AGENDA
COMMUNITY HEALTH SERVICES BOARD
Cordova Library Conference Room
October 2, 2013 @ 6:15pm

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

I. OPENING

- **A.** Call to Order
- **B.** Roll Call – David Allison, EJ Cheshier, David Reggiani, Bret Bradford, Tim Joyce, Kristin Carpenter, James Burton.
- **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

Minutes from the July 3, 2013 HSB Regular Meeting ~ **Pgs 1-3**

VI. REPORTS AND CORRESPONDENCE

- **A.** Administrator's Report ~ **Pg 4-5**
- **B.** President's Report
- **C.** Finance Report ~ **Pgs 6-8**

VII. ACTION ITEMS

- **A.** Approve CCMC 2014 FY Budget ~ **Pgs 9-13**
- **B.** Recommendation by HSB for Providence Region Community Ministry Board
- **C.** Credential and Privilege Dr. Curtis Bejes
- **D.** Credential and Privilege Dr. Philip Hess

VIII. DISCUSSION ITEMS

- **A.** Review the Community Health Needs Assessment Results and Implementation Plan ~ **Pgs 14-18**
- **B.** Rasmuson Foundation Grant Board Giving Requirements ~ **Pg 19**

IX. 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.

X. BOARD MEMBERS COMMENTS

XI. EXECUTIVE SESSION*

XII. 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
Community Health Services Board
Library Conference Room
July 3, 2013 – 6:45 PM
Regular Meeting

I. CALL TO ORDER AND ROLL CALL –

David Allison called the HSB special meeting to order at 6:45 pm. Board members present: **David Allison, David Reggiani, Bret Bradford, Tim Joyce and Kristin Carpenter.**
A quorum was established.
CCMC staff present: **Theresa Carté,** CEO, **Tim Kelly**, CFO and **Stephen Sundby,** Director, Sound Alternatives.

II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

- **Guest Speakers** – None
- **Audience Comments** – None

III. CONFLICT OF INTEREST – None

IV. APPROVAL OF AGENDA

M/Reggiani S/Joyce move to approve the agenda.
Upon voice vote, motion passed 5-0

V. APPROVAL OF CONSENT CALENDAR

Minutes from the June 5, 2013 HSB Special Meeting.
Vote on Consent Calendar: 5 yeas, o nays. Allison- yes; Reggiani-yes; Bradford-yes; Joyce-yes and Carpenter-yes. Consent Calendar was approved.

VI. REPORTS AND CORRESPONDENCE

- **Administrator's Report**

  Theresa Carté ~ I have a couple of things I want to share with you tonight. On the CT Scanner project we should have the 35% concept drawings by July 8th or 9th, as soon as I have them I'll send it out since our next regularly scheduled board meeting isn't until October 3rd. We're also looking at grant funding for the CT Scanner, the Murdock Trust grant is for half of the cost of the equipment and the Rasmuson Foundation grant is for the building modifications.

  After continued discussion the Board agreed that grant funding would be a viable option and that further information should be brought back.

  Another thing I'd like to discuss is the Annual Review, there are two of them one is the Administrators Review, my annual review and that's in the Management Contract. What Sean and Susan would like to see is, at the first City Council meeting of the year have a discussion on my performance whether in open forum or executive session to provide feedback for Sean and Susan prior to my evaluation in March. And the other is the Master Services agreement, which has a clause that the ancillary services provided by Providence should be reviewed.

That one is very specific around the quality of the services provided. We're thinking of creating a survey that is done by hospital staff on the ancillary services and that will be provided to City Council for review and discussion. Sean would like during the annual evaluation process for a discussion item to be, do you feel that Providence (Sean and Susan) are providing what you need from them?

The Board continued to discuss how management services are evaluated and it was suggested that staff check at Bartlett and Peace Health to see what quantitative method they use to evaluate those services.

- **President's Report** - None
- **Finance Report**

Theresa Carté ~ Our net income was still above our target for the month of May. There were a few major changes that happened since last month, when you looked at the year to date last month it looked like we were in a much better position. We are still on target to exceed our budget expectations; it's just not as good as it was before. The other big thing is that you'll see a lump sum adjustment that came from CMS; we're hoping that we will have that paid off in about 3 months. Sound Alternatives you see has a few corrections as well from the last report, they are still doing very well. They're better than budget, their volumes are slightly down and the reasoning is that they had three full time staff member and they are down to two staff members since February.

