

# AGENDA COMMUNITY HEALTH SERVICES BOARD Library Conference Room

# SPECIAL MEETING

September 16, 2015 at 6:30pm

At CCMC, we believe that healthy people create a healthy community.

#### **President**

Kristin Carpenter term expires 4/16

#### Vice-President

Tim Joyce term expires 03/17

#### **Secretary**

David Reggiani term expires 03/16

#### **Board Members**

James Burton
term expires 03/16
Tom Bailer
term expires 03/17
Joshua Hallquist
term expires 03/18
Robert Beedle
term expires 03/18

#### **CEO/ Administrator**

Stephen Sundby

## I. OPENING

- A. Call to Order
- B. Roll Call Kristin Carpenter, David Reggiani, Tim Joyce, James Burton, Tom Bailer, Robert Beedle and Josh Hallquist.
- C. Establishment of a Quorum

# II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

- A. Guest Speaker
- B. Audience Comments (limited to 3 minutes per speaker). Speaker must give name and agenda item to which they are addressing.
- III. CONFLICT OF INTEREST
- IV. APPROVAL OF AGENDA
- V. APPROVAL OF CONSENT CALENDAR
- VI. REPORTS AND CORRESPONDENCE
  - A. Administrator's Report ~ Critical Access Hospital Survey
  - B. President's Report
  - C. Finance Report
- VII. ACTION ITEMS ~ None

# VIII. DISCUSSION I TEMS

A. See above VI (A)

# IX. AUDI ENCE PARTI CI PATI ON (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.

- X. BOARD MEMBERS COMMENTS
- XI. EXECUTI VE SESSI ON
- XII. ADJOURNMENT

<sup>\*</sup>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: Health Services Board

From: Stephen Sundby, Ph.D., CCMC Acting Administrator

RE: Administrator Report/CMS Survey

Date: September 16, 2015

CCMC had a Center for Medicaid/Medicare Critical Access Hospital survey (CAH) that brought about questions regarding the CCMC Governance. CCMC will receive a written report within 10 work days from CMS listing the deficiencies from the survey. CCMC will have 10 calendar days from receiving the report to respond with a Plan of Correction (POC). Based on points raised during the surveyor's visit, we anticipate these questions to the CCMC being raised in the surveyor's report and we will need to provide responses in our Plan of Correction:

- Does the membership of the CCMC Governing Board meet the CMS requirements?
- Does the reporting from the CCMC Administration regarding issues (Quality Improvement, P&P's, surveys, annual report) meet CMS requirements?
- Will the elected City Council serving as the Governing Board with an appointed Advisory Board meet the CMS requirements?
- What are the Governing Board considerations for the other programs (LTC, Sound Alternatives, Primary Care Clinic)?
- How often does the CCMC Governing Board need to meet?
- What will be QHR's responsibilities be regarding governance?

# Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

## **Interpretive Guidelines §485.627(a)**

The CAH must have only one governing body (or responsible individual) and this governing body (or responsible individual) is responsible for the conduct of the CAH as an institution. In the absence of an organized governing body, there must be written documentation that identifies the individual or individuals that are responsible for the conduct of the CAH operations.

The governing body (or responsible individual) must determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff.

It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

The governing body (or responsible individual) must ensure that the medical staff has bylaws that comply with State and Federal law and the requirements of the CAH CoP.

The governing body (or responsible individual) decides whether or not to approve medical staff bylaws submitted by the medical staff. The medical staff bylaws and any revisions must be approved by the governing body (or responsible individual) before they are considered effective.

The governing body (or responsible individual) must ensure that the medical staff is accountable to the governing body (or responsible individual) for the quality of care provided to patients. The governing body (or responsible individual) is responsible for the conduct of the CAH and this conduct would include the quality of care provided to patients.

All CAH patients must be under the care of a member of the medical staff or under the care of a practitioner who is under the supervision of a member of the medical staff. All patient care is provided by or in accordance with the orders of a practitioner granted privileges to provide or order that care and is in accordance with State law.

Criteria for selection of both new medical staff members and selection of current medical staff members for continued membership must be based on:

- Individual character;
- Individual competence;
- Individual training;
- Individual experience; and
- Individual judgment

(Rev. 70, Issued: 01-07-11, Effective: 10-01-10 Implementation: 10-01-10)

# §483.75(d) Governing Body

- (1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and
- (2) The governing body appoints the administrator who is—
  - (i) Licensed by the State where licensing is required; and
  - (ii) Responsible for the management of the facility.

Interpretive Guidelines: §483.75(d)(2)(1)

The administrator must be licensed where required by the State.

#### 7 AAC 70.245. Leadership. A behavioral health services provider must

- (1) establish policies and procedures for organizational governance and responsibility;
- (2) have an active governing body empowered to guide, plan, and support the provider in achieving its mission and goals;
- (3) have a written description of the provider's leadership structure, including a description of the roles and responsibilities of each level of leadership;
- (4) demonstrate effective leadership within all areas of the provider's organization by having leaders who
  - (A) engage in both short- and long-term strategic planning;
  - (B) communicate effectively with staff and recipients;
- (C) develop and implement policies and procedures that guide the business and clinical operations of the provider;
  - (D) establish the mission and direction of the organization;
- (E) are responsible for ongoing performance improvement and achievement of established outcomes; and
- (F) solicit and value feedback from recipients, personnel, and other stakeholders to create services that meet or exceed the expectations of recipients;
  - (5) comply with all federal, state, and local laws; and
  - (6) be financially solvent and adhere to established accounting practices. (Eff. 10/1/2011, Register 199)

# **Authority:**

AS 47.05.010	AS 47.30.477	AS 47.30.570	AS 47.30.470
AS 47.30.530	AS 47.37.140	AS 47.30.475	AS 47.30.540