AGENDA
COMMUNITY HEALTH SERVICES BOARD
Library Conference Room
SPECIAL MEETING
October 7, 2015 at 5:30pm

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

A. OPENING
1. Call to Order
2. Roll Call – Kristin Carpenter, David Reggiani, Tim Joyce, James Burton, Tom Bailer, Robert Beedle and Josh Hallquist.
3. Establishment of a Quorum

B. APPROVAL OF AGENDA

C. CONFLICT OF INTEREST

D. COMMUNICATIONS BY AND PETITIONS FROM VISITORS
1. Guest Speaker
2. Audience Comments (limited to 3 minutes per speaker). Speaker must give name and agenda item to which they are addressing.

E. APPROVAL OF CONSENT CALENDAR - Pages 3-106

*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.

23. RAD 003 – Radiation Protection pg 71-72
24. RAD 004 - Performing Urgent Emergency Procedures pg 73-74
25. RAD 007 – Patient Demographic Sheet pg 75-76
26. RAD 008 – Maintaining Master Jacket and File System pg 77-78
27. RAD 009 – Exam Request and Charge pg 79-80
28. RAD 011 – Radiology Reports pg 81-82
29. RAD 012 – Release of Films and Reports pg 83-84
30. RAD 013 – Technique Chart pg 85-86
31. RAD 014 – Equipment and Department Inspections pg 87-88
32. RAD 019 – Image/Information Transfer pg 89-90
33. RAD 201 – Infection Control pg 91-92
34. RAD P015 – Radiology Positioning Protocols pg 93-94
35. ADM 205 – Resident and Patient Visitors pg 95-96
36. ADM 703 – Radiology Technical Staff Qualification pg 97
37. EH 104C – Disease Specific Guidelines pg 98-101
38. ER 110 – Emergency Services pg 102-104
39. ER 112 – Medical Staff Consultative Guidelines pg 105
40. IC 130 – Antibiotic Stewardship Program pg 106

F. APPROVAL OF MINUTES

1. Minutes from the July 1, 2015 Regular Meeting – Pages 107-108
2. Minutes from the September 16, 2015 Special Meeting – Pages 109-111

G. REPORTS AND CORRESPONDENCE

1. President's Report
2. Administrator's Report – Page 112
3. Medical Director's Report – Page 113-114
4. Finance Report – Pages 115-117

H. ACTION ITEMS

1. Approval of the CCMC Med Staff Bylaws – Pages 118-134
2. Approval of the CCMC Employee Handbook – Pages 135-183

I. DISCUSSION ITEMS

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. Status update on CCMC grievance claim

M. ADJOURNMENT

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Sterile Processing	**POLICY # CP013**
SUBJECT: Routine Cleaning of Sterile Processing Department	**EFFECTIVE DATE:**
Page 1 of 2	

Policy:

Sterile Processing Department will be kept clean in order to reduce environmental contaminants, such as dust lint, and microorganisms within the department.

Special Considerations:

1. This policy addresses routine cleaning procedures.
2. Safety Data Sheets for cleaning chemicals are located in maintenance.
3. Staff performing cleaning in SPD will use appropriate Personal Protective Equipment.

Procedure:

The Sterile Storage Room:

1. Floors are cleaned with a wet mop daily and as needed using hospital approved chemical cleaner. Mops may be single use or reusable. Reusable mops must be changed after each use and not returned to the cleaning solution for reuse.
2. Horizontal work surfaces are cleaned daily with hospital approved chemical cleaner and low-lint cloths.
3. Light fixtures are damp dusted on a weekly basis.
4. Walls are cleaned monthly and as needed. Separate cleaning supplies are used decontamination area.
5. Shelves and cabinets are cleaned monthly with a hospital approved chemical cleaner. The shelves are allowed to air-dry before items are replaced.
6. All cleaning activities are documented and initialed by the cleaner.

The Decontamination Area:

1. The Decontamination area is cleaned on a daily basis. Walls, floor, garbage receptacles, all horizontal surfaces, and all other furnishings are cleaned with a hospital approved disinfectant and allowed to air dry.
2. Light fixtures and all shelves are damp dusted weekly.
3. Cleaning equipment used in this area may not be used in any other area of SPD unless the items are decontaminated according to manufacturer guidelines.
4. All cleaning activities are documented and initialed by the cleaner.

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Sterile Processing **SUBJECT:** Routine Cleaning of Sterile Processing Department **Page 2 of 2**	**POLICY # CP013** **EFFECTIVE DATE:**

Reference:

_____
_____
_____

Cross – Reference:

_____
_____
_____

Attachment:

_____
_____
_____

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Financial Services **SUBJECT:** Charity Care/Discounted Fees	FS P150	
	☐ New ☒ Revised ☐ Reviewed	**Date:** 05/30/2015
Original Approval Date: August 1, 2011 **Approved by:** Stephen Sundby		Page 1 of 2

Policy:

In keeping with the philosophy and mission of the Cordova Community Medical Center (CCMC), medically necessary health care services are available to all individuals, regardless of the ability to pay. CCMC assists persons with financial need, (as determined by family incomes relative to the Health and Human Services federal poverty guidelines,) by waiving all or part of the charges for services provided by CCMC based on a sliding payment scale. Patients otherwise approved for a full discount will be charged nominal fees.

Procedure:

1. Patients will be pre-screened for eligibility during pre-registration, registration, discharge, or at any other time CCMC staff encounter information indicating a patient's financial need.
2. The patient must meet the following criteria to be eligible for an allowance under the Charity Care/Discounted Fee policy:
    A. The service(s) being considered must be medically necessary; elective procedures are excluded.
    B. The patient must be a Self-Pay patient or have a self-pay balance on the account following application of any available assistance/insurance programs. Deductibles and coinsurance under the Medicare and Medicaid programs may be considered for financial assistance.
    C. The patient's family income must be equal to or below 200% of the Federal Poverty Level at the time of application.
    D. The patient must demonstrate an effort to qualify for other programs that would assist in repaying the hospital charges, (i.e. Medicaid).
    E. In the case of a minor patient, the responsible party must meet the above criteria to qualify.
3. CCMC will bill for services rendered at the usual and customary rate following standard billing practices. Financial assistance from CCMC is secondary to all other financial resources available to the patient, including insurance, government programs and third-party payers. These sources include, but are not limited to: Veteran's Administration, Worker's Compensation, Native Health Services and Third Party Insurance. The patient may not withhold information regarding enrollment in or eligibility for these resources/programs.
4. The patient must submit a completed Charity Care/Discounted Fee application and all required verification documents within 30 days of receiving a statement from CCMC for the date of service.
    A. The CCMC Chief Financial Officer (CFO) will review the application within 15 days of receipt and notify the applicant of the result in writing. Late applications will be considered at the discretion of the CEO or CFO.
5. Upon approval, the billing office will apply the sliding fee discount to the appropriate charges. At a minimum, the patient will owe $30 for visits with a medical provider and $20 each for laboratory, radiology, mental health and other medically necessary services.
6. Because financial situations can change, the patient must re-apply for each eligible visit.

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Financial Services **SUBJECT:** Charity Care/Discounted Fees **Original Approval Date:** August 1, 2011 **Approved by:** Stephen Sundby	FS P150	
	☐ New ☒ Revised ☐ Reviewed	**Date:** 05/30/2015

Attachments:
Charity Care/Discounted Fee Application (3 pages)
Charity Care/Discounted Fee Information Sheet
2015 HHS Poverty Guidelines

Administrator Signature _____	**Date** _____
Department Manager Signature_____	**Date** _____
Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community
MEDICAL CENTER

P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

Charity Care/Discounted Fees Application

CCMC's policy is to provide medically necessary services regardless of a patient's ability to pay. Discounts are offered based upon family income and size. Please fill in the following areas and return this form and copies of information listed on the verification checklist to CCMC. Our staff will review your application to determine if you or members of your family are eligible for a discount. You must submit a completed application (including verification) within 30 days of receiving a statement from CCMC for the date of service.

Discounts, if approved, apply only to medically necessary services received from CCMC, but not those services received through an affiliate entity, such as some visiting providers, outside processing or consultation, patient transport, or other such services. In the hope that your financial situation improves, discounts apply only to current self-pay balances, not future services. This form must be completed for each eligible visit. Discounts will only be considered after all other medical benefits have been applied.

Applicant Information

Name		Date of Service		Amount Owed
Street/PO Box	City	State	Zip	Phone

Household Information: Please complete the following for the head of household, spouse and dependent children under the age of 18 living in the patient's household.

Name	Date of Birth	Relationship to Applicant	Place of Employment	Is The Job Seasonal?
HEAD OF HOUSEHOLD				

Household Assets: Please complete the following for you, your spouse, and your dependents.

Financial Assets	Head of Household	Spouse	Dependents	Total
Amount in Checking/Savings Accounts				
Other Liquid Assets (please explain)				
Total Value of Assets				

Monthly Household Income

Please complete the following for you, your spouse, and your dependents.

Source	Self	Spouse	Dependents	Total
Gross wages, salaries, tips, etc.				
Social Security, pension, annuity, veteran's benefits, public assistance, unemployment				
Alimony, child support, foster care, military family allowances and allotments				
Self-Employed Income				
Rent, interest, dividend and other income				
Alaska Permanent Fund				
Worker's Comp, Disability				
Other income (please explain)				
Total Income				

Access to Medical Benefits

Check all that apply for each member of your household.

Insurance or Benefit Eligibility	Self	Spouse	Dependents	Total
Third Party Insurance Plan(s)				
Tricare				
Medicaid				
Medicare				
Native Benefits				
Veterans Benefits				

Verification Checklist

Attach copies of ALL items listed below for each household member	Office Use Only	
	YES	NO
Identification: Driver's license, state ID card, birth certificate, employment ID, passport, social security card		
Income: Prior year tax return, three most recent pay stubs		
Insurance/Medical Benefits: Insurance card(s)		
Medicaid: Application made or evidence of rejection		

Applicant Certification (or Parent/Legal Guardian if Applicant is a minor):
I certify that the information provided is correct and that I have fully disclosed all requested information.

Signature _____ Printed Name _____ Date _____

Office Use Only	Applicable Balance _____
Patient Name_____	Discount _____
Date of Service_____	Approved By_____

CCMC Sliding Scale

2014

Family Size		Annualized Income Level relative to Poverty Guideline							
Persons In Family	<= 100% Poverty Level		> 100% and <= 150%		> 150% and <= 200%		> 200% and <= 250%		> 250%
1	0	$14,580	14,581	21,870	21,871	29,162	29,163	36,453	36,454
2	0	$19,660	19,661	29,490	29,491	39,322	39,323	49,153	49,154
3	0	$24,740	24,741	37,110	37,111	49,482	49,483	61,853	61,854
4	0	$29,820	29,821	44,730	44,731	59,642	59,643	74,553	74,554
5	0	$34,900	34,901	52,350	52,351	69,802	69,803	87,253	87,254
6	0	$39,980	39,981	59,970	59,971	79,962	79,963	99,953	99,954
7	0	$45,060	45,061	67,590	67,591	90,122	90,123	112,653	112,654
8	0	$50,140	50,141	75,210	75,211	100,282	100,283	125,353	125,354
Discount %	Nominal Fee (see guidelines)		75%		50%		25%		0%

Discounted fees only apply to services provided in-house by CCMC.

Medical: Nominal fees are applied for each visit for all in-house CCMC services

Pharmacy: Samples are provided, when available, without charge

Lab & X-ray: Reference lab tests and consulting radiology interpretations are excluded.

Nominal fees: Minimum payment

2015 Poverty Guidelines

Persons in Family	Alaska
1	$14,720
2	19,920
3	25,120
4	30,320
5	35,520
6	40,720
7	45,920
8	51,120
For each additional person, add	5,200

http://aspe.hhs.gov/poverty/15poverty.cfm#guidelines

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Financial Services **SUBJECT:** Promissory Notes/Payment Plans **Original Approval Date:** August 25, 2011 **Approved by:** Stephen Sundby	FS P302 ☐ New ☒ Revised ☐ Reviewed **Date:** 05/30/2015 Page 1 of 1

Policy:

In keeping with the philosophy and mission of Cordova Community Medical Center, promissory notes are offered to any patient without the financial resources to pay their account in full. Promissory notes are offered without discrimination because of race, color, creed, religious belief, national origin, age or sex.

Procedure:

- Patients without insurance, or having a balance due after insurance has paid, that cannot pay off the balance due in full are offered promissory notes.
- The Billing Department or CFO may set up payment plans.
- Monthly payments will be a minimum of $50.00 and must be paid within 12 months. If a patient is unable to pay the balance in 12 months, other arrangements can be made upon approval by the CFO or CEO.
- If a monthly payment is missed, or an auto credit card has been declined, the promissory note will be voided and the account will be billed at the full amount due.
- Promissory Notes will be noted in the patient accounting software.
- Promissory Notes will be reviewed monthly to ensure the provisions of the note are being met.

Attachment:

Promissory Note

Administrator Signature _____ **Date** _____
Department Manager Signature _____ **Date** _____
Committee Chair Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____

Cordova Community
MEDICAL CENTER
P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

PROMISSORY NOTE

Patient Name _____

Guarantor Name_____

Guarantor Address_____

_____

Guarantor Phone #_____

Account Number(s) _____

The total amount due for all accounts is _____to be paid in installments of _____ beginning on _____.

Frequency of payments

- _____Weekly
- _____Twice monthly
- _____Monthly

Payment method

- _____Cash/check
- _____Credit Card

Credit card holder email address_____
Credit card holder name & address_____
_____
Credit card number_____
Expiration date_____ Zip Code _____

Any missed payments without prior approval will invalidate this promissory note and the balance will be sent to a collection agency. This document will be reviewed monthly from the date signed to ascertain that the note fits the ongoing circumstance.

Guarantor Signature_____ Date_____

Witness _____ Date _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Financial Services	FS P322	
SUBJECT: Payoff Discounts	☐ New ☒ Revised ☐ Reviewed	**Date:** 05/30/2015
Original Approval Date: August 11, 2011		
Approved by: Stephen Sundby		

Policy:

Cordova Community Medical Center encourages individuals to satisfy a high self-pay account balance by offering a discount incentive. Individuals that meet the eligibility criteria may be approved for a discount of up to 20% on the unpaid balance on charges billed by CCMC.

Procedure:

1. Billing staff may discount an account holder's self-pay balance by 10% if:
    a. All alternative payment sources have been billed and authorized payments applied; and
    b. The patient's third-party insurance carrier has not already discounted the fees for services; and
    c. The account does not already reflect any other discount; and
    d. The individual (account-holder) is willing to pay the remaining account balance in full with a single lump-sum payment.

2. When the lump-sum payment is processed to the account, billing staff will complete the transaction through an administrative write-off of the remaining balance (10% of the original).

3. Account-holders may be considered for a discount of up to 20% under the following conditions:
    a. The individual must have an outstanding self-pay account balance in excess of $2,000.00; and
    b. The individual must have demonstrated a willingness to pay an overdue self-pay balance by making consistent and regular periodic payments; and
    c. The individual must intend to make a single lump-sum payment to satisfy the discounted balance in full.

4. Individuals requesting consideration of a 20% discount must request it in writing or personally to the Chief Financial Officer (CFO) or the Chief Executive Officer (CEO). The CFO will review the request, the account payment history, and any Promissory Notes held by the individual related to the balance under review. Following review, the CFO will make the determination to give/deny the discount.

    a. The CFO will provide a written statement of the approved discount to the billing staff.
    b. When the lump-sum payment is processed to the account, billing staff will complete the transaction through an administrative write-off of the remaining balance.

DEPARTMENT: Financial Services **SUBJECT:** Payoff Discounts **Original Approval Date:** August 11, 2011 **Approved by:** Stephen Sundby	FS P322 ☐ New ☒ Revised ☐ Reviewed	**Date:** 05/30/2015 Page 2 of 2

5. If an account holder does not qualify for either discount provision, the individual may contact the billing staff to complete a Promissory Note and establish a payment plan.

Administrator Signature _____	**Date** _____
Department Manager Signature_____	**Date** _____
Committee Chair Signature_____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Financial Services **SUBJECT:** Payment Processing **Original Approval Date:** May 30, 2015 **Approved by:** Stephen Sundby	FS P855 ☒ New ☐ Revised ☐ Reviewed	**Date:** 05/30/2015 Page 1 of 1

Policy:

In keeping with the philosophy and mission of Cordova Community Medical Center all patient accounts will be kept as up to date as possible. In order to keep accounts current, payments must be posted in a timely manner. Payments will be posted to the account no more than three (3) business days after the payment is received.

Procedure:

- Any payments received will be distributed to the Business Office designee for sorting and depositing. These payments will come either from the mail or money received at CCMC during the day.
- A Business Office designee will log the deposit amount into the Daily Deposit Register located on the shared (s) drive. This designee will not be the same associate that picks up any mail.
- Deposits are made each business day. Deposits are delivered to the Bank by another associate from the Business Office.
- The deposit slips and all documentation will be given to the Billing Department. The total on the deposit receipt will be compared to the total on the deposit slip. If there are any discrepancies, they will be researched immediately and resolved. After this reconciliation, the payments will be posted.
- At month end, the CFO will compare the deposits listed in the Daily Deposit Register to the amounts deposited in the Bank per the bank statement. Any discrepancies will be researched and resolved immediately.