VII. ACTION ITEMS

A. Credentialing and Privileging of Mary Jo Elam, PA-C.

M/Reggiani S/Joyce "I move to approve the credentialing and privileging of Mary Jo Elam, PA-C."

Upon voice vote, motion passed 5-0

B. Resolution to update the CCMC check signers.

M/Joyce S/Bradford "I move to approve the resolution of the Cordova Community Health Services Board of the Cordova Community Medical Center designating the representatives authorized for signing checks , non-check payroll tax payments, and cash transfers for Cordova Community Medical Center." (David Allison, E.J. Cheshier, David Reggiani, Bret Bradford, Kristin Carpenter, Theresa Carté and Stephen Sundby)

Upon voice vote, motion passed 5-0

VIII. DISCUSSION ITEMS - None

IX. AUDIENCE PARTICIPATION – None

X. BOARD MEMBERS COMMENTS

Joyce ~ No comment, thank you

Carpenter ~ Thanks for the financial reports, it's nice to have some good solid numbers

Bradford ~ No comment

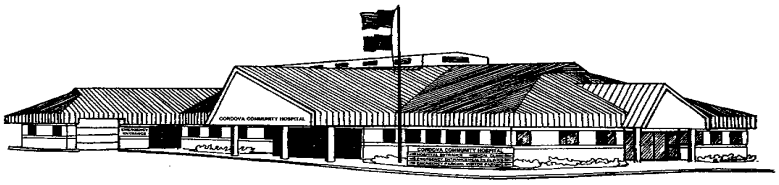
Reggiani ~ No comment
Allison ~ Thanks again to staff

XI. EXECUTIVE SESSION – None

XII. ADJOURNMENT –
M/Reggiani S/Joyce Move to adjourn the meeting.
Allison declared the meeting adjourned at 7:10 pm.

Transcribed by: Faith Wheeler-Jeppson

CORDOVA
COMMUNITY
MEDICAL
CENTER



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ADMINISTRATOR'S REPORT TO THE HEALTH SERVICE BOARD

October 2, 2013 Regular HSB Meeting

Date of Report: September 27, 2013

Staffing

We have hired the following employees since our last Board meeting (7/3/2013).

1) Rona Haberman, LCSW for Sound Alternatives
2) Jim Henkelman, LCSW for CCMC
3) Melissa Brooks, ANP
4) Eric Koch, Night Nurse
5) Darlene Robertson, Casual Nurse
6) Julie Wolf, Casual Massage Therapist

We have the following travelers at this time.

1) 2 night Nurses
2) 1 Advanced Practitioner
3) 1 Physician
4) 1 day Nurse
5) 1 Lab Tech
6) 1 Physical Therapist

Facility

- Ambulance Bay door repairs are planned for the next few weeks.
- Ordered parts for the repair of the drainage in front of the ER entrance.
- Repaired the drainage problem in the kitchen and found a blocked pipe that is the outlet for some of the gutters on the building. This was tracked down and the pipe was opened up to allow the water release in to Odiak pond. This will definitely help with the flooding in B100.
- HVAC repairs are still underway. Expect completion in November. We have seen significant improvements in air handling and room temperatures as a result of work so far. We are expecting a quote on a replacement Chiller which will resolve our issues in the summer.

CT Scanner

We have contracted with Mariko Selle, Grant Writer, Innovative Solutions, to complete our grant applications for Rasmuson and Murdock. We have submitted LOIs to both organizations. We have identified a 16 slice CT Scanner from GE at a reasonable price which meets our requirements and has a good service contract. We may need more money for next steps in our design process with Spark design,

more than the 35% concept designs we have now. We will now more about this soon from our grant process.

Electronic Health Record (EHR) – Healthland Centriq

We have been informed by Healthland that are migration and subsequent go-live have been delayed due to internal issues at Healthland. They have not given us a definitive date yet for the delay. We were scheduled to begin migration of our financial systems in November 2013 with a March 2014 go-live for the hospital and clinic. It now appears this could be as late as October 2014. We are working with Healthland to get a firm date for the transition. We are working with several resources to determine the impact of the delay on our Meaningful Use reimbursement.

