report

- We are still at 10 LTC patients.
- We are continuing our focus on safety for all residents.
- We work together to improve care and communication for all resident needs.
- We are continuing to update and improve our facility with paint, buffing/waxing the floors and resident specific stickers to brighten up their rooms.

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

- Staffing:
 - Nursing staffing continues to be adequate. We have 6 permanent nursing staff as we recently hired 2 new permanent nurses. We also have 2 traveler nurses. I am excited and proud to announce that one of the travelers has written a letter of intent requesting to sign on as permanent staff as soon as their travel contract is complete and a second traveler who has also expressed verbally a desire to sign on as permanent staff once their contract ends.
- Census:
 - LTC census is 10. Currently, we have 2 swing bed occupied.
- The ongoing challenges:

Training-

- There have been bi-weekly meetings with Registration/Unit Clerks to collaborate our efforts in improving registration processes.
- We hold monthly Nursing staff meetings. We address many different topics in these meetings with patient safety being the key focus.
- CCMC has been having all nursing staff, registration and ancillary staff continue education and training in the Evident EHR.

Kelly Kedzierski, RN

CAH-DON

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

Quality Improvement

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

Currently we are meeting on a monthly basis. The last Quality meeting was held on June 26th, 2019 where we discussed:

- Activities ongoing:
 - Environmental services are actively and aggressively cleaning floors, walls door handles, and all high touch surface areas throughout the entire building.
 - Environment of care rounds are ongoing.
 - Maintenance has been creating work orders from the Environment of care rounds and are current and up to date with completing all work orders.
 - Dietary department has been working on new menu and a faster more efficient food and supply ordering process.
 - Nursing daily chart audits have been successful in viewing proper charges and documentation.

- Our next Quality meeting will be held on August 20th, 2019.

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

Infection Control

- The last meeting was held on June 5th, 2019. Our next meeting will be on September 5th 2019.
- CCMC continues to work hard toward infection prevention with ongoing hand hygiene, standard precautions, and a great team of employees in each and every department working toward the common goal of optimal health and safety of our community.

Fun Facts: How Infections Spread per the CDC

Germs are a part of everyday life and are found in our air, soil, water, and in and on our bodies. Some germs are helpful, others are harmful. Many germs live in and on our bodies without causing harm and some even help us to stay healthy. Only a small portion of germs are known to cause infection.

How Do Infections Occur?

An infection occurs when germs enter the body, increase in number, and cause a reaction of the body.

Three things are necessary for an infection to occur:

Source:

A Source is an infectious agent or germ and refers to a virus, bacteria, or other microbe. In healthcare settings, germs are found in many places. People are one source of germs including:

- Patients
- Healthcare workers
- Visitors and household members

People can be sick with symptoms of an infection or colonized with germs (not have symptoms of an infection but able to pass the germs to others).

Germs are also found in the healthcare environment. Examples of environmental sources of germs include:

- Dry surfaces in patient care areas (e.g., bed rails, medical equipment, countertops, and tables)
- Wet surfaces, moist environments, and biofilms (e.g., cooling towers, faucets and sinks, and equipment such as ventilators)
- Indwelling medical devices (e.g., catheters and IV lines)
- Dust or decaying debris (e.g., construction dust or wet materials from water leaks)

Susceptible Person:

A susceptible person is someone who is not vaccinated or otherwise immune, or a person with a weakened immune system who has a way for the germs to enter the body. For an infection to occur, germs must enter a susceptible person's body and invade tissues, multiply, and cause a reaction.

Devices like IV catheters and surgical incisions can provide an entryway, whereas a healthy immune system helps fight infection.

When patients are sick and receive medical treatment in healthcare facilities, the following factors can increase their susceptibility to infection.

- Patients in healthcare who have underlying medical conditions such as diabetes, cancer, and organ transplantation are at increased risk for infection because often these illnesses decrease the immune system's ability to fight infection.
- Certain medications used to treat medical conditions, such as antibiotics, steroids, and certain cancer fighting medications increase the risk of some types of infections.
- Lifesaving medical treatments and procedures used in healthcare such as urinary catheters, tubes, and surgery increase the risk of infection by providing additional ways that germs can enter the body.

Recognizing the factors that increase patients' susceptibility to infection allows providers to recognize risks and perform basic infection prevention measures to prevent infection from occurring.

Transmission:

Transmission refers to the way germs are moved to the susceptible person.

Germs don't move themselves. Germs depend on people, the environment, and/or medical equipment to move in healthcare settings.

There are a few general ways that germs travel in healthcare settings – through contact (i.e., touching), sprays and splashes, inhalation, and sharps injuries (i.e., when someone is accidentally stuck with a used needle or sharp instrument).