Administrator Signature_____	**Date** _____
Department Manager Signature_____	**Date** _____
Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Financial Services **SUBJECT:** Bad Debts	FS P856	
	☒ New ☐ Revised ☐ Reviewed	**Date:** 05/30/2015
Original Approval Date: May 30, 2015		
Approved by: Stephen Sundby	Page 1 of 1	

Policy:

In keeping with the philosophy and mission of Cordova Community Medical Center, accounts will be re-viewed periodically for potential bad debt write-offs. An account will not normally be considered a bad debt unless all efforts to collect that debt have been exhausted. Included in that effort will be the placement of that debt with a designated collections agency for at least one month. The debt must be at least 180 days old from the original date of service.

Procedure:

- The Billing Department will be responsible for reviewing patient accounts each month to see if the payer has paid the invoice in full, paid according to provisions of a Promissory Note, or made other arrangements in a timely manner.
- The first two (2) statements will be sent from CCMC. If there has been no movement on an account after 60 days, the account will be assigned to a designated collection agency. The account type in Centriq will be changed to reflect that the account has been assigned to the agency.
- The agency will send two (2) more statements and make a courtesy phone call to the patient.
- If there is no movement on the account after 60 days, the agency will notify CCMC and request that the account be moved to collection status. This will be reviewed by Billing and given to the CFO for approval.
- Once the account has been moved to collections, the account will change to Bad Debt in Centriq and the agency will proceed with collections following State of Alaska guidelines.

Administrator Signature_____	**Date** _____
Department Manager Signature_____	**Date** _____
Committee Chair Signature_____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

Department: Human Resources	POLICY # HR – 204a
Subject: Provider Credentialing/re-Credentialing	☒ New ☐ Revised ☐ Other — **Date:** September 24, 2015
Original Approval Date:	
Approved by:	Page 1 of 4

Policy:

Credentialing/Privileging is completed under the guidelines found in the Med Staff bylaws; ultimately, the Health Services Board (HSB), the governing entity of CCMC, appoints physicians and grants privileges.

Procedure:

Application Materials

All application materials are found in the Human Resources/Credentialing shared folder

- Application for Appointment or Reappointment
- Request for Privileges
- Norcal application if Cordova Community Medical Center (CCMC) if the Provider will be covered under CCMC's policy
- Medicaid Provider Application
- Radiology Form

References

List each reference noted in the application. Each one must be sent a Peer Review Request (Human Resources/Credentialing) along with a copy of the Release of Information Authorization form from the completed application packet.

Privileges Requested

Write "See Attached" – this references the Request for Privileges document that will be combined with the Application for Appointment/Reappointment. The Provider must provide proof of current competence through case logs, letters from professional affairs coordinator or program directors for recent graduates. Information must be specific to procedure privileges as well as in general to which types of patients and conditions can be managed.

For re-credentialing 3 peer reviews and appropriate ongoing experience must be demonstrated. Providers who lack documentation or experience in the past two years will be required to complete a plan of supervision under the direction of the chief of staff prior to being authorized privileges.

Credentialing or re-Credentialing of telemedicine physicians

The governing body must ensure through its written agreement with the distant-site telemedicine entity that all of the following requirements are included in the agreement and the contractor fulfills these requirements:

The distant-site telemedicine entity's medical staff credentialing and privileging process and standards at least meets the standards at 485.616(c)(1)(i) through (c)(1)(vii). In other words, the distant-site telemedicine entity must at a minimum:

a. Determine, in accordance with State law, which categories of practitioners are eligible candidates for medical staff privileges or membership at the telemedicine entity;
b. Appoint members and grant medical staff privileges after considering the recommendations of the existing members of its medical staff;
c. Assure that its medical staff has by laws;

d. Approve its medical staff's bylaws and other medical staff rules and regulations;
e. Ensure that the medical staff is accountable to the distant-site telemedicine entity's governing body for the quality of care provided to patients;
f. Ensure the criteria for granting distant-site telemedicine medical staff membership/privileges to an individual are the individuals character, competence, training, experience and judgement; and
g. Ensure that under no circumstances is the accordance of medical staff membership or privileges dependent solely upon certification, fellowship or membership in a specialty body or society.

Chief of Staff Review

When complete, scan the entire packet to email. Extract those pages requiring Chief of Staff's signature to a separate file. E-mail both files to Chief of Staff with an explanation of when the signed pages must be returned by. .

HSB Approval

The CAH reviews the performance of the physicians and practitioners providing telemedicine services to its patients and provides a written review to the distant-site telemedicine entity tor the latter's use in its periodic appraisal of each physician and practitioner providing telemedicine services under the agreement. At minimum, the CAH must review and send information to the distant-site telemedicine entity on all adverse events that result from a physician's or practitioner's provision of telemedicine services and on all complaints the CAH has received about a telemedicine physician or practitioner.

The CEO should sign the two signature pages once the Chief of Staff has returned them and then merge the signed pages into the appropriate place in the full packet. Send the complete pdf to Administrative Assistant to send to the Health Services Board. Provide the Administrative Assistant with the Hard Copy file, pages needing HSB Signature marked with a sticky note. Once approved, the paperwork is filed in the Providers folder.

Completing Credentialing Summary

Once the completed application is received, complete a Credentialing/Recredentialing/Telemedicine Credentialing Summary

Licensure

www.commerce.state.ak.us/occ/search3.htm
At a minimum, verify Alaska licensure online. Print a copy of the Professional License Search results page. Verify other state licenses as able.

DEA Verification

www.deanumber.com
Login: _____ Password: _____
Login to the site as a subscriber. Either enter the DEA number or the provider last name. Each search costs you, so if you are not sure if a number you have is still valid, search by the last name, since it will bring up more options. If you are unable to search, it could be that we've "run out" of queries and you will need to order a limited query. If you order several at once, they cost less, and will sit in your account until you need them. Print the DEA verification results. You can also complete an NPI Search from this site; print the results for the credentialing file.

AMA Profile Service – for MDs, DOs, PAs

www.ama-assn.org/go/amaprofiles
Account: #02HP73548 Login: Newt199ate

1. On the opening web page, enter the account number and login in the appropriate Customer Login boxes.
2. To place Physician Order, Physician Reappointment Order or Physician Assistant Order, select GO next to the appropriate order.
   **NOTE: Physician orders cost more than the reappointment order, so be sure to pursue the correct report version.*
3. Enter the Last Name and Date of Birth and click SEARCH.
   **NOTE: If you do not get a match, the AMA system asks that you not submit your request but instead call 800-665-2882m option 2*
4. When you get a match, the name will appear with an ADD button to the left of the name. Click on ADD.
5. You can add additional individuals to the order list, but it must be the same kind of order to process in bulk.
6. Select CHECKOUT when done. Choose email delivery and enter a credit card for processing.
7. SUBMIT ORDER from the summary page. (You can now place new order for a different type of order.)
8. You will receive an email when the order is complete.
9. Log in, select ACCOUNT ACTIVITY from the left-hand menu.
10. Double-click the order number and each name to download and print the report.

AANP Verification

www.aanpcert.org/ptistore/control/verification/select

ECFMG Verification

https://cvsonline2.ecfmg.org/ContactLogin.asp
Organization ID: V-11034 Web ID: H-00041875 Login: Newt199ate
This is only used to verify education at a foreign university or school.

Education

www.studentclearinghouse.org
Login: cdvcmc12 Password: Cecil54!
These are included in the application packet and can be verified through the National Student Clearinghouse, or simply through the Data Bank (NPDB) report.

Board Certification

This information will be on the AMA/AANP report.

Affiliations

For each facility identified by the provider in the application, send a Facility Verification request. Each facility must respond before the credentialing packet can be processed. Human Resources/Credentialing/Facility Verification letter.

National Practitioners Data Bank

www.npdb-hipdb.hrsa.gov

Department: Human Resources	POLICY # HR – 204a
Subject: Provider Credentialing/re-Credentialing	[x] New [ ] Revised [ ] Other — **Date:** September 24, 2015
Original Approval Date:	
Approved by:	Page 4 of 4

ID Number: 231022600000058 Login: _____ Password: _____

Sign in on the left-hand side of the page, under the Health Care Organizations header. Enroll the provider in the Data Bank under CCMC's ID Number. The Continuous Query costs $3 and provides email notifications if a report update is available related to adverse licensure, privileging, Medicare/Medicaid exclusions, civil and criminal convictions and medical malpractice payments.

Liability Insurance

Applicant should provide information and a certificate proving liability insurance. If the provider is to be insured under CCMC's policy, then note the Norcal policy number and ensure the provider completes the Norcal Provider application (Human Resources/Credentialing/Norcal Application).

Malpractice History

This information can be extracted from the printed Data Bank report.

NPI/Medicare/Medicaid Number

This information can be extracted from the NPI report or from the Provider. If the provider is not registered in Alaska for Medicaid, ensure that the provider has included a copy of his/her diplomas to process the Alaska Medicaid enrollment.

Continuing Education

Write "See Attached" – the applicant should have included a printout of this information.

Misconduct

Note any loss of privileges or suspension of license.

Administrator Signature _____ Date _____

Chief of Staff Signature _____ Date _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Nursing-General	**POLICY #** NSG 106
SUBJECT: Transfer of Patients to Cordova Community Medical Center	**EFFECTIVE DATE:**
Page 1 of 3	September 24, 2015

Policy:

The proper procedure will be followed when patients are transferred to Cordova Community Medical Center (CCMC) from another facility.

Procedure:

1. Patients transferred to our facility from another facility will be accepted only AFTER Medical Provider-to-Medical Provider contact has occurred, and availability of the appropriate level of care and an available room has been established, according to guidelines outlined by federal regulations.

2. Transfer will not be conducted until the Director of Nursing has agreed that patient there is adequate nursing, medications, equipment and space for the patient.

3. Report the following circumstances to HCFA at (206)615-2321 within 72 hours of when they occurred or to Alaska State Licensing and Certification at (907)334-2483:
   A. Any patients received from another facility:
      1. without notice
      2. without copies of medical records
      3. in unstable condition
      4. transfer was affected without use of qualified personnel, inappropriate transportation, equipment, or medically inappropriate life support measures.
   B. Include in the report:
      1. how regulation was violated
      2. name of the facility transferring the patient
      3. date, time, mode of transfer
      4. name of transferring medical provider.

DEPARTMENT: Nursing-General	**POLICY #** NSG 106
SUBJECT: Transfer of Patients to Cordova Community Medical Center	**EFFECTIVE DATE:**
Page 2 of 3	September 24, 2015

Reference:

Frew, Stephen A., *Patient Transfers: How to Comply with the Law*, 2nd Edition, American College of Physicians, 1995

Cross – Reference:

Attachment:

Administrator Signature _____ **Date** _____
MIC Signature _____ **Date** _____
Dept. Mgr/Committee Chair Signature _____ **Date** _____

DEPARTMENT: Nursing-General	**POLICY #** NSG 106
SUBJECT: Transfer of Patients to Cordova Community Medical Center	**EFFECTIVE DATE:**
Page 3 of 3	September 24, 2015

Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Nursing-General	**POLICY #** NSG 119
SUBJECT: Patient Transfers	**EFFECTIVE DATE:**
Page 1 of 3	September 24, 2015

Policy:

When Cordova Community Medical Center (CCMC) is not able to provide the necessary medical treatment to stabilize the emergency medical condition of a patient, CCMC is obligated to arrange for an appropriate transfer to another medical facility capable of providing that treatment.

Procedure:

1. After an appropriate medial evaluation, a Medical Provider requests that a patient be transferred to another medical facility for medical reasons, or that the patient desires such a transfer, the Medical Provider will:
   a. Determine if the patient has an emergency medical condition.
   b. Determine if the patient is stable or unstable.
   c. Determine the transport vehicle and escort necessary to provide for the safest possible transfer:
      1) If the patient is to be medevacked, follow the patient transport policy.
      2) If the patient is to travel on a commercial air carrier and needs an escort, provided by the hospital, arrangements for travel will be made by the Administrative Assistant or the Director of Nursing.
      3) If the patient is to be discharged and travel to another facility, EMTALA no longer applies and the patient makes their own travel arrangements and pays for their own transportation.
   d. Arrange with the receiving Medical Provider and facility to accept the patient prior to transfer.
   e. Stabilize the patient to the greatest extent possible.
   f. Provide comprehensive risks and benefits information to the patient and/or his/her representative.
   g. Have the patient/parent/guardian sign the consent to transfer with the Medical Provider certification completed fully and appropriately. If the patient refuses the transfer, have them sign the "Refuse to Transfer" section of the transfer form.
   h. Provide necessary copies of the medical records (i.e. demographic sheet, x-rays, lab reports, Medical Providers orders and notes, nursing notes, Advance Directives, etc.) to the receiving facility and receiving Medical Provider.
2. The nursing staff will document when the medivac team was called, which team was contacted, time of arrival, method of transport from the facility, and the time the patient left the facility.
3. Guidelines for ambulance transfer to medevac can be found in Emergency procedure for Medevac.

DEPARTMENT: Nursing-General	**POLICY #** NSG 119
SUBJECT: Patient Transfers	**EFFECTIVE DATE:**
Page 2 of 3	September 24, 2015

Reference:

Cross – Reference:

NSG 121 Medical Transport to and From Mile 13 Airport
NSG 139 Patient Accompanied Transport
NSG 306 Preterm Labor Assessment, Level III Facility
NSG 603 EMTALA/COBRA Compliance
NSG 605 Comprehensive Triage
NSG 604 Admission, Treatment and Documentation
NSG 604A Emergency Department Nurse Responsibilities
NSG 604B Forms and Documentation
NSG 604C Insurance and Other Methods of Payment

Attachment:

NSG 119a CCMC Patient Transfer form

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

DEPARTMENT: Nursing-General	**POLICY #** NSG 119
SUBJECT: Patient Transfers	**EFFECTIVE DATE:**
Page 3 of 3	September 24, 2015

Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Nursing-Emergency Room	**POLICY #** NSG 603
SUBJECT: EMTALA/COBRA Compliance	**EFFECTIVE DATE:**
Page 1 of 4	September 24, 2015

Policy:

Cordova Community Medical Center (CCMC) will comply with the Emergency Medical Treatment and Active Labor Act (EMTALA) and the Consolidate Omnibus Budget Reconciliation Act (COBRA) regulations.

Definitions:

1. Emergency Medical Condition: a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the health of an individual (or, with respect to a pregnant woman, the health of her unborn child) in serious jeopardy, risking serious impairment to bodily functions; or risking serious dysfunction of any bodily organ or part. (Frew p. 13 Guidelines to Surveyors, State v-20, 12/96)

2. Transfer: the movement (including discharge) of an individual outside a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly with) the hospital, but does not include such movement of an individual who has been declared dead or leaves the facility without permission of any such person.

3. Labor: the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman is in true labor unless a physician certifies that, after a reasonable time of observation, the woman is in false labor. (Guidelines to Surveyors, State, v-22, 12/96)

4. Stabilize: pregnant patients having contractions as that a woman has delivered the child and placenta. "Women having contractions are considered unstable for transfer purposes." The law requires hospitals to stabilize a patient before transfer. (Frew, p. 15) For other patients presenting with emergency medical conditions, stabilization should at a minimum include the following:
    a. Establishment and securing an adequate airway and adequate ventilation.
    b. Initiating control of hemorrhage.
    c. Stabilizing and splinting possible or actual axial or long bone fractures where indicated.
    d. Establishing and maintaining adequate access routes for fluid or drug administration.
    e. Initiating adequate fluid and blood replacement.
    f. Maintains, to the extent possible, the patient's vital signs to sustain adequate perfusion for organs.
    g. Conducting all reasonable necessary testing and treatment within the capabilities of the hospital, except where the delay is contraindicated by the patient's conditions.
    h. Obtaining the services of appropriate on-call personnel for diagnosis and stabilization requirements and to prepare the patient for transfer, where indicated.
    i. For psychiatric disturbances, stabilization includes the additional elements of ruling out organic causes, providing a secure environment, and providing therapies and medication necessary to stabilize the patient's mental status and ensure his/her safety. Patients who have conditions attributable to drug or alcohol abuse may require similar stabilization efforts.

DEPARTMENT: Nursing-Emergency Room	**POLICY #** NSG 603
SUBJECT: EMTALA/COBRA Compliance	**EFFECTIVE DATE:**
Page 2 of 4	March 19, 2008

Procedure:

1. "It's The Law" information sign will be posted conspicuously in the Emergency Department and any other place where examination and treatment occurs (Emergency Departments, OB, entrance to Admitting, waiting rooms, treatment areas), that states in simple clear terms, understandable by the population, the rights of individuals to have a medical screening exam, any necessary stabilizing treatment, and an appropriate transfer even if they cannot pay.

2. Medical screening examinations, beyond initial triaging, must be offered to any individual presenting for examination or treatment of a medical condition, regardless of diagnosis, financial status, or ability to pay, race, color, national origin, disability, sex, age, religion, or lifestyle choice. Emergency medical screening examinations are an ongoing process reflecting ongoing monitoring in accordance with individual needs. Ongoing monitoring will continue until the individual is stabilized or appropriately transferred.

3. Routine registration information (including insurance or method of payment) may be obtained, prior to the emergency medical screening examination, as long as it does NOT result in a failure to provide the screening examination or necessary treatment (1994 "safe harbor"). Insurance verification or calls for authorization of treatment BEFORE completion of the medical screening examinations are NOT covered by "safe harbor" provisions.