Other topics

- We will begin offering flu shots through our Clinic to the community at cost when they come in for a regular visit.
- An issue was identified during the School Physicals process this year. We were offering these physicals for cash only at a reduced rate to assist Cordova families in getting these completed in an affordable way. However, we realize that some families will want to use insurance for this visit. We have modified our process so that everyone will have the option for the cash School Physical or the Annual Well Child visit which is billed to insurance. These options are now being offered to anyone who asks for the school physical in our Clinic.
- We are working on getting State supplied vaccines in our Clinic. This will include pediatric vaccines. We hope to have this in place this year.
- Alaska Statute – Notice of Limited Liability: We have become aware of the need to post a sign near our entrances around the status of our ER providers. Many of our providers are covered under our Insurance policies, some are not. According to this Alaska Statute it requires we post the names of any providers who give service in the ER who are not covered by us. There are other legal requirements around communication of this information. We will begin that process, in compliance with the applicable statute, in the next 4 weeks. [Sec. 09.65.096]

Financial Report for August 2013
By: Timothy Kelly, CFO

Cordova Community Medical Center:

REVENUES

At the end of August 2013, CCMC shows a slight decrease from budget in its total revenue.

- Total Patient Revenues were $1.624M. This is a marked increase over budget and is broken down as follows: $598k was from Medicaid, $319k from Medicare, $480k from other insurances and $227k from self-payers.
- With a large increase over budget in patient revenue and a strong mix of Medicaid and Medicare, there is a noticed increase in deductions from those sources.
- Bad debt has also increased because of the heavy self-payer mix from summer clientele. Additionally, there is an increase in Bad Debt accruals for this year. The Bad Debt accrual is expected to decrease on a monthly basis throughout the year.
- Cost Recoveries are lower than expected, however, this can be attributed to a reduction in grant income because of the new fiscal year.

EXPENSES

Expenses are lower than expected mostly due to reduction in utility costs from summer and HVAC work.

- Wages and benefits are relatively stable; however they are expected to increase toward budget throughout the year. They are currently below budget because of the use of travelers in physical therapy and registered nurses. In September, CCMC hired a Licensed Nurse Practitioner as one of our providers.
- General and Malpractice Insurance is higher due to an increase in rates and the payment of service fees for renewing our policies.
- Supplies are slightly higher because of the busy summer months and an increase need to replenish our medical supplies.
- Utilities and fuel should be a major savings throughout the year. Since the HVAC has been renovated and additional insulation installed in the EFIS system, CCMC is already recording lower utility costs.
- Rental buildings have also increased because of our need to utilize traveling personnel in some areas.

STATISTICS

The statistics for CCMC mostly show a better than budget average. When compared to the same statistics for the previous year, 2013 appears to show an increase in patient volume as predicted by the revenues. The one exception is in the Swing Bed area. During 2012, CCMC had a long term swing bed patient for the months of July and August. In 2013, CCMC anticipates having from one to two rehabilitative patients in its swing beds.

NET AR days shows a longer turn around in the accounts receivable. This is because of the marked increase in the accounts receivable in such a short period of time. Normally NET AR days is calculated on an annual basis.

A major concern of the hospital has been its days' cash on hand (DCOH). While the hospital is showing a profit, this is not the same as cash. CCMC was required to repay Medicare $164,000 for a settlement for FY 2013. The reduction of cash received from Medicare reduced DCOH 8.25 days in the month of August. This settlement was from Fiscal Year 2013 and was due to a increase in swing bed volume. As a result, Medicare reduced its repayment rate and required CCMC to repay the difference.