- Contact moves germs by touch (example: MRSA or VRE). For example, healthcare provider hands become contaminated by touching germs present on medical equipment or high touch surfaces and then carry the germs on their hands and spread to a susceptible person when proper hand hygiene is not performed before touching the susceptible person.
- Sprays and splashes occur when an infected person coughs or sneezes, creating droplets which carry germs short distances (within approximately 6 feet). These germs can land on a susceptible person's eyes, nose, or mouth and can cause infection (example: pertussis or meningitis).
 - Close range inhalation occurs when a droplet containing germs is small enough to breathe in but not durable over distance.
- Inhalation occurs when germs are aerosolized in tiny particles that survive on air currents over great distances and time and reach a susceptible person. Airborne transmission can occur when infected patients cough, talk, or sneeze germs into the air (example: TB or measles), or when germs are aerosolized by medical equipment or by dust from a construction zone (example: Nontuberculous mycobacteria or aspergillus).
- Sharps injuries can lead to infections (example: HIV, HBV, HCV) when bloodborne pathogens enter a person through a skin puncture by a used needle or sharp instrument.

January Board Report

Sound Alternatives Behavioral Health and Developmental Disabilities Services

Barb Jewell-Behavioral Health Program Manager

Behavioral Health

Our client numbers are slightly decreasing which has been common during this time of year but is perhaps exacerbated by staff turnover as well. We currently have 30 clients on our case load but I expect this number to drop as several have either completed treatment or dropped out. We enrolled two new clients over the last month. Barriers to clients participating in treatment per their reports include cost/lack of insurance and lack of permanent providers.

We had one travelling clinician leave and another start. An in person interview for a strong permanent candidate is scheduled for early February. We are continuing to work on bringing on a tele-psychiatrist. The process is slow due both to a lack of providers statewide and the cumbersome licensing and credentialing process in Alaska.

I have been participating in a number of community and statewide work groups. The Cordova Coalition for a Healthy Community is a group of local service providers that meet monthly to network and identify gaps in services and strategies to address these gaps. In an effort to become more effective and efficient, the Coalition is working on formalizing its structure. This will enable the group to apply for grants, implement services and share data more effectively. The Coalition, with leadership from CFRC recently completed a comprehensive community needs assessment and is working on strategies identified to improve community health outcomes including substance use and interpersonal violence rates. Participation in this group additionally allows Sound Alternatives to meet grant requirements.

Recently I have been participating in the ASHNA Acute Behavioral Health Workgroup. This group was formed as a result of the severe shortage of services for people experiencing a mental health crisis. The group has been meeting monthly to develop both short and long term strategies. Actions under consideration include standardizing screening and treatment protocols, developing additional inpatient beds, initiating trauma informed practices in Emergency rooms, and streamlining provider credentialing. While this situation does not occur often in Cordova, when it does, these issues create challenges in our hospital and our voice ensures that the needs of rural hospitals are a part of the conversation.

We have been focusing on community outreach efforts in the last month and will continue to do so. Our clinicians presented to High School staff in December and I am working with the schools to identify their needs. We hosted our annual open house on December 30th and were pleased with the number of clients, staff and community members who attended.

Our Substance Abuse Group, Living in Balance, starts January 24th.

Developmental Disabilities

The new Waiver program for people with Developmental Disabilities is fully in effect. All our enrolled participants have formal Plans of Care in place which allows us to have a better idea of how many hours of service may be required and how many staff will be needed. We are starting to receive applications for Direct Service Providers which will better allow us to meet our participants' needs. Lifeskills classes are continuing and have been a great success; participants are excited about it and learning and implementing their skills. We currently have 4 participants enrolled in DD services with a 5th on the State waitlist. Outreach is again a focus for this area of service.

July Board Report

Sound Alternatives Behavioral Health and Developmental Disabilities Services

Barb Jewell-Behavioral Health Program Manager

Behavioral Health

A great deal has been accomplished since my last report in January. We have hired a permanent Clinician, Ruby Vincent, LCSW, who arrived at the end of April. Ruby moved here from Virginia. She has quickly fit in with the team and the clients. Our temporary Clinician, Elain Maggi signed on for a second and third tour, but will be leaving us at the end of the month to return to her home in Montana. We have hired a second permanent clinician, Dennis Manson. He is an LCPC in Montana and will be completing the related License application for Alaska. Dennis will come on board at the end of August. Sound Alternatives will be fully staffed for the first time in over a year. Additionally, we have on boarded a telepsychiatrist, Dr. Frances Aledo who has been seeing patients for the past month. It has been a slow start up as clients get use to the telehealth format and we get the word out that the service is available.

Client numbers have increased approximately 20% over the past two quarters. We have seen a recent upturn in the number of children referred for services. Our number of visits has been low but consistent with previous summers. Also of note, we have more emergency calls in the last two weeks than in the past nine months combined.

Sound Alternatives applied for and was awarded a grant from the Alaska Children's Trust to provide Parenting Education and Support for the community. Currently, to participate in these services a person must be enrolled in our behavioral health services and meet certain treatment criteria. With the grant we are able to expand these supports to community members. In addition to parenting groups, we will be holding a series of community events over the next year to provide information about child development, parenting, and family resources and opportunities for networking and building social supports. The project will be implemented in partnership with CFRC and the Coalition for a Healthy Community.