4. PERSONNEL QUALIFIED TO PERFORM MEDICAL EXAMINATIONS:
   a. Persons qualified to perform emergency medical examinations, and the Certification of False Labor are defined in the Medical Staff Bylaws. The following are designated as qualified medical personnel to perform emergency medical examinations:
      1. Physician members of Cordova Community Medical Center (CCMC) with clinical privileges.
      2. Physician Assistants and Advanced Nurse Practitioners with clinical privileges at Cordova Community Medical Center.
      3. Emergency Room Registered Nurses and Sexual Assault Nurses who meet job description criteria, and have completed orientation, which includes successful completion of a medical screening examination competency test, may perform the medical screening in accordance with Emergency Department Policy and Procedures. Currently no nurses are authorized to perform medical screening exams.
      4. Only a physician may complete "Certification of False Labor" and "Transfer of Patient in Early Labor". RN's are to notify the on-call physician or the patient's personal physician, for any pregnant patients. Only physicians may perform OB medical screening exams.

5. Central logs will be maintained to reflect all patients who come in seeking emergency assistance. All ER and OB patients will be entered into these logbooks.

6. Logbooks will be kept for seven (7) years.

7. Where there is a dispute or concern over patient care, or a concern may occur about an EMTALA transfer-in or transfer-out violation, the Director of Nursing and Medical Director are to be notified immediately. The Director of Nursing will then notify the Administrator if unable to resolve the problem.

Reference:

"Patient Transfers: How to Comply with the Law", 2nd Edition, Stephen A. Frew, JD (American College of Emergency Physicians)
EMTALA/COBRA Training Session 1996 Oregon (4/96), Alaska (6/18),

Washington (7/30)(11/19) from Colette Grower, RN MPA Department Health & Human Services, Alaska, 12/96

Interpretive Guidelines/Responsibilities of Medicare Participating Hospitals in Emergency Cases, Regulations – Guidance to Surveyors from Colette Grower, RN MPA Department Health & Human Services, Alaska, 12/96

"Are You at Risk for a COBRA/EMTALA Citation or Lawsuit?" Stephen A. Frew, JD, Medial Liability and Risk Management Newsletter, Spring 1996

"Responsibilities of Medicare Participating Hospitals in Emergency Cases, Colette Grower & Dora Thompson presentation 2/97.

Cross – Reference:

NSG 604 Admission, Treatment, and Documentation
NSG 604A Emergency Department Nurse Responsibilities
NSG 604B Forms and Documentation
NSG 604C Insurance and Other Methods of Payment
NSG 605 Comprehensive Triage
NSG 609 Medical Screening Exam Standards
NSG 606 Focused Assessment Guidelines for Non-Physician Designated Screening Professionals
NSG 608 Non-Physician/PA Medical Screening Examination
NSG 119 Patient Transfers
NSG 317 Transfer Home in Early Labor
NSG 310 OB Screening
NSG 316 Certification of False Labor
NSG 306 Preterm Labor Assessment, Level III Facility

Attachment:

NSG 604Bj Patient Transfer Form

Administrator Signature_____ **Date** _____
Dept. Mgr/Committee Chair Signature_____ **Date** _____

Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Nursing-Emergency Room	**POLICY #** NSG 607
SUBJECT: OB Screening	**EFFECTIVE DATE:**
Page 1 of 3	March 19, 2008

Policy:

"Medical Screening Examination", "Certification of False Labor" will only be performed by a Medical Provider.

Procedure:

1. Pregnant patients who are < 20 weeks who present for pregnancy related problems will have their medical screening exam done in the ER by a Medical Provider.

2. Contact the on call physician and start the medical screening examination by assessing the patient for urgency of situation and amending the order of procedure appropriately if birth is imminent. Place the patient on the fetal heart monitor. The fetal heart monitor is in the outpatient OB room.

3. If the birth is imminent, the on call physician will immediately see patient and the medical screening examination will be started by the nurse which includes the following information and assessment:
    a. Medical History: Patient name, para, gravida, estimated date of confinement (EDC), number of fetuses, last menstrual period (LMP), allergies, medications, problems during pregnancy, presenting symptoms or complaints.
    b. Maternal Assessment: temperature, pulse, respirations (TPR), blood pressure (BP), Fetal heart tones.
    c. Uterine Activity Assessment: Frequency, regularity, duration, strength, time and date of start of contractions. Apply external fetal monitor (EFM) and run a strip.
    d. Membrane Status Assessment: Intact, leaking, ruptured, time and date of rupture, color, and amount of fluid.
    e. Vaginal examinations will not be performed by the RN.

4. The Medical Provider will determine if the patient is in false or true labor.
    a. If the patient is determined to be in false labor the "Certification of False Labor" procedure will be followed.
    b. If the patient is determined to be in early labor every effort will be made to transfer to a facility capable of obstetrical care.
    c. If the patient is in active labor transfer will be conducted per usual procedures unless patient is unstable or birth is imminent. If transfer is unable to be conducted prior to delivery consultation and preparations for transfer will be made such that there will be no delays in transport if problems arise with mother or baby.

DEPARTMENT: Nursing-Emergency Room	**POLICY #** NSG 607
SUBJECT: OB Screening	**EFFECTIVE DATE:**
Page 2 of 3	March 19, 2008

Reference:

Cross – Reference:

NSG 129 Transfer Home in Early Labor
NSG 610 Certification of False Labor
NSG 119 Patient Transfer
NSG 608 Non-Physician/PA Medical Screening Examinations

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Nursing-Emergency Room	**POLICY #** NSG 607
SUBJECT: OB Screening	**EFFECTIVE DATE:**
Page 3 of 3	March 19, 2008

Attachment:

_____
_____
_____

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

HSB Review of CCMC Policies and Procedures

Date: October 29, 2015

Department:__Pharmacy_____

Policy #	Policy Name	New	Revised	No Changes	Comments
Lab C 307 (Example Only)	Critical Values		x		1. Criteria for considering a patient's lab results as a "Critical Value" was revised per Medical Director recommendations. 2. Lab Tech reporting of Critical Values was revised to align with new HER protocol.
PHY 001	Formulary			X	
PHY 002	Outpatient Pharmaceutical Standing Orders		X		Change in how this is reviewed and reported to the Provider.
PHY 003	Medication Storage for LTC and CAH			X	
PHY 007	LTC Medication Administration with Food			X	
PHY 009	Administrating Medications to Patients in Isolation			X	
PHY 011	Medication(s) from Home		X		Reworded: Added not storing personal medications that are not being used and/or keeping personal log of schedule medications. New: Included EHR component.
PHY 012	Care, Dating, and Outdating of Medications and Solutions		X		Clarification between the use of multi-dose and single-dose vials
PHY 014	Investigational Drugs		X		Added wording to include an exception if the person is transferred to CCMC and is on this type of medication.
PHY 015	LTC Medication Regimen Review		X		Change in flow of information.
PHY 016	Controlled Substances in Med Room and ER2		X		Revise document to reflect FDA changes to schedule medications. Remove reference of a storage space no longer used for this type of medication.
PHY 017	Removal of Medications From the Drug Room and Medication Storage Areas		X		Added wording to include information on the forms necessary for tracking purposes for the EHR.
PHY 022	Suspected Adverse Drug Reaction		X		Clarification on who to report the reaction to
PHY 023	LTC Medication Orders			X	
PHY 025	Medication Orders for Outpatient Use		X		Change to include that all medications provided to outpatients must be prescribed by a CCMC credentialed provider who has direct knowledge of the patient.
PHY 026	Controlled Substances-Drug Room			X	
PHY 027	Herbal Supplements			X	
PHY 030	Dispensing Medications without Orders			X	
PHY 031	Nebulized Epinephrine			X	
PHY 032	Multi-Dose Vials		X		Clarification and additional wording regarding use for the same patient. Add additional examples of MDV medications
PHY 033	Medication Keys			X	
PHY 036	Gradual Dose Reduction in LTC			X	
PHY 039	Use of IV KCL			X	
PHY 040	Obtaining LTC Medications			X	
PHY 041	Therapeutic Interchange Program			X	
PHY 042	Prescriptions			X	

PHY 043	Inhaled Medications			X	
PHY 101	Licensed Drug Room Personnel			X	
PHY 102	Drug Room/Inventory Clerk and Pharmacy Technician's Responsibilities			X	
PHY 103	Ordering with the Telxon Unit				Needs to be archived, no longer applicable.
PHY 104	Ordering Schedule II Narcotics			X	
PHY 105	Receiving Pharmacy Items			X	
PHY 106	Labeling of Received Medications			X	
PHY 107	Stocking Pharmacy Items			X	
PHY 108	Pulling Outdates from the Drug Room shelves			X	
PHY 109	Preparation of Prepack Medications			X	
PHY 110	Medications Storage Areas			X	
PHY 111	Drug Room Narcotic Keys			X	
PHY 112	Formulary Revision Schedule			X	
PHY 113	Formulary Update			X	
PHY 114	Drug Recalls			X	
PHY 116	Evaluation of Pharmacy Services			X	
PTH 002	Policy and Procedure Authorization			X	
PTH 100	Statement of Purpose			X	

All Pharmacy P&P's were reviewed and approved by the Pharmacy and Therapeutics committee on 7/22/15.

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 002	
Subject: Outpatient Pharmaceutical Standing Orders	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Policy:

Pharmaceutical standing orders will be active for three (3) months from the date that the Medical Provider initially wrote the order unless otherwise specified. Schedule II Narcotic standing orders will be active for thirty (30) days from the date the Medical Provider initially wrote the order.

Procedure:

1. On the first day of every month, the standing order book, which is maintained in the clinic, will be reviewed by the RN/LPN.

2. Any standing orders that are expired, or expiring within seven (7) days, will be given to the Medical Provider for their review.

3. The Medical Provider will decide whether to continue the standing order. If the standing order is to continue, the provider will generate, sign and date a new standing order filed by an RN/LPN in the standing order book.

4. All discontinued standing orders will be sent to Medical Records to be placed in the patient's permanent medical record and/or scanned into the electronic medical record.

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 002	
Subject: Outpatient Pharmaceutical Standing Orders	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Reference:

Cross – Reference:
PHY 016 Controlled Substances

Attachment:

Administrator Signature _____ Date _____
Department Manager _____ Date _____
Committee Chair Signature _____ Date _____

Review Signature _____ Date _____
Review Signature _____ Date _____
Review Signature _____ Date _____

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 011	
Subject: Medication(s) From Home	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Policy:

Medication(s) brought into Cordova Community Medical Center (CCMC) by or with the patient will not be administered to the patient unless the specific medication(s) are not available in the CCMC drug room, are ordered by a Medical Provider, and can be positively identified by a pharmacist or Medical Provider. If the medication can be acquired by CCMC, CCMC will procure the drug as soon as possible and the nurse will return the patient's own medications to the family to be taken home or lock it in the Nurses' Medication Room.

Procedure:

1. If a patient brings personal medications from home, the nurse will review the Medical Provider's order to see if the drugs have been ordered for inpatient administration.

2. If the medications have not been ordered for the current admission, the nurse will return the medications to the family to be taken home or lock it in the Nurses' Medication Room.

3. A home supply of medication may only be used if all the following criteria are met:
    a) The medication is not available in the drug room and a reasonable therapeutic substitution is not available and cannot be readily acquired.
    b) The Medical Provider has positively identified the medication and the medication appears to be stable and uncontaminated.
    c) The medication is in its original container that identifies the name, strength, dose, route, directions for use, and expiration date.
    d) Withholding the medication would cause patient harm.

4. If the above criteria are not met, the nurse will return the medications to the family to be taken home or lock it in the Nurses' Medication Room.

5. "Own medication" will be marked on the MAR and the Kardex. This alerts the Nurse to which medication supply to use and aids in patient billing.

6. If home supply controlled medications arrive with the patient they will be given to a family member or care giver, if available otherwise they will be inventoried and locked up to be returned to the patient upon discharge. A separate personal log will be maintained for each of those medications.

7. Indication of home medication must be indicated within the electronic health record.

8. Medications from home will be stored appropriately.

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 011	
Subject: Medication(s) From Home	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Reference:
JCAHO Standard Reference Care of Patients (TX) 3.4

Cross – Reference:
PHY 003 Medication Storage for LTC & Critical Access Hospital
PHY 012 Care, Dating, and Outdating of Medications and solutions
PHY 027 Herbal Supplements
PHY 016 Controlled Substances in Med Room & ER 2

Attachment:

Administrator Signature _____ Date _____
Department Manager _____ Date _____
Committee Chair Signature _____ Date _____

Review Signature _____ Date _____
Review Signature _____ Date _____
Review Signature _____ Date _____

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 012	
Subject: Care, Dating and Outdating of Medications and Solutions	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Policy:

All medication and IV fluids will be managed according to specified protocol and the manufactures recommendations.

Procedure:

1. Medications and IV/Irrigation fluids will be cared for and disposed of as follows:

   A. Single dose vials will be discarded after initial access.

   B. Single Dose Vials and Ampules (with or without preservative) i.e. sterile water, Phenergan:
      1. Discard after opening.

   C. Multi-dose vials:
      1. Multi-dose vials are for single patient use only and must be labeled with the patient name and when it was initially accessed.
      2. Only a new needle and syringe or syringe cannula, which has not been used to access another vial, will be used to access vials of diluents.
      3. Discard 30 days from the initial access or when the patient has been discharged.
      4. Insulin will be discarded 28 days after the initial access.

   D. IV solutions mixed with medications under laminar flow conditions:
      1. Must be used as soon as possible after mixing.
      2. Will never hang longer than 24 hours.
      3. Will bear an expiration date not more than 24 hours after mixing.

   E. All IV admixed solutions shall be labeled appropriately with a completed Medication Added label attached.

   F. Aseptic technique will be observed in all phases of admixing and administering parenteral solutions.

   G. IV solutions mixed with medications outside laminar flow conditions:
      1. Must be used immediately.
      2. Will not hang longer than 24 hours.

   H. Medications taken into a patient's room in isolation will be left in that patient's room or discarded if the outside of the container becomes grossly contaminated.

   I. Any vial or bottle taken into **any** patient room will be used exclusively for that patient only and stored in a drawer on the medication cart designated for that patient.

Department: Pharmacy	PHY 012	
Subject: Care, Dating and Outdating of Medications and Solutions	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

J. Light sensitive solutions will be protected from light.

K. Saline Irrigation:
   1. Discard after single patient use is complete or within 30 days.

2. Otic, Ophthalmic, Nasal and Topical medications will be labeled with the patient's name and date opened. They will be stored in the patient's separate assigned medication drawer in the medication cart unless the patient is in isolation. Medications will be discarded after the course of treatment is completed or when the container outdates – whichever comes first. If a patient's medications must be refrigerated after it has been taken into an individual room, place the medication in a closable bag prior to returning to the medication room refrigerator.

3. Inhalers will be labeled with the patients name and date of initial use. The canister will be kept in the patient's assigned medication drawer in the medication cart. The canister will be discarded after the course of treatment is completed or when it outdates – whichever is first.

Department: Pharmacy	PHY 012	
Subject: Care, Dating and Outdating of Medications and Solutions	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		Page 3 of 3

Reference:

Abrutyn, Elias, Goldman, Donald A., Scheckler, William, Saunders Infection Control Reference Service (Philadelphia: WB Saunders Co., 1998 page 918)

APIC Infection Control and Applied Epidemiology Principles and Protocols (St. Louis, Missouri: Mosby, 1996) Chapter 13, pp 1-5

Cross – Reference:

PHY 009 Administering Medications to Patients in Isolation

PHY 003 Medication Storage for LTC & CAH

PHY 011 Medication(s) From Home

Attachment:

Medication Added Label

Administrator Signature _____ Date _____
Department Manager _____ Date _____
Committee Chair Signature _____ Date _____

Review Signature _____ Date _____
Review Signature _____ Date _____
Review Signature _____ Date _____

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 014	
Subject: Investigational Drugs	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Policy:

Investigational drugs will not be used by the hospital. An exception will be made only if a patient is transferred to this hospital and is already using an investigational drug. The protocol sent by the transferring institution will be used and must be approved by the accepting provider.

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 014	
Subject: Investigational Drugs	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Reference:

Cross – Reference:
PHY 001 Formulary

Attachment:

Administrator Signature _____ Date _____
Department Manager _____ Date _____
Committee Chair Signature _____ Date _____

Review Signature _____ Date _____
Review Signature _____ Date _____
Review Signature _____ Date _____

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 015	
Subject: Long Term Care Medication Regimen Review	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Policy:

The Medication Regimen Review (MRR) consists of a review and analysis of prescribed medication therapy and medication use, including nursing documentation of medication ordering and administration.

Procedure:

1. The Consultant Pharmacist will review the medication regimen of each LTC Resident at least monthly.
2. The resident's medical record including lab tests, the physician's orders, the progress notes, risks and benefits, and the nurses' notes will be available to the Consultant Pharmacist so that she/he may review the medication regimen in sufficient detail.
3. Documentation of the review will be placed in the resident's medical record, signed, and dated by the Provider.
4. Using this data, the Consulting Pharmacist will report any mental or physical conditions and any irregularities which are likely to interact with the resident's medication regimen and could adversely affect the resident.
5. The completed MRR's will be received by the MDS Coordinator or designee who will present them to the Medical Provider.
    a. If there is a finding that warrants immediate action the MDS Coordinator will speak with the Medical Provider immediately. All other MRR concerns will be addressed within 14 calendar days.
    b. The MDS Coordinator will ensure that all recommended actions are implemented as ordered.