	Aug-13	Aug-13	2013 YTD	2013 YTD	2012 Aug YTD
	Actual	Budget	Actual	Budget	Actual
Gross Patient Revenue	$ 844,295	$ 680,636	$ 1,623,857	$ 1,361,272	$ 1,451,042
Net Patient Revenue	632,720	569,983	1,181,825	1,139,966	1,206,725
Bad Debt	(58,850)	(29,021)	(101,090)	(58,042)	(2,226)
Cost Recoveries	111,979	139,164	194,046	278,328	203,044
Total Revenue	685,849	680,126	1,274,781	1,360,252	1,407,543
Total Expenses	(548,633)	(696,807)	(1,235,977)	(1,393,615)	(1,352,113)
Net Operating Income (Loss)	137,216	(16,681)	38,803	(33,363)	55,430
Depreciation Expense	(19,266)	(19,195)	(38,533)	(38,390)	(46,204)
Net Income (Loss)	117,950	(35,876)	271	(71,753)	9,226
Full Time Equivalents	70.3	69.3	66.3	71.7	70.5
Acute Average Daily Census	0.35	0.34	0.31	0.34	0.31
Acute Bed Days	11	10.4	19	20.8	19
LTC Average Daily Census	9.42	9.5	9.21	9.5	9.06
LTC Bed Days	292	287.5	571	575	562
Swing Bed Days	0	31.67	9	63.34	60
Medicare Swing Days	0	25	9	50	57
OP Visits	41	22.5	69	45	54
ER Visits	99	58.33	196	116.66	194
Clinic Visits	197	142	395	284	300
Net AR Days	85.39	60	85.39	60	69.13
Days Cash on Hand	2.3	45	2.3	45	24.5

Sound Alternatives Counseling Center:

So far in 2013, the only patient revenue recognized has been through its respite care program in August. Grant revenues are based upon a total of expected grants to date, annualized over the entire year. Total expenses include all department based expenses; however, do not include overhead items such as administrative, building costs and utilities.

	Actual	Budget	Actual	Budget
Gross Patient Revenue	$ 37,900	$ 14,153	$ 37,900	$ 28,306
Net Patient Revenue	37,900	9,720	37,900	19,440
Grant Revenue	39,910	49,133	73,956	98,266
Total Expenses	(45,448)	(49,185)	(107,895)	(98,370)
Net Operating Income (Loss)	32,361	9,668	3,960	19,336
Full Time Equivalents	10.93	13	12.0	13
Visits	83	94	147	188

2014 BUDGET NARRATIVE

To the Cordova City Health Services Board:

The accompanying report shows the proposed budget for calendar year 2014 for Cordova Community Medical Center with comparisons to the three prior fiscal years ended June 30. Fiscal years 2011 and 2012 are audited while FY 2013 is preliminary unaudited but not expected to have substantial changes upon audit.

To assist your understanding, this narrative is to explain category variances between FY 2013 and the 2014 proposed budget.

REVENUE:

- Patient Service Revenue: Of the $900,000 increase, $340,000 is coming from Medicare outpatient, $200,000 from Long Term Care Medicaid, $160,000 from other outpatient and $70,000 from Medicare swing beds. The Medicare and other outpatient increase is due to better billing procedures having been implemented over the 2013 fiscal year, a review of our chargemaster which is being paid for through a federal grant and increased services from having full time Occupational Therapy and the projected addition of CT scanning in the 3rd quarter. The Long Term Care increase comes from adding Occupational Therapy availability. The Medicare swing bed increase is from expected additional use of these beds for Medicare rehabilitation patients with our addition of Occupational Therapy and a licensed social worker.
- Deductions from Revenue: With implementation of a revised chargemaster, better billing procedures and revised allocation of expenses to their proper cost centers implemented over the past year, we will realize greater reimbursement from Medicare and insurances thereby reducing deductions and increasing net realizable revenue.
- Bad Debts: These are expected to increase in proportion to the increase in Patient Service Revenue.
- Cost Recoveries: Similar to last fiscal year, we are experiencing reductions in our grant funding for Behavioral Health, telecommunications, etc. due to state and federal legislation such as sequestration and their annual budget limitations.
- Total (Net) Revenues: Overall with the addition of services, improved billing, updating our chargemaster to properly charge for allowable items, better reimbursement through improved, accurate cost allocation and better utilization of our swing beds we anticipate over $900,000 or a 13.2% increase in realizable revenue.