As you are aware, the current budget and legislative actions have created a great deal of uncertainty over funding. As of today, the budget line item that funds approximately 65% of Sound Alternative Behavioral Health services is slated to take an 18% cut. This cut is not supposed to be applied across the board, but we do not have a firm answer as to what our funding will look like for FY20. We have been more successful at billing for services and capturing revenues so are in a better position to absorb any cuts than we were a year ago.

Another change that is taking place in the funding stream for behavioral health services is the State of Alaska's 1115 Waiver plan which will shift all services to a fee for service model over the next two years. This shift will require additional credentialing for both the organization and individual service providers. The 1115 Waiver may also offer opportunities for providing additional services on both the clinic and the hospital sides of CCMC.

Developmental Disabilities:

We continue to have 4 participants with a 5th on the State's waitlist for services. Lifeskill classes continue to be offered twice a week when participants are here. We applied for funding to send two participants and a service provider to Camp Shriver and Special Olympics for the 5th year. They build

valuable life and employment skills during their time. Both were invited back to be counselors for the second year in a row.

We applied for and received Complex Behavior Collaborative services (and the funding to cover the cost) for one of our high needs participants. This program provides training for staff and families by an Applied Behavior Analyst (ABA) on managing and improving complex and unsafe behaviors, particularly aggression and self-harm. Our ABA has already visited once to provide training and will come at least two more times in the next three months. The training is designed not only to benefit the participant, but also strengthen the agency's and community's capacity to care for individuals with developmental disabilities.

We hired two Direct Service Providers (DSP's) in the last 6 months. One DSP resigned this month. We are recruiting for two more DSP's in order to meet service needs of current participants.



Memorandum

To: CCMC Authority Board of Directors
From: Randall Draney, CCMC CEO
Subject: Approval of CEO Contract
Date: 7/16/2019

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the CEO contract for Randall Draney.”



Memorandum

To: CCMC Authority Board of Directors

From: Randall Draney, CCMC CEO

Subject: Approval of Statistical and Financial Data with NVE

Date: 7/16/2019

Suggested Motion: “I move that the CCMC Authority Board of Directors authorize Randall Draney, CEO to share Statistical and Financial data with The Native Village of Eyak.”



Memorandum

To: CCMC Authority Board of Directors

From: Randall Draney, CCMC CEO

Subject: Approval of Delineation of Privileges for Alaska Regional Hospital
Telemedicine

Date: 7/18/2019

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for the Alaska Regional Hospital Telemedicine providers as presented.”

2019 Alaska State of Reform Health Policy Conference

October 2, 2019 | Alaska

OVERVIEW

CONVENING PANEL

REGISTER

Convening Panel

We are tremendously honored to release our list of Convening Panel members ahead of our 2019 Alaska State of Reform Health Policy Conference!

If you know Alaska health care, then you know this a “who’s who” of senior health care executives and health policy leaders in the state! These folks will help shape our October agenda through a process that launches in the early summer of 2019.

Name	Title	Company
Thea Agnew Bemben	Managing Principal	Agnew Beck Consulting
Jennifer Bundy - Cobb	Vice President	The Wilson Agency

Heather Carpenter	Health Care Policy Advisor	Dept. of Health and Social Services
Nathaniel Currall	Partner	Ketchikan Law Associates
Jeff Davis	President/CEO	United Healthcare Community and State
Melinda Freemon	Executive Director	Anchorage Project Access
Jason Gootee	Vice President, Strategic Market Development	Moda Health Plan
Jim Grazko	President	Alaska Blue Cross Blue Shield
Tammy Green	CEO	ANHC
Sandra Heffern	Consultant	Alaska Health Reform
Roald Helgesen	CEO	Alaska Native Tribal Health Consortium
Becky Hultberg	President/CEO	ASHNHA
Jerry Jenkins	Former Executive Director	Anchorage Community Mental Health Services
Jeff Jessee	Dean, College of Health	University of Alaska - Anchorage
Rhonda Johnson	Professor of Public Health	University of Alaska - Anchorage
Leila Kimbrell	State Director	Office of Senator Lisa Murkowski
David Kinard	Senior Vice President, Business Development	Physicians Insurance
Noah Laufer	Physician	Medical Park Family Care
Nancy Merriman	Executive Director	Alaska Primary Care Association
Jennifer Meyhoff	Senior Vice President	Marsh & McLennan Agency
Robin Minard	Chief Communications Officer	The Mat-Su Health Foundation
Jerry Moses	Senior Director, Intergovernmental	ANTHC

Affairs

Brandon Ousley	CEO	Anchorage Fracture and Orthopedic
Jocelyn Pemberton	CEO	The Alaska Hospitalist Group
Natasha Pineda	Director	Anchorage Health Dept.
Bill Popp	CEO	Anchorage Economic Development Corporation
Noel Rea	Senior Director, Hospital Administrator	NetworxHealth
Stephen Rose	Attorney	Hall Render
Preston Simmons	Chief Executive Alaska	Providence St. Joseph Health
Bill Sorrells	Operations Manager	Conduent State Healthcare
Julie Taylor	CEO	Alaska Regional Hospital
Laura Young	Executive Director	healthConnect Alaska