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 015	
Subject: Long Term Care Medication Regimen Review	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		Page 2 of 2

Reference:

Cross – Reference:
PHY 023 Long Term Care Medication Orders

Attachment:
PHY 015a Sample Medication Regimen Review

Administrator Signature _____ Date _____
Department Manager _____ Date _____
Committee Chair Signature _____ Date _____

Review Signature _____ Date _____
Review Signature _____ Date _____
Review Signature _____ Date _____

	Ht (in)	Wt (lbs)				
11/13/1932	66	123				
Age	Ht (cm)	Wt (Kg)	IBW	SCr	CrCl	
78	168	55.9	58.8	1.1	37	

Resident Name
Admit to CCMC LTC date
Med Regimen Review date Allergies: NKDA

Problem	**Medications (date started)**	**Monitoring/Comments**
Alzheimer's/ Vascular dementia w/agitation	-Geodon 20 mg po tid @08-14-20 w/food (↑ 11/14/11) -Paxil 20mg po q day (↓11/4/10) -Lorazepam 0.25-0.5 mg po q6h prn agitation (10/31/10) -Cogentin 1 mg po qd (↑ 1/6/11)	**-# Days w/restlessness:** 5 in Mar, 1 in Apr **-# Days w/manic behavior**: 4 in Nov, 0 in Dec-Apr # of Ativan doses: 1 in Nov, 0 in Dec, 1 in Jan, 0 in Feb, 2 in Mar, 0 in Apr -MMSE 4/09 = 4; 9/09 = 3, 10/10 = 0 (per progress note
hyperlipidemia and vascular dementia		-Lipitor d/c'ed 9/09 d/t leg pain
HTN	ASA 81mg po qd Lisinopril 20 mg po qd Metoprolol 50 mg qd HCTZ 25mg po qd (↑3/16/12)	BPs mostly 120-130's/60-70's and HR 50-60's
pain	Tylenol 1gm po q6h prn pain, fever	APAP prn doses: 0 in Nov, 1 in Dec, 3 in Jan, 0 in Feb, 1 in Mar, 1 in Apr
Nutritionals	Calcium 600mg/Vitamin D 400units bid	Weight 2/12: 127 lbs; 5/11: 121 lbs; 10/09: 134 lbs
constipation	-lactulose 30mL bid -bisacodyl supp PR if no BM x 4 days, then Fleets enema if no results Docusate 100mg po qd MOM 30mL po qd prn no BM x 3 days (11/11)	-bisacodyl: 1 in Nov, 0 in Dec, 0 in Jan, 1 in Feb, 1 in Mar, 1 in Apr MOM: 5 doses in Apr

Labs:

	12/08	**5/09**	**6/09**	**8/09**	**9/09**	**11/09**	**9/10**	**10/10**	**3/12**	**4/12**
glu	96		101		111	138	118	90	126	
Cr	0.9		1		1.1	1.2	1.0	1.1	1.1	
Na	143		144		143	144	141	147	144	
K (3.5-5.1)	4.4		4.4		4.0	4.4	4.1	4.0	4.0	4.0
H&H	13.8/41.7			13.5/40.0		12.6/39.6	12.7/41.2		13.6/ 42.0	
chol	248	253	151							
TG	369	207	138							
HDL	48	51	51							
LDL	126	161	72							
Tbili	1.1		1.4		0.9		1.0		1.1	
SGOT/SGPT (7-31/5-30)	25/28		30/67		33/49		22/23		11/20	

No irregularities noted X Recommendations for MD review:
Unless clinically contraindicated, she is due for a gradual dose reduction of her lorazepam and Paxil.

Pharmacist: _____

□ I accept the above recommendations
Any changes to orders must be written on a yellow Physician's Order form

□ I reject part or all of the above recommendations because:

_____
Prescriber Date/Time

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 016	
Subject: Controlled Substances in Med Room & ER2	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Policy:

Controlled Substances will be handled according to DEA regulations regarding labeling, handling and accountability.

Procedure:

1. Classifications examples:
   a. Schedule I - No accepted medical use
   b. Schedule II - Morphine, Hydrocodone/APAP
   c. Schedule III – Ketamine
   d. Schedule IV - Zolpidem
   e. Schedule V – Acetaminophen with Codeine elixer

2. Schedule I medications are not used at CCMC.

3. All Schedule II controlled substances are required to be stored double locked.

4. All Schedule III-V controlled substances are required to be stored single locked.

5. Records:
   a. A separate record is maintained on all Controlled Substances in a declining inventory record which includes:
      1. Date and time of administration
      2. Patient name
      3. Name of Medical Provider
      4. Signature of the Nurse administering the drug
      5. Date and time of administration
      6. The name and strength of the drug should be on the form
   b. Each record will be reconciled to a physical count of the remaining medication at each change of shift and these will be retained for five (5) years.

6. Accounting Procedures:
   a. Any discrepancy in the count of a controlled substance will be reported to the Director of Nursing immediately.
   b. The Director of Nursing will institute an investigation with the Pharmacy Technician to determine the reason and reconcile.
   c. The Consulting Pharmacist and Hospital Administrator will be notified if no reason or reconciliation can be made.
   d. When adding or removing stock from the drug room, the additions and deletions will be noted on the appropriate narcotic reconciliation sheet.

Department: Pharmacy	PHY 016	
Subject: Controlled Substances in Med Room & ER2	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

e. Completed or discontinued narcotic reconciliation records will be maintained in the Drug Room.
f. Medications wasted require two licensed nurses' or drug room personnel signatures.
g. Narcotic reconcilitation sheets are signed at the time of the count by one licensed nurse going off duty and by one on-coming licensed nurse.
h. If the plastic seal of a Tubex container is broken it will be wasted.

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 016	
Subject: Controlled Substances in Med Room & ER2	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Reference:

Cross – Reference:
PHY 001 Formulary
PHY 002 Outpatient Standing Orders
PHY 011 Medications From Home
PHY 026 Schedule Drugs-Drug Room
NSG 122 Medication Order Implementation and Administration

Attachments:
PHY 016a CCMC Narcotic Reconciliation Record Med Room
PHY 016b CCMC Narcotic Reconciliation Record ER2
PHY 016c CCMC Narcotic Reconciliation Record LTC Meds
PHY 016d CCMC Narcotic Reconciliation Record Home Medications

Administrator Signature _____ Date _____
Department Manager _____ Date _____
Committee Chair Signature _____ Date _____

Review Signature _____ Date _____
Review Signature _____ Date _____
Review Signature _____ Date _____

CCMC Narcotic Reconciliation Record

Medication Room

MEDICATION: _Lorazepam 20 mg/10 ml inj MDV (Ativan)_____CARRIED FORWARD: _____

by mg

Example

1/1/2014	1300	Elmer Fudd	100 mg	100mg	Dr. Hurt	Jane Doe	Jim Doe	0

Date	Time	Patient Name	Amt. Given	Amt. Wasted	Med Provider	Lic. Professional	Lic. Professional	On Hand

CCMC Narcotic Reconciliation Record

ER2

MEDICATION: **Temazepam 15mg tab**
per tab

Carried Forward _____

Example

1/1/2014	1300	Elmer Fudd	1	0	Dr. Hurt	Jane Doe	Jim Doe	0

Date	Time	Patient Name	Amt. Given	Amt. Wasted	Med. Provider	Lic. Professional	Lic Professional	On Hand

CCMC Narcotic Reconciliation Record

PATIENT: Joe Williams

LTC MEDS

MEDICATION: Oxycontin 5mg tab
per tab

Carried Forward _____

Example

10/27/2013	1300	1	0	Jane Doe	Jim Doe	0

Date	Time	Amt. Given	Amt. Wasted	Lic. Professional	Lic. Professional	On Hand

CCMC Narcotic Reconciliation Record

PATIENT:

MEDICATION:

Personal Medications
From Home
Carried Forward ___________

Example

10/27/2013	1300	1	0	Jane Doe	Jim Doe	0

Date	Time	Amt. Given	Amt. Wasted	Lic. Professional	Lic. Professional	On Hand

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 017	
Subject: Removal of Medications From the Drug Room and Medication Storage Areas	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics committee		

Policy:

Adequate stock of all pharmacy items will be maintained to ensure availability when needed.

Procedure:

1. Medications removed from the Drug Room are to be noted in the log book with date, drug name, strength, route, quantity, whether or not to reorder, initials of the Nurse taking the drug, patient name and room number.

2. Medications stored elsewhere in single site areas will be noted in the drug room log book when they need to be reordered.

3. When obtaining the medication from the Drug Room, or other medication storage areas, the Nurse should determine whether there is enough supply of the medication available to treat the patient for five days. Consideration needs to be given as to whether or not another patient is currently using the same medication.

4. Contact the Materials Management department if medication needs to be ordered within the next five days at extension 272

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 017	
Subject: Removal of Medications From the Drug Room and Medication Storage Areas **Approved by:** Pharmacy and Therapeutics committee	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15

Reference:

Cross – Reference:
PHY 025 Medication Orders for Outpatient Use
PHY 102 Drug room/Inventory Clerk and Pharmacy Technician's Responsibilities

Attachments:
PHY 017a Medication Sign-Out Sheet Drug Room
PHY 017b Medication Sign-Out Sheet Med Room Fridge
PHY 017c Medication Sign-Out Sheet ER Fridge

Administrator Signature _____ Date _____
Department Manager _____ Date _____
Committee Chair Signature _____ Date _____

Review Signature _____ Date _____
Review Signature _____ Date _____
Review Signature _____ Date _____

Medication Signout Sheet-Drug Room

Date	Drug Name	Strength	Route	Quantity	Reorder	Initials	Patient	Room

PHY 017a

Medication Signout Sheet-Med Room Fridge

Date	Drug Name	Strength	Route	Quantity	Reorder	Initials	Patient	Room

PHY 017a

Medication Signout Sheet-ER Fridge

Date	Drug Name	Strength	Route	Quantity	Reorder	Initials	Patient	Room

PHY 017a

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 022	
Subject: Suspected Adverse Drug Reaction	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Policy:

Suspected Adverse Drug Reactions will be reported immediately to the prescribing Medical Provider, if unavailable or urget contact the on call porvider.

Procedure:

1. If the nursing staff suspects an adverse drug reaction, the drug will be stopped immediately and the appropriate Medical Provider will be notified.

2. The patient will be monitored closely for potential life threatening reactions.

3. The suspected adverse drug reaction will be documented in the patient's chart and on the Suspected Adverse Drug Reaction form. The form will be given to the Medical Provider, the consulting Pharmacist and the Director of Nursing.

4. The suspected adverse drug reaction will be reviewed by the Pharmacy and Therapeutics Committee and an assessment is made of the preventability and severity of the patient's reaction.

5. Any suspected adverse drug reaction meeting the following criteria will be reported to the Food and Drug Administration (FDA):
    A. Directly or indirectly led to a patient's death.
    B. Life threatening or permanently disabling.
    C. Reaction not listed in the package insert.
    D. The suspected drug has been on the market less then two years.

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 022	
Subject: Suspected Adverse Drug Reaction	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Reference:

Cross – Reference:
PTH 001 Purpose Statement

Attachment:
PHY 022a Suspected Adverse Drug Reaction (SADR) form
PHY 022b Signs and Symptoms of Suspected Adverse Drug Reactions

Administrator Signature _____ Date _____
Department Manager _____ Date _____
Committee Chair Signature _____ Date _____

Review Signature _____ Date _____
Review Signature _____ Date _____
Review Signature _____ Date _____

CORDOVA COMMUNITY MEDICAL CENTER

ADVERSE DRUG REACTIONS

GI	SKIN	CV	CNS	LABS	OTHER
Nausea	Rash	Hypertension	Headache	LFT's	SOB
Vomiting	Itching	Hypotension	Confusion	Scr/BUN	Wheezing
Diarrhea	Flushing	Chest Pain	Anxiety	Neutropenia	Fever
Constipation	Swelling	Arrhythmias	Sedation	Anemia	Chills
GI Upset	Phlebitis	Bradycardia	Depression	Electrolyte	Seizures
GI Pain	Erythema	Tachycardia	Malaise		Shock

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 025	
Subject: Medication Orders for Outpatient Use	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		Page 1 of 2

Policy:

All medications must be prescribed by a CCMC credentialed provider with direct knowledge of the patient's condition, allergies and other medications. A Nurse may act as an agent for the Medical Provider by preparing and delivering the medication for the dispensing Medical Provider.

Procedure:

1. Medications for outpatients will be limited to appropriate quantities to cover the patient need until the earliest drug may be otherwise obtained.

2. If the prescribed medication is on the prepack list the Nurse may deliver the medication to the patient.

3. If the prescribed medication is not on the prepack list, the Nurse will prepare the medication(s).

4. The RN/LPN will prepare the medication for the Medical Provider by :
    a. Locating and counting out the correct dosage of medication.
    b. A label will be attached to the medication bottle with the following completed information:
        1. "Number" number assigned each medication from the medication log book located in the drawer near the Unit Clerks desk
        2. "Dr." Prescribing Medical Providers name
        3. "Drug" Drug Name, Strength, schedule of medication if narcotic
        4. "Exp. Date" No longer than one year from fill date or the actual expiration date, whichever is first.
        5. "Lot" Lot number of drug
        6. "For" Patient's name
        7. "Date" Date it was dispensed.
        8. Directions for use
        9. Quantity dispensed
        10. The facility address and phone number is already printed on the label

5. Once the prepared medication and label have been checked by the prescribing Medical Provider, it will be delivered to the patient.

6. The RN/LPN will complete the patient record documentation, fill out a take home medication sheet and record the appropriate information in the medication log book.

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 025	
Subject: Medication Orders for Outpatient Use	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Reference:
Statutes and Regulations: Pharmacy, February 2000 12 AAC 52.720, pp 43-44.

Cross – Reference:
PHY 017 Removal of Medications from the Drug Room and Medication Storage Areas
NSG 025 Focused Assessment Guidelines for Non-Physician Designated Screening Professional
PHY 042 Prescriptions

Attachment:
Pharmacy label sample
PHY 109a Charge Sheet w/Prepack List

Administrator Signature _____ Date _____
Department Manager _____ Date _____
Committee Chair Signature _____ Date _____

Review Signature _____ Date _____
Review Signature _____ Date _____
Review Signature _____ Date _____

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 032	
Subject: Multi-dose Vials	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		

Policy:

Multi-dose vials are for single patient/resident use.

Procedure:

1. All multi-dose vials, bottles, etc. are designated specifically for a single patient/resident. Multi-dose vials are NOT to be used for more than one patient.

2. Upon accessing/opening, if the product will be accessed again for the same patient/resident while at the hospital it will be labeled with the patient/residents name and the date when it was accessed/opened.

3. If after access the product will not be used again, the remaining product will be discarded. Patients the remaining MDV may be given to the patient at discharge upon the order of a Medical Provider.

4. Examples of multi-dose vials and bottles:
   A. Injectable Folic Acid
   B. Irrigation solution
   C. Insulin
   D. Triamcinolone Cream
   E. Lidocaine
   F. Marcaine

Cordova Community Medical Center
Policies and Procedures

Department: Pharmacy	PHY 032	
Subject: Multi-dose Vials	☐ New ☒ Revised ☐ Other	**Date:** 7/20/15
Approved by: Pharmacy and Therapeutics Committee		Page 2 of 2

Reference:

Cross – Reference:
NSG 102c Preparation and Quality Control of Intravenous Mixtures
PHY 009 Administering Medications to Patients in Isolation

Attachment:

Administrator Signature _____ Date _____
Department Manager _____ Date _____
Committee Chair Signature _____ Date _____

Review Signature _____ Date _____
Review Signature _____ Date _____
Review Signature _____ Date _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY #** RAD 002
SUBJECT: Radiology Department Patient Registration	**EFFECTIVE DATE:** **09/11/2009**
Page 1 of 2	

Policy:

All patients will be registered at the front office of CCMC and then logged into the Radiology Department. The appropriate orders &/or requests will be generated prior to the imaging exam..

Procedure:

1. The appropriate exam on the X-Ray charge sheet will be bracketed and highlighted.

2. The patient label will be placed in the daily radiology log-book and the exam written on it. Also, must in-put the patient designation; for example: ER, Outpatient (OP), IP or LTC.

3. If the patient has had previous x-rays, pull the master film jacket and update both with the appropriate information and date sticker.

4. Since the acquisition of the FUJI CR system in August of 2008, there are no films generated, except for the Ilanka Clinic, the local Chiropractor and other Specialists. Any returned laser-copied films must be stored. So if the films are for a new patient, then a new master-jacket needs to be made up with all the appropriate patient information and date stickers applied.

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology **SUBJECT:** Radiology Department Patient Registration **Page 2 of 2**	**POLICY #** RAD 002 **EFFECTIVE DATE:** **09/11/2009**

Reference:

Cross – Reference:
RAD 009 Exam Request and Charge Sheet
RAD 008 Maintaining Master Jacket and File System

Attachment:

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY #** RAD 003
SUBJECT: Radiation Protection	**EFFECTIVE DATE:**
Page 1 of 2	**May 27, 2010**

Policy:

Radiation protection will be provided for the patient, the technologist and anyone assisting with the procedure during an exam.

Procedure:

1. All female patients under the age of 50 will be asked if they may be pregnant. If unsure, or if there has been unprotected sex outside of the 10 days since the beginning of their last menstrual cycle, her Medical Provider will be notified. The Medical Provider will make the final determination as to whether to proceed with the exam.

2. Pregnant individuals will not be allowed to assist with an exam.

3. Radiation protection requires proper collimation of the X-ray beam and use of lead aprons and shields.

4. No one, with the exception of those assisting with the patient, will be allowed in the radiology room during an exam.

5. Doors to the Radiology Room will be closed during procedures.

6. A Thermal Luminescent Dosimetry (TLD) monitoring badge is provided for the technologist and will be worn at all times when working. They are interpreted on a quarterly basis and the results are to be retained indefinitely in the Radiology department file cabinet.