EXPENSES:

- Wages: As you are aware, because of recruitment and retainage of clinical personnel, it has been necessary in the past to utilize a number of traveling providers (physicians, nurse practitioners, and physician assistants) as well as nurses and therapists to cover essential positions. Because this practice is much more costly than employment, we have been aggressively recruiting for full time employees for these positions. Most of the wage increase is due to recent employment of a nurse practitioner, an occupational therapist, 2 social workers and expected employment of a physician, physical therapist and a laboratory technician. This will reduce our costs for travel, housing and higher fees for travelers as well as give us consistent service with staff that should also become part of the community. There is also an amount set aside to adjust wages as necessary to maintain a more competitive pay scale to assist in both recruiting and retaining key personnel to also reduce the cost of travelers.
- Taxes and benefits: There is a proportional increase in benefits (FICA, PERS, etc.) to the wages increase as well as a 17% increase in the cost of employee health insurance in this category.
- General and Malpractice Insurance: The reduction in this category is due to an invoice for FY 2012 that was missed and costed in FY 2013, not due to any actual change in cost or coverage.
- Repair and Maintenance: Little expected change.
- Professional Services: This is staying stable and would have decreased due to less travelers cost except for $160,000 anticipated increase in IT support cost for the new Electronic Health Records system.
- Supplies: The increase in costs for supplies is due to anticipated inflation in supply as well as transportation cost as well as $84,000 for CT medical supplies.
- Minor Equipment: Little change.
- Utilities and Fuel: Inflation increases.
- Recruitment and Relocation: We have also increased this budget for more aggressive recruitment to employ clinical personal to alleviate the added cost and inconsistency of using traveling staff.
- Rent/Lease Equip & Buildings: This is being reduced due to less housing of travelers.
- Travel and Training: Increase due to need for training of personnel on Electronic Health Record system.
- Other Expenses: Increase due to renewal increases in dues, licenses, inspections and some IT costs.
- Total Expenses before Depreciation: With new services for the community and the other increases as noted above, our costs will increase 13.9%.

NET OPERATING INCOME: Should remain positive with new services, aggressive reimbursement strategy and cost containment wherever possible.

Depreciation Expense: A non-cash item reflecting the amortization of useful life of capital assets (building, equipment, etc.).

NET INCOME (LOSS): Gain or loss after accounting for depreciation.

BUDGET AND STATISTICAL SUMMARY: This table shows the budget and operating statistics in summary form. Volumes are not expected to substantially increase due to no change in the Medical Center's market. We do anticipate increasing our collections process to reduce outstanding accounts receivable and have set a goal of increasing day's cash on hand through better collections and management of our payables.

REVENUE	FY 11 Jul - Jun	FY 12 Jul - Jun	FY 13 Jul - Jun	2014 Budget	FY 12 Variance	FY 13 Variance	FY 14 Variance
Patient Services Revenue	6,492,109	7,132,706	8,273,135	9,195,983	9.9%	16.0%	11.2%
Deductions	(824,783)	(1,318,315)	(2,138,313)	(2,029,990)	59.8%	62.2%	-5.1%
Bad Debt	(8,617)	(310,975)	(354,403)	(376,000)	3508.9%	14.0%	6.1%
Cost Recoveries	1,807,259	1,655,756	1,510,182	1,465,398	-8.4%	-8.8%	-3.0%
TOTAL REVENUES	7,465,968	7,159,172	7,290,601	8,255,391			
%Ded/Bad Debt to Rev	-12.84%	-22.84%	-30.13%	-26.16%			
EXPENSES	FY 11 Jul - Jun	FY 12 Jul - Jun	FY 13 Jul - Jun	2014 Budget	FY 12 Variance	FY 13 Variance	FY 14 Variance
Wages	(3,027,136)	(2,993,308)	(3,030,831)	(3,526,405)	-1.1%	1.3%	16.4%
Taxes and Benefits	(1,447,206)	(1,348,511)	(1,314,482)	(1,649,550)	-6.8%	-2.5%	25.5%
% Benefits to Wages	47.81%	45.05%	43.37%	46.78%			
General and Malpractice Ins	(246,235)	(155,291)	(193,014)	(177,860)	-36.9%	24.3%	-7.9%
Repair & Maint	(46,075)	(67,635)	(46,232)	(47,750)	46.8%	-31.6%	3.3%
Professional Services	(1,312,507)	(1,327,742)	(1,314,196)	(1,348,850)	1.2%	-1.0%	2.6%
Supplies	(479,155)	(493,137)	(530,747)	(628,625)	2.9%	7.6%	18.4%
Minor Equipment	(35,245)	(32,213)	(14,992)	(16,650)	-8.6%	-53.5%	11.1%
Utilities and Fuel	(717,475)	(755,514)	(571,172)	(600,000)	5.3%	-24.4%	5.0%
Recruitment & Relocation	(22,532)	(20,794)	(62,275)	(78,000)	-7.7%	199.5%	25.3%
Rent/Lease Equip & Buildings	(26,520)	(40,508)	(57,945)	(49,300)	52.7%	43.0%	-14.9%
Travel & Training	(28,339)	(49,032)	(49,820)	(57,850)	73.0%	1.6%	16.1%
Other Expenses	(74,144)	(62,872)	(61,329)	(70,310)	-15.2%	-2.5%	14.6%
TOTAL EXPENSES before Depr	(7,462,569)	(7,346,557)	(7,247,035)	(8,251,150)			
NET OPERATING INCOME	3,399.00	(187,385.00)	43,566.16	4,241.15	-5712.9%	530.1%	-90.3%
Depreciation Expense	(266,076.00)	(292,742.00)	(250,004.61)	(235,000.00)	10.0%	-14.6%	-6.0%
NET INCOME	(262,677.00)	(480,127.00)	(206,438.45)	(230,758.85)	-17.2%	57.0%	11.8%