7. These results are to be reviewed by QMC (Quality Management Committee).

DEPARTMENT: Radiology	**POLICY #** RAD 003
SUBJECT: Radiation Protection	**EFFECTIVE DATE:**
Page 2 of 2	**May 27, 2010**

Reference:

Cross – Reference:

Attachment:
RAD 003a Copy of a TLD Report

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY RAD 004**
SUBJECT: Performing Urgent Emergency Procedures	**EFFECTIVE DATE:**
Page 1 of 2	**November 2009**

Policy:

The personnel of the Radiology Department will perform Urgent Procedures on Emergency Room patients, in preference over doing a Routine exam. This is to ensure that emergency care is given appropriately.

Procedure:

1) All procedures will be performed on Emergency patients in a quick and timely manner.

2) The images will be transmitted electronically to the current Radiology 'interpretive group' upon completion of each study and marked as STAT if instructed by the provider.

3) The exam request form needs to be filled out electronically with patient: name / DOB / exam/provider /history & symptoms / date/, etc.

4) If it is a STAT exam, after the electronic form is done; a call needs to be made notifying the Radiologist. A return phone # or fax # needs to be provided in the electronic form as well for the results.

DEPARTMENT: Radiology	**POLICY RAD 004**
SUBJECT: Performing Urgent Emergency Procedures	**EFFECTIVE DATE:**
Page 2 of 2	**November 2009**

Reference:

_____
_____
_____

Cross – Reference:

_____
_____
_____

Attachment:

_____
_____
_____

Administrator Signature _____ **Date** _____
MIC Signature _____ **Date** _____
Dept. Mgr/Committee Chair Signature _____ **Date** _____

Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY RAD 007**
SUBJECT: Patient Demographic Sheet	**EFFECTIVE DATE:**
Page 1 of 2	**November 2009**

Policy:

The Front Office will fax a copy of the patient's **signed** Demographics sheet to RAPC, OR if requested.

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY RAD 007**
SUBJECT: Patient Demographic Sheet	**EFFECTIVE DATE:**
Page 2 of 2	**November 2009**

Reference:

_____
_____
_____

Cross – Reference:

_____
_____
_____

Attachment:

_____
_____
_____

Administrator Signature _____ **Date** _____
MIC Signature _____ **Date** _____
Dept. Mgr/Committee Chair Signature _____ **Date** _____

Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY #** RAD 008
SUBJECT: Maintaining Master Jacket and File System	**EFFECTIVE DATE:**
Page 1 of 2	**November 2009**

Policy:

Each patient's files/films are kept in accordance with Health Information Portability and Accountability Act (HIPAA) regulations.

Procedure:

1. X-Ray file/film retention:
   a. Pediatric files/films are kept until the patient is 21 years old; longer if the patient continues a 'current' status beyond their 21st birthday.
   b. Mammography files/films are kept for ten (10) years beyond the last date of a mammogram, or as long as the patient maintains a current status beyond the ten-year limit of the last mammogram. This also applies to breast ultrasounds.
   c. Current Status in all other cases is **5** years beyond the last X-ray or Ultrasound exam performed.

2. Special Considerations:
   a. Deceased: the master jacket and the file card are maintained for six years post-demise. The file card is marked 'deceased' and kept in the index file. The master jacket is filed in the basement file. At the end of the six-year period they may be discarded.

3. Active Files:
   a. These are the master files that are maintained upstairs in the Radiology Department. They will encompass the current year plus the five previous years. The remaining files will be maintained in the basement and brought up to the department, as needed.
   b. The upstairs active file is in the terminal digit format according to the patient's CCMC medical record number. The basement files are segregated into years and then kept in the terminal digit format.
   c. There are also alphabetical files in the basement, which encompass Mammo, Pediatric, and adult files where there are no medical record numbers available.

4. Appearance of the master jacket:
   a. The patient's name and date of birth will be recorded on the front of the jacket in the areas provided.
   b. All studies are recorded on the front of the report pocket along with the date they are performed. The year sticker is kept current in the lower right corner of the jacket.
   c. If there is a special consideration, i.e. mammo or pediatric, a "DO NOT DESTROY" sticker is placed in the upper right hand corner.

5. The master jacket will remain in the Radiology Department or B-100 basement files at all times unless they have met the criteria beyond retention. Removal of daily films should be placed in a red plastic insert in order to be transported throughout the facility.

DEPARTMENT: Radiology	**POLICY #** RAD 008
SUBJECT: Maintaining Master Jacket and File System	**EFFECTIVE DATE:**
Page 2 of 2	**November 2009**

6. While waiting for the 'electronically' signed report, the master jackets are placed alphabetically in a holding file located in the light-room of the radiology department.

Reference:

Cross – Reference:

Attachment:
RAD 008a HIPPA Regulations Medical Imaging Services

Administrator Signature _____ **Date** _____
MIC Signature _____ **Date** _____
Dept. Mgr/Committee Chair Signature _____ **Date** _____

Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY RAD 009**
SUBJECT: Exam Request and Charge	**EFFECTIVE DATE:**
Page 1 of 2	**November 2009**

Policy:

When an exam is ordered by the provider an electronic order should be put for the Radiology department and radiology be notified of the order.

Procedure:

1. The electronic order when entered must include; Correct Patient information, Exam ordered, Medical Provider, and a clear explanation of any Symptoms with a diagnosis code.

2. Radiology will complete the exam and update the EMR.

DEPARTMENT: Radiology	**POLICY RAD 009**
SUBJECT: Exam Request and Charge	**EFFECTIVE DATE:**
Page 2 of 2	**November 2009**

Reference:

Cross – Reference:

Attachment:
RAP-C Exam Information Sheet

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY RAD 011**
SUBJECT: Radiology Reports	**EFFECTIVE DATE:**
Page 1 of 2	**November 2009**

Policy:
An original 'electronically' signed Radiology Report will be generated with each radiology exam.

Procedure:

1. Original reports arrive by secure printer in Medical Records:

   A. The Original reports are given to the Provider by Medical Records to review and sign, after which it will be filed in the patient's medical record Chart

2. When the ordering Medical Provider is not on-staff:

   A. The original is mailed or faxed to the requesting provider.

3. Turn-around time for a routine report is approximately 2-3 business days.

DEPARTMENT: Radiology	**POLICY RAD 011**
SUBJECT: Radiology Reports	**EFFECTIVE DATE:**
Page 2 of 2	**November 2009**

Reference:

Cross – Reference:

Attachment:
RAP-C Exam Information Sheet

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY RAD 012**
SUBJECT: Release of Films and Reports	**EFFECTIVE DATE:**
Page 1 of 2	**November 2009**

Policy:

A 'Consent for Release of Information' form will be signed by the Patient or designated representative whenever exam images and/or radiology reports are sent beyond Cordova Community Medical Center.

Procedure:

1. The signed 'Consent for Release of Information' form will be filed in the patient's medical records.

2. If a permanent transfer has been requested, note this on the Release of Information form.

3. Copies:
   A. Images will be copied—onto a CD—for release when the patient is permanently transferring their records or taking them out of CCMC.
   B. The patient will be instructed to call the Radiology Department before coming to pick up their copies to ensure that they will be ready when they arrive. The Radiology Department requests 2 business days notice for copies needed.

DEPARTMENT: Radiology	**POLICY RAD 012**
SUBJECT: Release of Films and Reports	**EFFECTIVE DATE:**
Page 2 of 2	**November 2009**

Reference:

Cross – Reference:

Attachment:
RAP-C Exam Information Sheet

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY #** RAD 013
SUBJECT: Technique Chart	**EFFECTIVE DATE:**
Page 1 of 2	April 30, 2008

Policy:

A technique chart is posted near the operator console of the x-ray unit to be visible to the technologist during a procedure. The chart is dated and based on patient size (caliper measurement) and is evaluated and updated each year or as technique or equipment changes.

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY #** RAD 013
SUBJECT: Technique Chart	**EFFECTIVE DATE:**
Page 2 of 2	April 30, 2008

Reference:

_____
_____
_____

Cross – Reference:

_____
_____
_____

Attachment:

_____
_____
_____

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policy

SUBJECT: Equipment and Department Inspections **DEPARTMENT: Radiology** **POLICY OWNER:** Radiology **Original Approval Date:** April 30, 2008	RAD 014	
	☐ New ☒ Revised ☐ Reviewed	**Date:** 05/17/2014

Policy:

The Radiology Department and equipment receives inspections as mandated by the State of Alaska.

Procedure:

1. Equipment:
   - A. Overhead X- Ray Machine / Portable X- Ray Unit:
     1. There will be a yearly inspection of all X- Ray units in the department by a qualified Physicist.
     2. The Physicist's report is kept on file and any recommendations are acted on.
   - B. Ultrasound Machine:
     1. The ultrasound machine will be inspected once a year by a qualified engineer in order to maintain the diagnostic reliability of the equipment.
   - C. Bone Densitometry:
     1. Inspection certification is not required.

2. State Registration.
   - A. The Department of Public Health and Social Services requires a certificate of each x- ray tube.
   - B. A Certificate of Registration will be issued annually and will be displayed above the x-ray console.
   - C. The preceding year's certificates will be maintained in the Radiology department.

3. Inspections of the Radiology Department will be conducted by the state.

Cordova Community Medical Center
Policy

SUBJECT: Radiation Protection **DEPARTMENT: Radiology** **POLICY OWNER:** Radiology **Original Approval Date:** April 30, 2008	RAD 014 ☐ New ☒ Revised ☐ Reviewed **Date:** 05/17/2014

Reference:

_____
_____
_____

Cross – Reference:

_____
_____
_____

Attachments:

RAD 014a X-ray Machine Inspections- Healthcare Diagnostic Facilities
RAD 014b State Inspection Certificate of Registration
_____

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY #** RAD 019
SUBJECT: Image / Information Transfer	**EFFECTIVE DATE:**
Page 1 of 2	July 23, 2008

Policy:

All radiology imaging exams are transmitted for a Radiologist's interpretation and report via PACS. The following is the procedure for sending exams.

Procedure

1. Information Forms

   A. The interpretation service Exam Information system should be completed as explained in Radiology handbook.

   B. For STAT exams as requested by the provider, A phone call to the interpretation service (per their instructions) is necessary to alert them of the incoming images. A verbal or written reply will occur within the same day.

2. Availability of Service

   A. All films will be sent to the current interpretive service as soon as possible once the exam is complete. The current Radiologist interpretative service is open 24-7 including holidays and weekends, allowing services at any time include those exams that are not STAT, thereby facilitating quality of patient care and insuring the prompt turnaround time of Radiology reports.

DEPARTMENT: Radiology	**POLICY #** RAD 019
SUBJECT: Image / Information Transfer	**EFFECTIVE DATE:**
Page 2 of 2	July 23, 2008

Reference:

_____
_____
_____

Cross – Reference:

_____
_____

Attachment:

_____
_____

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology	**POLICY #** RAD 201
SUBJECT: Infection Control	**EFFECTIVE DATE:**
Page 1 of 2	April 30, 2008

Policy:

The Radiology Department will adhere to the Infection Control policies and procedures of Cordova Community Medical Center.

Procedure:

1. The Radiology and Ultrasound rooms will have:
   A. A sheet will be placed on each exam table and will be changed between patients.
   B. The surfaces of the tables and the upright Bucky will be cleaned with an approved hospital disinfectant between each patient.

2. Hand Protection during exams:
   A. Non-sterile gloves will be worn by the technologist during all ultrasound studies.

3. Hand washing:
   A. The technologist will wash their hands before and after each patient. Waterless hand cleaner may be used if hands are not soiled.

4. Ultrasound probes will be cleaned after each use.

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Radiology - Ultrasound **SUBJECT:** Infection Control **Page 2 of 2**	**POLICY #** RAD 201 **EFFECTIVE DATE:**

Reference:

Cross – Reference:
IC 109 Personal Protective Equipment

Attachment:

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr. Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policy

SUBJECT: Radiology Positioning Protocols	RAD P015	
DEPARTMENT: Radiology	☐ New ☐ Revised ☒ Reviewed	**Date:** 05/17/2013
POLICY OWNER: Radiology		
Original Approval Date: April 30, 2008		

Policy:

The Radiology Department will use positioning protocols that have been approved by the X-Ray Interpretive Service. A copy is posted in the department next to the X-Ray console for reference.

Cordova Community Medical Center
Policy

SUBJECT: Radiology Positioning Protocols	RAD P015	
DEPARTMENT: Radiology	☐ New ☐ Revised ☒ Reviewed	**Date:** 05/17/2013
POLICY OWNER: Radiology	Page 2 of 2	
Original Approval Date: April 30, 2008		

Reference:

_____

_____

Cross – Reference:

_____

_____

Attachments:

_____

_____

Administrator Signature _____ **Date** _____
MIC Signature _____ **Date** _____
Dept. Mgr/Committee Chair Signature _____ **Date** _____

Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____

Cordova Community Medical Center
Policies and Procedures

Department: Administration	ADM 205	
Subject: Resident and Patient Visitors	☐ New ☒ Revised ☐ Other	**Date:** September 25, 2015
Original Approval Date:		
Approved by:		Page 1 of 2

Policy:

It is the policy of Cordova Community Medical Center (CCMC) to allow patients/residents (or their designated guardians) to designate their chosen visitors, who will be afforded the same visitation privileges as an immediate family member.

Procedure:

1. CCMC offers limited visitation during the hours of 0700 until 2200 unless restrictions or limitations are required for clinical reasons. Visitors are required to sign in at the nurse's station when arriving at and departing from the facility.

2. Department heads will train CCMC staff on resident/patient visitation rights and residents/patients will be advised of their rights upon admission.

3. Patients/Residents have the right to designate at any time who may visit them and have the right to withdraw such consent at any time.

4. Restrictions on patient/resident visitation include:

    a. Visitors are limited to two people in the room for all Acute care, Swing Bed, and ED patients due to safety issues.

    b. When the patient/resident is undergoing care interventions;

    c. When there are potential or identified infection control issues;

    d. When visitors may interfere with the care or safety of another patient/resident;

    e. When a patient/resident needs privacy;

    f. Any other situation in which CCMC staff determine it is necessary to limit visitation when such visitation poses a safety or health risk to the patient/resident or impedes the delivery of care.

Administrator Signature _____ Date _____

Department Manager _____ Date _____

Committee Chair Signature _____ Date _____

Cordova Community Medical Center
Policies and Procedures

Department: Administration	ADM 205	
Subject: Resident and Patient Visitors	☐ New ☒ Revised ☐ Other	**Date:** September 25, 2015
Original Approval Date:		
Approved by:		Page 2 of 2

Review Signature _____ Date _____

Review Signature _____ Date _____

Review Signature _____ Date _____

Cordova Community Medical Center
Policies and Procedures

Department: Administration	ADM 703	
Subject: Radiology Technical Staff Qualifications	☐ New ☒ Revised ☐ Other	**Date:** September 25, 2015
Original Approval Date:		
Approved by:	Page 1 of 1	

Policy:

Cordova Community Medical Center will make every effort to retain a Radiological &/or Ultrasound Technologist with adequate licensure, certification and training.

1. Radiographic Technologist:

   A. Registration with the ARRT (American Registry of Radiological Technologists) and compliance with Continuing Education (CE's) requirements are preferred.

2. Ultrasonographer:

   A. Registration with ARDMS (American Registry Diagnostic Medical Sonographers), Registry-Eligible, or have graduated from an accredited sonography program and compliance with CE requirements.
   B. Registered in at least two areas; Abdomen and Obstetrical preferred.
   C. A minimum of three (3) years experience in both fields is preferred.

Administrator Signature _____ Date _____

Department Manager _____ Date _____

Committee Chair Signature _____ Date _____

Review Signature _____ Date _____

Review Signature _____ Date _____

Review Signature _____ Date _____

Cordova Community Medical Center
Policies and Procedures

Department: Employee Health	EH 104C	
Subject: Disease Specific Guidelines	☐ New ☒ Revised ☐ Other	**Date:** September 25, 2015
Original Approval Date:		
Approved by:		Page 1 of 4

Definition:

Employees who are immunocompromised. Examples of immunosuppression can be, but are not limited to, the result of:

A. Congenital immunodeficiency.
B. HIV infection.
C. Leukemia.
D. Lymphoma.
E. Generalized malignancy.
F. Therapy with alkylating agents, anti-metabolites, radiation or large amounts of corticosteroids. Doses of corticosteroids sufficiently high to cause severe immunosuppression are:
    1. Equivalent to or greater than a prednisone dose of 20mg/day or on alternate days for an interval of fourteen (14) days.
    2. Prolonged or extensive topical, aerosol or other local corticosteroids therapy that causes clinical or laboratory evidence of systemic immunosuppression.
    3. Those who have a disease that in itself suppresses the immune response and who are also receiving either systemic or locally administered corticosteroids. An employee on large doses of corticosteroids should not receive Measles, Mumps & Rubella vaccine (MMR) or other live vaccines for at least three months after cessation of steroid therapy.

Individuals who have received immune globulin or other blood products should not receive a live vaccination for three months and sometimes longer after receiving the blood product. The State of Alaska's Department of Immunization shall be contacted for guidance prior to vaccinating with live virus if the individual has received a blood product within the last eleven months.

Any employee who voluntary releases information that they are immunocompromised will be offered the option to care for patients who do not have a contagious disease.