	Fiscal Year 2013	Fiscal Year 2014
	Actual	Budget
Gross Patient Revenue	$ 8,273,135	$ 9,195,983
Net Patient Revenue	6,134,822	7,165,993
Bad Debt	(354,403)	(376,000)
Cost Recoveries	1,510,182	1,465,398
Total Expenses	(7,247,035)	(8,251,150)
Net Operating Income (Loss)	43,566	4,241
Depreciation Expense	(250,005)	(235,000)
Net Income (Loss)	(206,438)	(230,759)
Full Time Equivalents	66.77	69.3
Acute Average Daily Census	0.33	0.34
Acute Bed Days	122	125
LTC Average Daily Census	9.78	9.5
LTC Bed Days	3568	3450
Swing Bed Days	384	380
Medicare Swing Days	282	300
OP Visits	260	270
ER Visits	652	700
Clinic Visits	1664	1700
Net AR Days	83.4	60
Days Cash on Hand	4.4	45

Completion Date	▪ September 2013
Service Area/Region	▪ Cordova Community Medical Center (CCMC) serves the Cordova community in the Alaska Region
Sponsor	▪ Theresa Carté, Administrator
Planning/Mission Team	▪ Monica Anderson, Chief Mission Integration Officer, PHSA ▪ Nathan Johnson, Strategic Planning, PHSA
Workgroup Participants	▪ See Attachment 1: CCMC and Community Advisory Group
Brief Description of How the Community Benefit Plan Was Developed	▪ In early 2013 CCMC Cordova Community Medical Center (CCMC) initiated the process of conducting a community health needs assessment along with a coalition of experts and key community stakeholders that served as the CHNA Advisory Group (See attachment 1 below) ▪ Both primary and secondary data was collected. Over 300 health needs surveys were completed by community members. This survey information was combined with state and national data to help give a picture of the health status and needs in the Cordova Community. ▪ The Cordova Community Health Needs Assessment data was analyzed and reviewed by community members, agency leaders, public health representatives, providers, and community leaders (the advisory group). The group identified five top health issues based on impact, ability to affect and linkages to other community initiatives. ▪ CCMC leadership reviewed the top health needs, considered the community's advice and Advisory Group input, and evaluated previous commitments in order to develop a CHNA implementation plan that responds to community health needs.
Geographic Definition	▪ The CHNA assessed the Cordova community. CCMC is the only hospital located in Cordova.
Targeted Subpopulations	▪ The CHNA assessed the Cordova community. The assessment was designed to capture specific demographic information, barriers to care, basic needs, insurance status, health status and other risk factors that would identify and affect subpopulations of the greater Cordova community.

Major Issues/Needs Identified Within the Community	Need Priorities	Need Description
	1. Attracting and Retaining Medical Providers	Cordova has suffered a pattern of physician turnover due to many factors including high cost of living, housing availability, being excluded from key decisions within their organizations and the unique lifestyle demands that come with living in a small isolated Alaskan city in a rainy and wintery climate. The inconsistency in providers has impacted the continuity and quality of care for community members over time. Patients feel poorly understood and disconnected when there is a different caregiver from one visit to the next. The inconsistency in care has negatively impacted patient trust in their care giver. This situation has lead to lower utilization of preventive care and people waiting to receive care when they can to travel Anchorage or other larger communities where they can have a consistent provider they can come to know and trust over time.
	2. Access to Specialty Care	Like many small rural communities, Cordova lacks many specialty and diagnostic services. As a result many are forced to travel to larger communities at great expense and family hardship to get the needed services. The economics of delivering health services to a small population sometimes make it unfeasible to maintain certain specialties and services locally, but ensuring the reasonable access to these services is important to the health and well being of the community.
	3. Affordability of Care	The affordability of health care was identified by the community as a significant barrier to receiving needed health care services. The impact of this barrier is compounded by the high cost of living in an isolated rural Alaskan community, the low rate of residents seeking preventive care and whether or not a community member has health insurance.
	4. Care Coordination Across Healthcare Providers	Despite Cordova's small size the community identified fragmentation and lack of coordination of care across the continuum as a problem. Key stakeholders and health providers acknowledged that there is not a common understanding of the services and resources available from organization to organization within Cordova. The community has affirmed that there is a need for better information, education, coordination and patient navigation across the continuum of care in Cordova. Addressing this need will reduce barriers to care, improve the efficiency across the health system in Cordova and improve the quality of care and outcomes experienced by patients.
	5. Mental Health/ Substance Abuse	Poor mental health and the related issue of substance abuse were identified as problems in the Cordova community. The average number of poor mental health days reported for the previous 30 days was 3.5 compared to 2.3 nationally. Of particular concern for the community was: • The impact of poor mental health on Cordova's youth, the risks of suicide and the lack of healthy youth activities • The impact of changing provider base and confidentiality concerns on people's trust and willingness to seek treatment

How CCMC is Addressing the Major Issues/Needs (projects/programs – Implementation Strategy)		
	Need Priorities	**CCMC Implementation Plan to Address Identified Need**
	1. Attracting and Retaining Medical Providers	• Establish a comprehensive welcome package to send to candidates prior to visit in order to better inform them about the Cordova community and help ensure better fit for the hospital and the Cordova community. • Establish a locum tenens program so that physician candidates may work a minimum of two weeks at CCMC prior to employment in order for the physician and CCMC to better assess fit and help increase physician retention once hired. • Engage key community members to help introduce provider to community. • Coordinate with leadership from NVE/Ilanka Clinic and other key health stakeholders in Cordova to collectively meet with and educate the candidates about health care environment and needs in Cordova to ensure candidates have a clear picture of the health system they would be working in.
	2. Access to Specialty Care	• Identify most needed specialties in Cordova • Identify Specialists in Anchorage to meet the needs identified through assessment • Leverage Telehealth technologies at CCMC/Sound Alternatives/ICHC to provide Specialist follow-up visits and confidential, outside-Cordova therapy/counseling visits
	3. Affordability of Care	• Identify Specialists in Anchorage to meet the needs identified through assessment (Also in priority 2) • Leverage Telehealth technologies at CCMC/Sound Alternatives/ICHC to provide Specialist follow-up visits and confidential, outside-Cordova therapy/counseling visits (Also in priority 2) • Continue Charity Care services for qualifying community members • Utilize admissions and other entry points to provide information and refer uninsured Cordova residents to Insurance Exchange resources.
	4. Care Coordination Across Healthcare Providers	• Collaborate with coalition of Cordova providers and other key stakeholders to establish a health resources guide/reference for providers and residents of Cordova • Utilize the monthly provider meeting to increase communication and mutual understanding of available resources and services

	5. Mental Health/ Substance Abuse	• Establish healthy youth activities in Cordova by
		  ○ offering Cordova High School students job shadowing opportunities at the hospital
		  ○ offering CPR/First Aid classes
		  ○ Supporting CNA training
		  ○ Providing Babysitting training/certification
		  ○ Identifying trainers and creating process
		• Help address concerns regarding confidentiality as a barrier to seeking mental health services (see Priority 1 – tele-health)