Protocol:

1. Varicella Zoster (Chickenpox)
    a. Employees with no documentation of having Varicella or a positive Varicella titer shall be tested for immunity and immunized, if necessary.
    b. The employee with a negative history for chickenpox or shingles, who is known to be non-immune or is immunocompromised, will not care for patients with Varicella.
    c. Any employee who is not immune, or is immunocompromised, and becomes exposed to Varicella Zoster will be relieved from direct patient contact from day 10 to day 21 after exposure.
    d. Documented history of chickenpox or shingles is presumptive evidence of immunity.

Department: Employee Health	EH 104C	
Subject: Disease Specific Guidelines	☐ New ☒ Revised ☐ Other	**Date:** September 25, 2015
Original Approval Date:		
Approved by:		

2. Herpes Zoster (Shingles)
   a. Employees without compromised immunity may care for patients/residents with Herpes Zoster.
   b. Employees who are immunocompromised will not care for patients/residents with Herpes Zoster, nor will they provide care to other patients from day 10 through day 28 after exposure.
3. Herpes Simplex (cold sore or fever blister) or Herpetic Whitlow (herpes infection of the fingers)
   a. Employees with active herpes simplex (from day in which prodromal symptoms of tingling, itching or burning begins until lesions are crusted and totally dry) shall not provide care to patients in Labor & Delivery, newborns, immunocompromised patients or children under one year of age.

4. Polio
   a. Polio re-vaccination is not recommended for previously vaccinated health care workers except those who have close contact with patients who may be excreting wild polio viruses. Healthcare workers who have had a primary series of Oral Polio Vaccine (OPV) or Injectible Polio Vaccine (IPV) who provide direct care to patients who may be excreting polio virus may receive another dose of IPV. Adults should only receive IPV vaccine.

5. Tetanus/Diphtheria
   a. Employees who have not received a tetanus-diphtheria (Td) vaccine series, or have not had a booster within the last ten years will be referred to the Employee Health Nurse for immunization.

6. Tuberculosis
   a. All newly hired employees will be screened for TB using the Mantoux method with PPD within fourteen (14) days from hire. If the person has a documented history of a reaction to PPD, a chest x-ray will be ordered at time of hire unless the employee has had an x-ray within the last year and provides copies of that result. A TB questionnaire will also need to be completed.
   b. Any employee required to use a respirator/Hepa filter mask will be fit tested prior to caring for a patient in airborne isolation. The fit test is done by the Director of Nursing (DON) or Infection Control nurse.
   c. PPD testing should be administered before or simultaneously with the MMR. If MMR is administered first, PPD testing will be delayed for 4-6 weeks.

7. Influenza
   a. Influenza immunization will be required each fall to all employees.
   b. Employees with a known allergy to eggs will not receive the influenza vaccine and will be evaluated by the Medical Director.
   c. Employees that refuse the vaccine will be required to wear a protective mask at all times in the facility during Influenza season until April 1.

Department: Employee Health	EH 104C	
Subject: Disease Specific Guidelines	☐ New ☒ Revised ☐ Other	**Date:** September 25, 2015
Original Approval Date:		
Approved by:		

8. Hepatitis B
   a. Once their lab has proven non-immunity, employees will be screened for Hepatitis B immunity upon hire unless they can provide proof from prior employers within 10 days of hire.
   b. All employees who have not received the complete immunization series will be offered vaccinations to complete the series.
   c. Screening tests will consist of Hepatitis B Core Antibody, Hepatitis B Surface Antibody and Hepatitis B Surface Antigen before initiating the Hepatitis B vaccine series.
   d. If an employee can provide written proof of Hepatitis B immunization and subsequent immunity within the last five years, this proof of immunity will be accepted. If proof of the series is documented but immune status has not been established, Hepatitis B Surface Antibody testing will be performed.
9. Any employee who declines Hepatitis B immunization must sign a "Consent or Waiver for Hepatitis B Vaccine"; however, the employee may, at any time, reverse their decision. Rubella
   a. All employees will be tested for Rubella immunity upon hire.
      1. Those with a Rubella titer of less than 1.10 will receive one dose of MMR. After one month the, employee will be tested for Rubella immunity. If employee is still not immune a second MMR vaccine will be given.
      2. Female employees of childbearing age who need the vaccination and have the potential for becoming pregnant will be counseled to avoid pregnancy for three months after being immunized.
   b. MMR will not be administered under the following conditions:
      1. If the employee is pregnant, or pregnancy is suspected, immunization will be administered after delivery or the next menstrual period.
      2. Any employee with a known allergy to neomycin, gelatin or who has had a previous allergic reaction to a prior dose of MMR.
      3. Moderate or severe illness.
      4. MMR will be delayed for three to eleven months following administration of blood products per CDC's "Epidemiology and Prevention of Vaccine Preventable Diseases" manual.
      5. Employees with impaired immune systems.
      6. Employees with TB infection.
   c. Consent to receive the MMR vaccine must be signed. The employee has the right to decline but must sign a waiver stating they are declining the vaccine. By declining the vaccine they may also be forfeiting the employment.

Cordova Community Medical Center
Policies and Procedures

Department: Employee Health	EH 104C	
Subject: Disease Specific Guidelines	☐ New ☒ Revised ☐ Other	**Date:** September 25, 2015
Original Approval Date:		
Approved by:	Page 4 of 4	

Reference:
State of Alaska Dept. of Immunization
CDC Manual Epidemiology and Prevention of Vaccine Preventable Diseases
State of Alaska manual Tuberculosis Control in Alaska

Cross – Reference:
EH 104 Employee Health Program
EH 104A Employee Health Responsibilities
EH 104B Physical Examination
EH 104D Tuberculosis Screening
EH 104E Hepatitis B Screening
EH 104F Rubella Screening

Attachment:
EH 104Ca Consent for Hepatitis B Vaccine
EH 104Cb MMR Vaccine Consent
EH 104Cc Chickenpox Vaccine-What You Need to Know
EH 104Cd Tetanus and Diphtheria Vaccine (Td)-What You Need to Know Before You or Your Child Gets the Vaccine
EH 104Ce Hepatitis B Vaccine-What You Need to Know
EH 104Cf Hepatitis A Vaccine-What You Need to Know
EH 104Cg Measles Mumps & Rubella Vaccines-What You Need to Know
EH 104Ab Clinical Laboratory Test Request Form
RAD 009a Radiology Charge Sheet
EH 104Ac CCMC Immunization/TB Screening Record

Administrator Signature _____ Date _____

Department Manager _____ Date _____

Committee Chair Signature _____ Date _____

Review Signature _____ Date _____

Review Signature _____ Date _____

Review Signature _____ Date _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Emergency	**POLICY ER 110**
SUBJECT: Emergency Services	**EFFECTIVE DATE:** September 12 , 2015

Policy:

This policy sets forth services provided by the Emergency Department.

Services

Introduction

Cordova Community Medical Center is a Critical Access Hospital. We offer 24 hour 7 day a week emergency care to the community of Cordova. Care is provided without regard to the patient's ability to pay.
Our ER is staffed through an on-call roster of Emergency Medicine and Family Medicine physicians. Patients presenting to the emergency room can expect to be seen by the physician within 30 minutes of their arrival. Services provided include but are not limited to stabilization and treatment in trauma, pulmonary and heart conditions, infections, hypothermia and dehydration as well as other emergent conditions. After being seen by a physician if your condition is not emergent you may be referred to a primary care clinic.

For emergencies requiring surgery, critical care, specialty care or diagnostic testing not available in Cordova, patients will be stabilized and transferred to another facility. The facilities most commonly used are in Anchorage and include the Alaskan Native Hospital, Providence and Alaska Regional. This is based on your preference, the availability of services and your insurance.

Patients should be instructed to Call 911 directly for ambulance service.

The introduction to this policy will be posted at the entrance to the Emergency Room and on the Hospitals web page.

Direction

Emergency Services are provided under the direction of the medical director who is responsible for approving all emergency policies and procedures for the medical staff. He is responsible for ensuring that all medical staff are qualified to provide emergency procedures. This will typically include training in ACLS, PALS and ATLS or equivalent training and experience.

Staffing

The Director of nursing will ensure the Emergency Department is adequately staff with appropriately training nursing staff. This will include at least on RN who can be dedicated to care of the emergent patient. The CEO will ensure that at least one appropriately training laboratory technician and radiology technician will be available at all times within 30 minutes. CCMC has not respiratory therapists on staff and will not admit patients who require mechanical intubation. These patients will be stabilized and if intubated, Bag-valve-mask ventilation will be performed under the direct supervision of a physician until qualified transportation personnel assume care.

Services

Stabilization. In cases of suspected myocardial infarction, cardiac or respiratory arrest, or major trauma the staff will contact to provider, the lab and radiology who will report immediately to the Emergency Department.

DEPARTMENT: Emergency	**POLICY ER 110**
SUBJECT: Emergency Services	**EFFECTIVE DATE:** September 12 , 2015

This should be done when the ambulance is called out rather than attempting to coordinate arrival with the expected ETA. The physician will assume care from the EMTs and direct resuscitation and stabilization in accordance with life saving protocols. Standing orders and medications used for myocardial infarction are located in separate emergency polices

Fractures and Hemorrhage. The on call physician will be contacted and provide initial guidance to the RN, including calling in radiology and laboratory personnel. The RN will initiate basic measures to control bleeding and stabilize the fracture while awaiting arrival of the physician.

Hypothermia. The physician will be contacted immediately and report to the emergency department. The RN will begin passive rewarming in accordance with standing orders while awaiting the arrival of the physician.

Psychiatric and violent patients. While separate procedures address both of these conditions, in every case the on call provider will be notified immediately and asses the patient. Police and EMT should not be released until the provider has seen the patient.

Respiratory Disorders. For patients presenting with respiratory issues to include shortness of breath, wheezing, cough and fever and O2 saturation will be obtained immediately and relayed to the on call provider. In most cases oxygen will be applied by nasal cannula or face mask if oxygen saturation is less than 90%. In cases of asthma and COPD the provider may order nebulizer therapy prior to their arrival. If ordered oxygen and nebulizer therapy will be performed by the RN in accordance with standard nursing procedures. The only compressed gas used at CCMC is oxygen. Oxygen canisters and tanks will be handle and stored in accordance with maintenance and material procedures. Arterial blood gases will be drawn only by providers and analyzed by laboratory personnel.

Safety

All personnel will use universal precautions when treating patients in the emergency room. In cases of unknown trauma prior to the arrival of the patients this will include mask, gloves, gown and eye protection. All other infection control procedures, including hand washing/sanitation, and sharps disposal will be followed. All prepacs and equipment opened for use, even if not used will be considered dirty and processed for cleaning and sterilization immediately after the patient has been treated. Housekeeping will clean all rooms after use and nursing staff will verify all equipment is restocked.

Medication Administration.

Medications will only be administer by a physician or RN except in cases where a LPN is authorized. All medications should be given after confirming the patient is not allergic, the medication is not expired, and that there are no counter indications to the patients current medications (if known). This can be accomplished using the EMR or by other means such as UpToDate or drug interaction programs when time permits. Medications shall be given in accordance with standard nursing practice.

Adverse Reactions

Adverse reactions to treatment can include but are not limited to anaphylaxis, pain, swelling, shortness of breath, wheezing, itching, rashes, nausea or vomiting. Any adverse reaction should be reported to the provider immediately. Treatment for anaphylaxis usually includes epinephrine and Benadryl which are contained in the treatment room. Patients who are light headed and have a drop in blood pressure will usually be placed in the Trendelen-

DEPARTMENT: Emergency	**POLICY ER 110**
SUBJECT: Emergency Services	**EFFECTIVE DATE:** September 12 , 2015

burg position if there are no counter indications. Any adverse reaction that is suspected to be due to an on going procedure or medication the process shall be immediately stopped. All medication reactions are require to be reported on an adverse medication report.

Review

The Medical director and Director of nursing will review the emergency room log, policies and procedures and charts on a semi-annual basis. The purpose of this review is to ensure polices, equipment, staffing, and supplies are adequate.

Administrator Signature _____ **Date** _____
MIC Signature _____ **Date** _____
Dept. Mgr/Committee Chair Signature _____ **Date** _____

Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Medical Staff	**POLICY ER-112**
SUBJECT: Medical Staff Consultative guidelines	**EFFECTIVE DATE:**
Page 1 of 2	July 1 , 2015

Policy:

Realizing the practice of medicine is complex and varies dramatically from case to case the following policy provides guidelines for when consultation should be considered. Except where noted this is not meant to be restrictive or a set requirement, however, providers should note in the record reasons for deviation. A typical example would be when a debilitated patient is brought in who desires no intervention or transfer than has had a myocardial infarction. The list is an all-inclusive list as it is recognized that many other conditions may require consultation which is left at the discretion of the attending provider.

Procedure:

1. The following conditions should result in consultation by the on call provider.
   A. Myocardial infarction as evidence by enzymes or ECG changes
   B. Cerebral vascular accidents
   C. Major Trauma which ATLS protocols are involved
   D. Infectious diseases which require to be reported to the state (consultation may be delayed as appropriate)
   E. Any patient who is expected to be an inpatient for more than 96 hours

2. The Collaborating Physician is responsible for any inpatients admitted to CCMC by a Physician Assistant (P.A.) unless they have made other specific arrangements.

3. Physicians Assistants are required to consult their Collaborating Physician regarding:
   A. All admissions, including changes in admission status of long term care residents.
   B. Major traumas in the Emergency Room (ER).
   C. Ongoing Cardio Pulmonary Resuscitation (CPR).
   D. Patients requiring transfusion of blood products.

4. Nurse Practioners are required to consult a physician with admitting privileges for all Medicare/Medicaid patients who are admitted to meet CMS requirements.

Administrator Signature _____	**Date** _____
MIC Signature _____	**Date** _____
Dept. Mgr/Committee Chair Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____
Review Signature _____	**Date** _____

Cordova Community Medical Center
Policies and Procedures

DEPARTMENT: Infection Control	**POLICY IC 130**
SUBJECT: Antibiotic Stewardship Program	**EFFECTIVE DATE:** September 12 , 2015

Policy:

The CDC reports that 20-50% of antibiotics in acute care hospitals are either unnecessary, inappropriate or used for too long. In order to prevent avoidable side effects and complications to include clostridium difficile infections as well as to prevent growing antibiotic resistance.

Members:

1) The Medical director will serve as Head of the Antibiotic Stewardship program. He shall make a report quarterly to the Infection control Committee, QA committee and CEO on antibiotic usage, resistance patterns and the results of progress of action plans. He will be responsible for education of providers on antibiotic usage.
2) The Pharmacist will review all antibiotic prescriptions and report to the Head any usage found to be questionable as well as recommendations for improvement on case basis.
3) Lab Director shall report the results of all cultures and resistance patterns to the program Head.
4) Director of nursing shall gather information on antibiotic usage and administration from patient records and assist in implementing action programs to improve usage patterns...

Requirements:

1. Meet quarterly to assess progress antibiotic usage and process improvement
2. Review current CDC guidelines as well as information from UpToDate, and the current Sanford manual to ensure best practices
3. Develop, implement and review the progress of the current action for improving antibiotic usage.

Reporting:

The head of the program shall make reports as indicated above. These reports shall be retained for 3 years.

Administrator Signature _____ **Date** _____
MIC Signature _____ **Date** _____
Dept. Mgr/Committee Chair Signature _____ **Date** _____

Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____
Review Signature _____ **Date** _____

Minutes
Community Health Services Board
Library Conference Room
July 1, 2015 at 6:15 PM
Regular Meeting

I. CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the HSB special meeting to order at 12:00 pm. Board members present: **Kristin Carpenter, David Reggiani, Tom Bailer and Robert Beedle. (telephonically).**
A quorum was established.
CCMC staff present: Stephen Sundby, CEO

II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS
- **Guest Speakers ~ None**
- **Audience Comments ~ None**

III. CONFLICT OF INTEREST ~ None

IV. APPROVAL OF AGENDA
M/ Bailer S/ Reggiani "move to approve the agenda."
Upon voice vote, Motion passed 4-0

V. APPROVAL OF CONSENT CALENDAR
Minutes from the May 29th 2015 Special Meeting

M/ Beedle S/ Bailer "move to approve the Consent Calendar."
Upon voice vote, Motion passed 4-0

VI. REPORTS AND CORRESPONDENCE
Administrator's Report
Sundby reported that under **Staffing** we're working with someone now who will be here the third week of July, the Long Term Care Coordinator we are still looking to fill that position, the Facility Building Manager were starting to do interviews for that position, and we have a female Physician coming in August to interview. Aniessa and our interim Director of Nursing went over and met with the folks at API, Providence and Alaska Regional. They went and talked with the people at the different facilities that do referrals. They said it was the first time that somebody has come over in person like that. We're looking at strengthening our relationship with these folks and I think that will help up with more referrals. As you know we're moving forward with the **CT Scanner**, we have a meeting next week about that.
President's Report
Carpenter stated that she was really happy that you (Dr. Sundby) and Dr. Blackadar worked together and provided a list of things that would be useful from a third-party management company or consultant.
Finance Report ~ None

VII. ACTION ITEMS ~ None

VIII. DISCUSSION ITEMS ~ Medical Facility Management Services recommended for CCMC
Carpenter opened the discussion by acknowledging that one of the things that we've talked a lot about was recruiting and retaining providers. **Sundby** stated that looking at both of the lists it appear that several things crossed over. Cost Accounting, Professional Consultation, HR Consultation, Comprehensive Risk Assessment, Community Needs Assessment, Grant Funding for Special Projects and Telemedicine. They are all things that I would hope that we would still get help with.