Why CCMC Selected These Projects/Programs/ collaborations	Focusing on areas of core competency for CCMC and leveraging community assets through collaborative efforts is the most effective and sustainable way to address community problems. In addition to building on CCMC's areas of strength, CCMC chose strategies that involve collaboration with other key community stakeholders to address needs identified in the Cordova needs assessment.
How Others in the Community Are Addressing the Major Issues/Needs	• Native Village of Eyak / Ilanka Community Health Center (NVE/ICHC) continues to offer a sliding fee schedule to ensure that no financial barriers to care exist for those who meet certain financial eligibility criteria • NVE/ICHC has purchased ophthalmology equipment to offer those Specialty Services here in Cordova • Other providers have made a commitment to the attend the Monthly Provider meeting regularly to address coordination of care • NVE/ICHC offers an annual Sobriety Event and an array of behavioral health services • Emergency Services, PHN, and NVE/ICHC expressed interest in collaborating on a Cordova health resources guide
Major Issues/Needs that Are Not Addressed by CCMC or Others in the Community	CCMC's implementation plan addresses, to varying degrees, all priorities identified by the Cordova CHNA advisory group and the CHNA.
Goals and Objectives of the Community Benefit Plan	• Increased retention of CCMC providers (Time of Service) • Reduce the number of residents that have to leave Cordova for specialty care • Increase the percentage of people who have health insurance coverage in the Cordova service area to improve their access to care • Increase awareness of available services in Cordova so that people in Cordova are better informed of their health options and are able to obtain more timely and effective treatment • Healthcare providers in Cordova better informed about what else is available in Cordova (what others offer) so improved referrals to care for people in Cordova • Increased opportunities for young people to be involved in healthy activities as an alternative to substance use during idle time (i.e. health care and learning useful life skills) • Decrease percent of people reporting not being able to receive needed mental health services

Attachment I: CCMC and Community Advisory Group

Cordova CHNA Advisory Group Member	Position/Organization
Barb Bunte	Public Health Nurse/State of Alaska
Faith Wheeler- Jeppson	Administrative Asst./CCMC
Don Moore/Randy Robertson	Interim City Manager/ City Manager/ City of Cordova
George Wintle	Chief of Police/City of Cordova
James Kacsh	Cordova Mayor (former Health Services Board Member)
Joanie Behrends	EMT/Cordova Volunteer Fire Dept.
Joel Azure	Executive Director/Native Village of Eyak (Ilanka Community Health Center)
Kari Collins	Director of Nursing/CCMC
Kelsey Appleton	Fishing Vessel Administrator/SERVS - Cordova Fishermen District United
Kristin Carpenter	Executive Director/Copper River Watershed Project
Nicole Songer	Executive Director/Cordova Family Resource Center
Ron Ray	Advanced Nurse Practitioner/Ilanka Health Clinic
Stephen Sundby	Director/Sound Alternatives
Theresa Carté	Hospital Administrator/CCMC
Tim James	Human Resources Coordinator/ CCMC
Tim Kelly	Chief Financial Officer/ CCMC

Rasmuson Foundation Board Requirements

- CCMC will be asking the Rasmuson Foundation for $450,000 for the CT Scanner Project
- Rasmuson Foundation requires non-profit boards who ask for their assistance to be "100% giving" boards
- Giving can be reported in a confidential format

The following is an excerpt From: http://www.rasmuson.org/index.php?switch=viewpage&pageid=136

BOARD GIVING

In 2005, the Rasmuson Foundation Board of Directors reviewed the Foundation's mission and philosophy and recognized the opportunity to refine the grantmaking program to reconfirm two key values of the founders:

1. Rasmuson Foundation places a high degree of importance on projects where the people most directly involved have invested financially.

2. Rasmuson Foundation aims to strengthen the nonprofit sector by offering tools and resources that reinforce sound financial management and organizational decision making.

To address these values, the Board of Directors approved a new addition to Rasmuson Foundation's grant review process:

Charitable Contributions by Applicant Board Members

Board governance for a nonprofit organization is a significant responsibility and commitment of personal time and energy. Board members provide strategic goals and objectives for the organization and are accountable for the stewardship of the organization's resources. Another trait of a strong nonprofit board of directors is their individual financial contribution to the organization. As part of the application process, the Rasmuson Foundation requests specific information about the cash contributions from board members.

We recognize that board members have varying capacities to give and that charitable giving is a personal decision. We recommend that each board member make a cash gift that is meaningful and significant by their own standard. While both membership dues and corporate gifts made by a board member's employer are very helpful to the organization, they will not be considered to be a board member cash gift. Applicants to the Rasmuson Foundation that demonstrate 100% board giving will receive priority in funding decisions. This review criterion is waived for elected officials.