Tiffany Varnadoe stated that the Long Term Care Beds are the center of the hospital, there are 10 Long Term Care beds and they stay pretty much full. Everything else makes or breaks us. **Beedle** affirmed that that was what he was talking about, that we should focus on what's going to keep us in business. The other stuff is part of it, but how are we going to keep the doors open. Some of the terms that you all should know are Acute patients, those are typically local people who get sick and come stay at the hospital for two days. Those are the types of patients we were aren't going to increase much. It's the Swing bed patients that come from Bartlett, Providence and Alaska Regional that come to get therapy. They don't stay forever, they're here for a short amount of time and then go back home. That's really where I think we could generate a lot of revenue.

IX. AUDIENCE PARTICIPATION ~ None

X. BOARD MEMBERS COMMENTS
Carpenter ~ None
Reggiani ~ None
Beedle ~ None
Bailer ~ None

XI. Executive Session ~ None

XII. ADJOURNMENT –
M/ Reggiani S/ Bailer "I Move to adjourn the meeting."
Carpenter declared the meeting adjourned at 6:45pm.

Transcribed by: Faith Wheeler-Jeppson

Minutes
Community Health Services Board
Library Conference Room
September 16, 2015 – 6:30 PM
Special Meeting

I. CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the HSB special meeting to order at 6:30 pm. Board members present: **Kristin Carpenter, Tim Joyce, Tom Bailer, James Burton and Josh Hallquist** (Hallquist arrived at 6:38pm)
A quorum was established.
CCMC staff present: Stephen Sundby, CEO; Tiffany Varnadoe, CFO; Kim Wilson, HR Coordinator; Rebecca Carnell, Director of Nursing; and Randy Apodaca, Rehab Director.

II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS
- **Guest Speakers ~ None**
- **Audience Comments ~ None**

III. CONFLICT OF INTEREST ~ None

IV. APPROVAL OF AGENDA
M/ Bailer S/ Burton "move to approve the agenda."
Upon voice vote, Motion passed 4-0

V. APPROVAL OF CONSENT CALENDAR ~ None

VI. REPORTS AND CORRESPONDENCE
Administrator's Report ~ Critical Access Hospital Survey
Stephen Sundby introduced Rebecca Carnell, RN our new Director of Nursing. So originally why I had asked for this was because during our survey they hit on our Governance a lot. They actually came back this morning to do an extended survey, at 4:30pm today they met with us and gave us two immediate jeopardies. One was dealing with Emergency Services, Nurses not having training, basically dealing with competency. It dealt with the Blood refrigerator in the Lab, they believe that you can't hear the alarm from the Nurse's Station. The second dealt with the sterilization of equipment they use in the ER. And the second was also on sterilization, they watched as someone who was using the autoclave and used it improperly. Our team has already met and it will be abated by tomorrow, so those will be removed by then. The surveyors will be here until Friday, they are also going to look at Dietary and a few other departments. Our last Long Term Care survey did not have any IJ's. ***Carpenter*** asked what an Immediate Jeopardy is. ***Sundby*** responded that it is something that would be a threat to the immediate health care of a patient. ***Carpenter*** spoke to the meeting that she, Robert Beedle and Tom Bailer attended at the behest of the Surveyor. She really was concerned about sterilization, she said that practices were not current. She talked about governance, which was a big one. And then there were things like they couldn't identify the paperwork that said that the sprinkler head had been replaced, when you look up you could see that there was, but the documentation was readily available. ***Sundby*** stated that the facility is out of compliance a little in all of the categories. Some of the things that they have accepted in the past, they want more detail on. There are some physical Plant issues, Sterilization and Governance, those are the main areas. In 10 working days they will send out a notification of the deficiencies, we will have 10 calendar days to return our Plan of Correction. But one of the things that they have hit really hard on and they keep asking questions on is Governance. Since you all are looking to make decisions about how that's going to happen, I wanted to make sure that you are aware of what's in that. Also, so that we know what to put into our Plan of Correction for that. The membership for that is pretty easy, you have to have a Governing Board and in some places that can even be one person that is accepting responsibility for the finances and for the oversight of the facility. However you do that, you're

pretty much going to meet it. In the regulations, there are parts we (CCMC) need to be reporting on and you (HSB) need to be asking questions about. And that hasn't been being done for a while. There are different things that they want us reporting on, like right now we have Nurse's needing additional training, we would need to present that so that you would be aware of it. So its things like that, but not just that there are other things. ***Carpenter*** I think that we all thought that when Providence was going to take over that we would be able to hand everything over to them, we were talking about having a Health Care Advisory Board and we're not going down that road anymore. So, we need to figure out how to meet their concerns and decide what this is going to look like. Do we reconstitute the Health Service Board as a separate body? Is it an elected body like the School Board is elected? The want to see that we're getting reports regularly and that we're monitoring them. ***Joyce*** I think that what Stephen is saying too is that he needs to have an answer so that he can put it in the response. ***Sundby*** stated that it doesn't have to be tomorrow, but it does have to be soon. We're already working on all of the issues that were aware, we really won't know specifically until we get their report what all of the issues are. ***Joyce*** stated that Governance is the issue. ***Sundby*** affirmed that Governance is an issue, they ask questions about it every day. They asked about the Governing body so I showed them the Code, they asked about how the Medical Director is appointed and I showed them the Code. The Health Service Board is responsible for hiring an Administrator, the Administrator is responsible for hiring the staff. However, you sign off on the contracts that we present, like the Medical Director. And that is why I had Faith add the Consent Calendar, they would really like the Governing Body reviewing every Policy and Procedure. I would proposed that we put those into a Consent Agenda, it would show that you are looking at our Policies and Procedures in sections. Our Med Staff Bylaws will be on our October meeting for your review and approval. Now we've just been talking about the Critical Access, but you're also the board over the Long Term Care and Sound Alternatives. They are not telling you who you have to have on the board, what they are saying very clearly is that they are not seeing the input from our side in to the HSB as then the accountability from HSB looking at us saying whether we're doing the things that we need to do. ***Joyce*** responded that having heard all of that what we need to do as a board is to give some direction to Stephen as to what we're going to do, right now we are the hospital board nothing has changed with Providence leaving we're back to where we were. We have been meeting quarterly because Providence was here, if it satisfies them to meet more often we could go back to meeting once a month for a half an hour, so what we need to do as a board is to give Stephen direction. If there's going to be more on the Agenda and we need to meet longer then that's fine. If we walk away tonight and not give Stephen direction he's winging it. ***Bailer*** stated I had a different take from that meeting, what I took was why aren't you guys paying attention because this hospital is a train wreck. We've heard a lot about the governance, I'd like to see the complete list from the Auditors before we make some decisions. When you're running the ship everything's got to fall into place, you're responsible for it. Part of my take away was, what is this board doing? Why aren't they paying attention? If these things aren't being done, why aren't they being called to task when they aren't being done? And we don't know what questions to ask. Providence kept telling us everything was rosy, I'm hoping when QHR comes they'll cover this area. None of us on the Board knew that the Director of Nursing was supposed to turn a report in. We wouldn't know to ask about the Fire Drills, we wouldn't know that nobody knew how to use the emergency equipment stored in the closet. If we're 15 years behind on sterilization training that just doesn't point to this Administration, what have we been doing? ***Carpenter*** stated that the sterilization was something that caught her attention. ***Joyce*** agreed with Bailer and stated that that is why we as a board is the kind of things that we should be asking to see the report and ask why didn't this or that happen and how are we going to correct this. We didn't ask for this because Providence was managing the hospital and we were pretty much a name sake only kind of board. I think now, with a different approach we're going to have to take a more active role. ***Carpenter*** stated that she thinks the real bottom line lesson here is that we as a Council can't wash our hands of managing the hospital. I remember that Jim Kallander would say nobody knows your business like you do, you know your business. So, we

know our business, we know it's a hospital that we have to manage and that ultimately does come back to us. We didn't manage that Providence contract very effectively, and I don't think that we can say we don't want to be in the business of health care because we are in the business of health care. So if we agree that the Health Service Board needs to meet more regularly, that's a start. And Stephen if you could come up with the list of things that need to be reported and reviewed by the Health Service Board. ***Joyce*** affirmed that when we put the Agenda together that we would have those reports listed under the Consent Calendar or something like that from each Department Head, just like the Department Head reports for City Council. ***Stephen*** agreed. Carpenter reiterated that the minutes from tonight's meeting will show that we are agreeing to 1) Meet more regularly, monthly sounds best and 2) develop an Agenda that has some kind of standard reporting format. ***Joyce*** responded that we will want to look at thing from Nursing like Med Errors, where are we at with those. We'll want something with a National norm on it to compare to, some benchmarks. So each individual Department should have something along those lines. ***Carpenter*** restated that the board wants the following 1) to see a copy of the Surveyors report, 2) that the HSB will meet monthly and 3) CCMC will come up with a reporting format for the Agenda.

President's Report ~ None
Finance Report ~ None

VII. ACTION ITEMS ~ None

VIII. DISCUSSION ITEMS – See under Administrator's Report

IX. AUDIENCE PARTICIPATION

Rebecca Carnell, CCMC Director of Nursing commented that I am new to CCMC, but I have a lot of experience with CMS in the Survey process and there are a lot of broken processes from A to Z in the hospital. It is going to require a lot of time, effort and understanding on everyone's part. And money to get these fixed.

X. BOARD MEMBERS COMMENTS

XI. Executive Session ~ None

XII. ADJOURNMENT –

M/ Burton S/ Joyce "I Move to adjourn the meeting."
Carpenter declared the meeting adjourned at 7:05pm.

Transcribed by: Faith Wheeler-Jeppson

Cordova Community
MEDICAL CENTER

P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

Date: October 7, 2016
To: Health Services Board
From: Stephen Sundby, Ph.D., CCMC Interim CEO/Administrator
RE: Administrator Report/CMS Survey

---

1. **Critical Access Hospital Survey (CAH)**

   - Verbal update on CAH survey.

2. **Staffing**

   - New Hires
     1. Physician (Start date of April 4, 2016)
     2. Long Term Care Coordinator
     3. Director of Nursing
     4. Facility Manager
     5. HIM Manager

   - Current Open Position
     1. 4 Registered Nurses
     2. 2 Certified Nursing Assistants
     3. 1 Medical Social Worker
     4. 1 Physical Therapist
     5. 1 Medical Technologist
     6. 1 Quality Assurance/Performance Improvement RN (new)
     7. 1 Business Office Assistant (new)
     8. 2 Unit Clerks (new)

   - Current Travelers
     1. 2 Registered Nurses
     2. 1 Medical Provider (Physician)
     3. 1 Physical Therapist
     4. 1 Medical Technologist

CT Scanner

- Renovations have started at CCMC for the installation of the CT Scanner.

Cordova Community
MEDICAL CENTER

P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

Sept 15, 2015

From: Medical Director CCMC

To: Health Service Board Members,

Via: Quality Management Committee chair

Acting CEO/Administrator

Subj: Medical Directors quality reporting.

1. Peer review had lapsed at CCMC sometime last year and was noted to be deficient on our mock survey in June. The Peer review process entails a physician reviewing other provider's charts to ensure standards of care are met. Additionally, provides both an informal and formal method of improving administration of patient care. Since that time I have written a peer review instruction, reviewed 10 charts of every physician or nurse practitioner who has practiced here in 2015. I had my charts reviewed by Dr Bejes, a locum physician who was here this summer. While some deficiencies were found, there were none that compromised standard of care and most were related to the implementation of the Electronic Medical Record. We have addressed these and shall follow to ensure they stay corrected. Peer review for the third quarter (July-Sept) is going on now.
2. Telemedicine. Per CMS requirements we are also required to evaluate the providers who provide Telemedicine services. These include Dr. Erickson the psychiatrist at Sound Alternatives, the Radiologist who do the final read on our x-rays and the eICU staff at Providence who help with our critical patients. Until now this has not been done. I have reviewed 5 charts of Dr. Erickson's and will continue to do so on a semi-annual basis. We will provide required feedback to API and ensure they agree to do the same if they notice any performance issues with him. I found no issues at all and in fact quite complete notes with good treatment plans. For Radiology we have started a log with all x-rays. It includes our providers read and the final read. We will resolve issues and if there appears to be Radiologist error we will discuss with the company and consider changing. So far the results have been consistent (good). Lastly the eICU is rarely used. After each case I will review with nursing and determine if information provided to us was timely, in compliance with current nationally recognized guidelines and useful to us. Quarterly I will review the file and make recommendations for continuing with the eICU program. All significant errors will be reported to Providence's Department of Medicine.
3. In order to ensure that we meet CMS requirements we are instating monitoring and Quality Improvement projects. These are to measure after hour's provider response time (required to be less than 30 minutes), the number of verbal orders given and number of verbal orders not signed off in 24 hours. The goal is reduce verbal orders overall and to ensure all of them are signed off in less than 24 hours.
4. In order to improve the quality of care in the Emergency Room and Acute Care Hospital we are working towards having all nurses and physician have training in Advanced Lifesaving, to include medical and trauma patients of

all ages. Additionally we will be conducting regular drills as well as chart reviews of cases that come in from all aspects. I will report that to you quarterly as well.

5. If you have any questions or would like further information/education on any issue regarding medical care please do not hesitate to contact me. Below is the federal requirement for a governing body, I hope this helps you meet that.

Respectfully,

C.S. Blackadar, MD
Medical Director CCMC
sblackadar@hotmail.com
360 399 0102

C-0240
§485.627 Condition of Participation: Organizational Structure

---

C-0241

§485.627(a) 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.

August 2015

Description	Year-To-Date Amount	Prior YTD Amount
ASSETS		
Cash & Cash Equivalents	155,035.65	911,483.93
Net Patient Receivables	1,146,006.90	1,106,785.96
Other Receivables	197,687.03	526,777.42
Fixed Assets	4,233,142.42	3,807,388.27
Prepaid Expenses	27,010.29	31,073.81
Inventory	280,408.04	141,172.08
TOTAL ASSETS	6,039,290.33	6,524,681.47
LIABILITIES		
Payables	2,558,027.51	2,003,508.03
Payroll Liabilities	460,372.66	348,095.68
Other Liabilities	145,996.11	32,676.22
TOTAL LIABILITIES	3,164,396.28	2,384,279.93
EQUITY/FUND BALANCE		
TOTAL FUND BALANCE	2,874,894.05	4,140,401.54
TOTAL LIABILITIES AND EQUITY	6,039,290.33	6,524,681.47

Comparison with Prior Year

Through August 2015

Description	Period Amount	Year-To-Date Amount	Prior Yr Pd. Amount	Prior YTD Amount
REVENUE				
Acute	13,747.16	223,764.57	12,349.55	373,584.77
Swing Bed	106,186.93	761,846.31	0.00	554,263.91
Long Term Care	305,102.16	2,659,976.75	327,736.16	2,480,234.29
Clinic	80,886.36	487,378.60	103,340.66	559,201.47
Outpatients-Other	211,255.91	1,486,197.27	196,267.55	1,876,904.03
Behavioral Health	56,970.36	367,135.28	27,289.00	346,744.84
Patient Services Total	774,148.88	5,986,298.78	666,982.92	6,190,933.31
DEDUCTIONS				
Charity	8,063.24	184,232.01	19,947.38	283,860.45
Contractual Adjustments	204,786.32	523,875.18	-203,698.23	69,818.93
Bad Debt	-1,206.06	63,019.75	15,016.12	227,178.71
Deductions Total	211,643.50	771,126.94	-168,734.73	580,858.09
COST RECOVERIES				
Grants	-4,320.00	286,442.00	553,038.97	679,651.97
In-Kind Contributions	25,536.66	788,133.12	25,536.66	204,053.28
Other Revenue	-36,064.76	24,907.92	-10,179.97	74,289.19
Cost Recoveries Total	-14,848.10	1,099,483.04	568,395.66	957,994.44
TOTAL REVENUES	547,657.28	6,314,654.88	1,404,113.31	6,568,069.66
EXPENSES				
Wages	257,054.50	2,122,642.19	309,027.27	2,432,422.37
Taxes & Benefits	181,946.68	1,571,302.81	162,545.48	1,187,941.41
Professional Services	156,863.84	1,362,878.02	78,483.27	1,171,845.29
Minor Equipment	937.29	8,376.21	-464.90	12,184.34
Supplies	20,195.96	275,393.00	29,735.67	373,794.69
Repairs & Maintenance	18,749.82	68,071.03	8,573.95	23,421.05
Rents & Leases	8,204.19	65,999.03	13,056.11	72,793.34
Utilities	49,507.88	378,773.83	6,267.68	194,525.62
Travel & Training	1,586.60	16,637.59	1,306.11	37,156.38
Insurances	10,054.65	129,734.90	90,402.23	120,796.64
Recruit & Relocate	0.00	34,753.97	917.87	73,408.55
Depreciation	39,840.30	159,386.23	22,650.13	182,048.18
Other Expenses	14,404.99	80,378.02	1,812.56	65,736.65
TOTAL EXPENSES	759,346.70	6,274,326.83	724,313.43	5,948,074.51
OPERATING INCOME	-211,689.42	40,328.05	679,799.88	619,995.15
Unrestricted Contributions	0.00	0.00	0.00	250,000.00
Restricted Contributions	24.00	51,989.62	0.00	2,091.00
NET INCOME	-211,665.42	92,317.67	679,799.88	872,086.15

CCMC
Profit Loss Comparison
2015

	Budget YTD	Actual YTD	Jan	Feb	Mar	Apr	May	June	July	August	Monthly Average
REVENUE											
Patient Services Revenue	6,609,205	5,986,299	621,577	640,259	821,599	753,702	936,420	750,733	687,859	774,149	748,287
Deductions	(1,707,175)	(771,127)	(67,751)	(114,811)	(252,496)	(180,297)	(71,282)	285,223	(158,069)	(211,644)	-96,391
Cost Recoveries	586,717	1,099,483	28,526	92,544	90,012	112,272	457,266	265,678	68,032	-14,848	137,435
TOTAL REVENUES	5,488,748	6,314,655	582,352	617,992	659,115	685,677	1,322,405	1,301,634	597,822	547,657	789,332
EXPENSES											
Wages	2,428,139	2,122,642	279,655	251,256	279,330	195,239	276,718	300,834	282,557	257,055	265,330
Taxes and Benefits	1,162,214	1,571,303	157,335	128,059	144,913	48,519	516,328	139,164	255,037	181,947	196,413
Professional Services	727,986	1,362,878	166,579	219,754	143,416	179,319	288,217	-38,302	247,031	156,864	170,360
Minor Equipment	24,021	8,376	25	922	2,000	1,744	412	290	2,046	937	1,047
Supplies	403,501	275,393	25,283	27,412	21,395	56,541	42,002	42,233	40,331	20,196	34,424
Repairs & Maintenance	17,307	68,071	113	803	145	10,164	5,123	32,246	727	18,750	8,509
Rents & Leases	69,119	65,999	9,111	7,441	386	15,952	7,638	8,502	8,767	8,204	8,250
Utilities	409,454	378,774	23,048	26,289	14,102	137,866	39,026	47,019	41,916	49,508	47,347
Travel & Training	40,341	16,638	765	30	0	1,324	1,016	4,217	7,698	1,587	2,080
Insurances	105,400	129,735	7,487	16,914	-7,671	43,167	11,157	38,375	10,251	10,055	16,217
Recruit & Relocate	30,069	34,754	6,315	1,057	0	18,298	3,148	500	5,436	0	4,344
Depreciation	185,813	159,386	19,985	19,881	0	19,881	19,881	19,960	19,960	39,840	19,923
Other Expenses	69,163	80,378	3,954	5,246	10,535	20,261	4,579	3,720	17,679	14,405	10,047
TOTAL EXPENSES	5,672,526	6,274,327	699,656	705,062	608,552	748,274	1,215,244	598,758	939,434	759,347	784,291
NET OPERATING INCOME	**(183,778)**	**40,328**	**-117,304**	**-87,070**	**50,563**	**-62,597**	**107,161**	**702,877**	**-341,613**	**-211,689**	5,041
Unrestricted Contributions											
Restricted Contributions		51,990	638	28	8	8	12	386	50,886	24	
NET INCOME	**(183,778)**	**92,318**	**(116,666)**	**(87,042)**	**50,571**	**(62,589)**	**107,173**	**703,262**	**(290,727)**	**(211,665)**	11,540

MEDICAL STAFF BYLAWS PREAMBLE

Recognizing that the Medical Staff is responsible for the quality of medical care in the Cordova Community Medical Center, and must accept and assume this responsibility, subject to the authority of the Governing Body and that the best interest of the patient are protected by concerted effort. The providers practicing at Cordova Community Medical Center hereby organize themselves in conformity with the bylaws, rules, and regulations hereinafter stated.

For the purpose of these bylaws, the term "Medical Staff' shall be interpreted to include all providers who are privileged to attend patients in Cordova Community medical Center, and the term "active" shall be interpreted to include all member providers categorized as Active Medical Staff. A "Licensed Independent Practitioner" is, as defined by the State of Alaska, any clinical practitioner who can practice independently under State of Alaska law to include Medical Doctor (M.D.), Doctor of Osteopathic Medicine (D.O.), Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, and Podiatrist.

ARTICLE I
PURPOSE

The purpose of the Medical Staff Bylaws shall be:
1. To ensure that all patients admitted and treated at Cordova Community Medical Center receive the best possible care, appropriate to our unique setting and available resources;
2. To provide a means whereby problems of the medical-administrative nature may be discussed by the Medical Staff with the governing body and the administration; and
3. To initiate and maintain rule and regulations for government of the Medical Staff.

For the purpose of these bylaws, the Medical Staff year commences on the first (1") day of January and ends on the thirty-first (31")day of December of each year.

ARTICLE II MEMBERSHIP

SECTION 1. Membership Qualifications:

Membership on the staff of Cordova Community Medical Center is a privilege which shall be extended only to those practitioners legally licensed to practice in the State of Alaska who strictly meet and continue to meet the standards and requirements set f forth in these bylaws and can document that they are qualified to provide high quality patient care, treatment and services within the scope of the Privileges requested, including but not limited to:

Proof of (i) their specific relevant experience, background, training, and demonstrated current competence, with training being verified with the primary source; (ii) adherence to the ethics of their profession; (iii) good character and professionalism; (iv) their ability to work harmoniously with others; (v) clinical performance information sufficient to convince the Governing Body that the applicant has adequate current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills and professionalism so that patients treated by them in the hospital will receive appropriate medical care, and that the Hospital and Medical Staff will be able to operate in an orderly manner; (iv) professional liability claim history; (vii) evidence that they have not been involuntarily excluded from, denied, or removed from, participation in any health care program funded by the federal government or any state health care program, including but not limited to Medicare or Medicaid;(viii) that they carry professional liability insurance carrier qualified to do business in the State of Alaska; (ix) current valid licensure and outcome of any (1) state licensing or regulatory disciplinary complaints or proceedings, or (3) any medical staff adverse actions, involving the Practitioner: and the absence of any pending complaints, proceedings or investigations. Provide an adequate number of acceptable reference letters, including information from peers in the same professional discipline, from independent sources in accordance with standards set by the Governing Body, which recommendations shall include written information regarding the applicant's current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism.

Only practitioners who meet the above requirements and who assure in the judgment of the Governing Body that any patient admitted to or treated in the Cordova Community Medical Center will be given the best possible care and professional skill, shall be and remain qualified for membership to the Medical Staff.

SECTION 2. Terms of Appointment:
Appointments shall be made by the Governing Body after recommendations of the Medical Director and shall be for a period of two (2) years or until the end of the Medical Staff two (2) year period, which ends in the even year. Before the end of the Medical

Staff two (2) year period, the Medical Director shall submit to the Health Services Board, through Medical Staff Services Committee, the recommendation for reappointment of a member to the Medical Staff for an additional two-year period, together with recommendations concerning the privileges to be accorded such member.

Appointments to the Medical Staff shall confer on the appointees only such privileges as may be provided in these bylaws, rules, and regulations of the Medical Staff. Applicants for active membership shall practice within the Medical Center and agree to accept staff committee assignments within reason, as well as provide emergency and inpatient care and consultation for any patients admitted to the Cordova Community Medical Center, in accordance with said rules and regulations.

SECTION 3. Procedure for Appointments:

Any practitioner, in applying for membership must:

Signify willingness to appear before the Medical Staff.
The applicant Authorizes CCMC to consult with any and all members of the medical staffs with which the applicant was or is a member, concerning the applicant's professional qualifications and competence. The applicant further authorizes CCMC to contact other persons or Entities that may have information bearing on the applicant's competence or ethical qualifications and to inspect any records at any previous medical facility where the applicant held privileges, which would be material to an evaluation of the applicant's professional qualifications and competence to carry out the privileges requested.
Provide all the information required in section 1. Including 3 references who have worked extensively with the applicant and can provide reliable information regarding the applicant's skill, judgment, and professionalism. The burden at all times remains on the applicant to establish competence and qualification to exercise privileges. Provide a statement whereby the practitioner agrees that when adverse action decisions are made with respect to staff appointment, staff status, and/or Privileges, they will exhaust the administrative remedies afforded by these bylaws before initiating any other action. Have professional liability coverage in the amount of at least $1 million per claim and $3 million per year aggregate. Have completed an American Board of Medical Specialty approve post graduate residency program. Obtain board certification with 5 years of completing residency training for active staff. Immediately inform the hospital of any change in status of their application after submission of the initial application. Sign an agreement acknowledging they have read and will comply with these medical staff bylaws.

The Medical Staff Services Committee shall forward the application, information, and references to the Medical Director for consideration. The Medical Director shall investigate the character, professional competence, qualifications, and ethical standing of the applicant to exercise the privileges requested, and shall verify, through reference given by the
Applicant and other available sources, that he/she meets and has established all the necessary qualifications set forth in these Bylaws. As a condition of appointment, the Medical Staff may require an examination of the applicant's physical or psychiatric status.

Within sixty (60) days after receipt of the completed application for membership by a provider, the Medical Director shall make written recommendations to the Governing Body, through Medical Staff Services Committee, that the application be provisionally accepted, deferred, or rejected. Any recommendations for initial provisional appointments may include probationary conditions relating to privileges. When a recommendation is made to defer for further consideration or investigation, it must be followed up within sixty (60) days by a recommendation to accept or reject the applicant The Administrator shall notify the applicant by mail of any recommendation to reject or defer consideration of the applicant within ten (10) days after such decision is made.

The Governing Body at its next regular meeting after receipt of the final report and recommendations of the Medical Director on any initial application for membership, shall consider same and may accept the recommendation of the Active Staff or refer it back for further consideration, stating the reasons for such action, requiring a report back from the Medical Staff within sixty (60) days. Within thirty (30) days after its receipt, the Health Services Board shall make a final decision therein. In the event the Health Services Board's decision is contrary to the recommendations of the Medical Staff, the Health Services Board shall first submit the matter to the joint conference committee for recommendation.

When the Governing Body has taken final action on any application for membership on the Medical Staff, the Board, acting through the administrator, shall notify the applicant of the action taken. If the applicant is provisionally accepted, the administrator shall secure his/her signed agreement to be governed by the bylaws and rules and regulations.

Each initial appointment shall be provisional until the end of the Medical Staff probation period of six (6) months. An applicant may be re-appointed to provisional membership after the six (6) month probation period not to exceed one (1) full Medical Staff year of provisional membership, at which time he/she must be advanced to Active Staff membership or his/her staff membership

is automatically terminated for all purposes, without further recourse, except that he/she shall have the rights accorded to a member of the staff who has failed to be re-appointed, as provided in Article VIII.

SECTION 4. Procedure for Reappointments:

1. At least sixty (60) days prior to the termination of the Medical Staff two year period, the active staff shall undertake a review of all information available on the then members of the Medical Staff, for the purpose of determining justification for their reappointment to the Medical Staff for the ensuing two year period. Specific consideration shall be given to each member with respect to professional competency and specifically a review of their peer review results including clinical judgment in the treatment of patients, ethics, conduct, attendance at Medical Staff meetings, participation in medical staff affairs, cooperation with Cordova Community Medical Center authorities and personnel, use of Cordova Community Medical Center facilities for his/her patients, relations with other staff members, general attitude toward his/her practice, patients, the Cordova Community Medical Center and the public generally. All requirements of initial appointment with regard to clinical competency, malpractice insurance, state licensing, board status and care for patients must be maintained. As a condition for appointment or continuation of privileges, the Medical Staff Committee may require an examination of the staff member's physical or psychiatric status.

2. At least thirty (30) days prior to the termination of the medical staff two-year period, the Medical Director shall make its recommendations to the Governing Body recommending the reappointment or non-reappointment of privileges (including increases or restrictions) of each member of the Medical Staff for the ensuing two- year period. Where non-reappointment, or restriction of privileges is recommended or a requested increase in privileges is not recommended, the reasons therefore shall be stated.

3. The performance review shall include the following areas:
a) Professional competence and clinical judgment in the treatment of patients; This must include peer review of at least 10 inpatient or Emergency room charts per year for regular active staff.
b) Review of quality assurance committee documents, incident reports, and other similar information;
c) Comparison of the practitioner's performance with that of his other peers;
d) Evaluation of the practitioner's performance by each of the medical center's departments (Administration, nursing, medical records, clinic, and laboratory/radiology);
e) Review of reprimands, restrictions, malpractice allegations, or reduction of privileges;
f) Compliance with the Medical Staff bylaws, rules, and regulations;
g) Participation in continuing medical education;
h) Ability to cooperate with and relate well to other practitioners, patients, medical center staff, and consultants;
i) Ethics, conduct, and general attitude towards patients, medical center staff, and the medical center;
j) Attendance records at Medical Staff meetings and participation in staff affairs, including other patient care meetings that are a part of the Medical Center Staff functions; and
k) Physical or psychiatric status when, in the opinion of the committee, examination or consideration of such status is warranted.

SECTION 5. Determination of Privileges:

1. Determination of initial privileges shall be based upon an applicant's training, experience, and demonstrated competence. Privileges shall be delineated with completion of the credentialing forms and approval by the Medical Director and the Governing body.
2. Determination of extension of further privileges shall be based upon an applicant's training, experience, and demonstrated competence which shall be evaluated by review of the applicant's credentials, direct observations by the Active Medical Staff, and review of reports, as provided in Article II, Section 2, of these bylaws.

SECTION 6. Emergency and Temporary Privileges:

Locum Tenens: Upon recommendation of the Chief of Staff, to fulfill an important patient care , treatment and service need, the Chief Executive Officer may permit a physician serving as a locum tenens for appointment to the Medical Staff, to attend patients for a period of not to exceed sixty-five (65) days, provided there is verification of current licensure, relevant training and current competence and all of his/her credentials have been approved by the Chief of Staff, and all applicants will act under the supervision of the Medical Director. All applicants will complete a regular application for regular appointment to the Medical Staff and will entitled to vote, hold office and serve on committees when that is approved.
Emergency or Disaster Situations: During disasters in which the emergency management plan has been activated and the organization is unable to meet immediate patient care needs , the Chief Executive Officer or Medical Director may grant disaster privileges on a case by case basis. Before granting Privileges to an individual, the Designated Officer shall require a valid government photo identification and evidence that the person is capable to provide care. This may include primary source verification of a medical license, a picture hospital identification card which indicates they are a provider, federal or state

identification that they are a member of a disaster medical assistance team as a care provider. The Medical director shall be responsible for overseeing and verification of the credentialing and Privileges of those who receive disaster privileges. Individuals shall only be granted privileges for the minimum time required and shall be required to wear a badge that identifies that they have Disaster Privileges. Except in unusual cases, primary source verification of licensure and qualifications to practice medicine shall be accomplished in 72 hours. .

SECTION 7. Leave-of-Absence and Reappointment:

Any member of the Active Staff may request, in writing, a leave of absence for a period not to exceed the present term of appointment or two years, and such request may be recommended by the Active Staff to the governing body. Such member may apply for reappointment and be considered in a manner similar to a reappointment, upon the submission of a written report or other documentation of his/her professional or other activities during the absence.

SECTION 8. Release of Information:

1. All applicants, as well as members of the Medical Staff, consent to the release of information for any purpose set forth in these bylaws and release from liability and agree to hold harmless any person or entity furnishing or releasing such information concerning his/her application or Medical! Staff status.
2. National Practitioner Data Bank:

a) A physician or other health care practitioner who applies for appointment to the Medical Staff authorizes the medical center to request information from the National Practitioner Data Bank. The applicant agrees and understands that the medical center shall, at minimum, request information from the data bank every two years.

b) The medical staff agrees and understands that the medical center must report information to the National Practitioner Data Bank including:

i. malpractice payments: each person or entity, including a medical malpractice insurer that makes a payment under an insurance policy, self-insurance, or otherwise on behalf of a practitioner in the settlement or in satisfaction in whole or in part of a claim or a judgment against such practitioner must report that information to the data bank;

ii. Professional review actions based on:

(1) any professional competence or professional conduct that adversely affects the clinical privileges of a provider or dentist for a period longer than 30 days, and

(2) Acceptance of a provider's or dentist's voluntary surrender or restriction on clinical privileges while under investigation for possible professional incompetence or improper professional conduct; and

iii. License actions by the state medical or dental boards, including revocation, suspension, Censure, reprimand, probation, or surrender.

Note: No adverse action by the medical center will be reported to the National Practitioner Data Bank until all avenues of appeal under the Fair Hearing Plan are exhausted, and the board has made a final decision unless otherwise required by law.

ARTICLE III
CATEGORIES OF THE MEDICAL STAFF

SECTION 1. The Medical Staff:

The Medical Staff shall be divided into honorary, consulting, active, community, telemedicine, and provisional groups.

SECTION 2. The Honorary Medical Staff:

The Honorary Medical Staff shall consist of providers who are not active medical staff in the Medical Center and who are honored by emeritus positions. These may be: (a) providers who have retired from active medical staff service or (b) providers of outstanding reputation not necessarily resident in the community.
The Honorary staff is not eligible to vote or hold office, ordinarily does not admit patients, and shall have no assigned duties.

SECTION 3. The Consulting Medical Staff:

The Consulting Medical Staff shall consist of providers of recognized professional ability who are active in the medical center or who have signified willingness to accept such appointment. The duties of the members of the consulting staff shall be to give their services in the care of patients on request of any member of the active Medical Staff.

SECTION 4. The Active Medical Staff:

The Active Medical Staff shall consist of Licensed Independent Practitioners practicing within all areas of the Cordova Community Medical Center and who have been appointed to carry out the functions and responsibilities of the Medical Staff and to admit and attend patients in all areas of the medical center (Emergency room, Acute care, Intensive Care, the Extended Care facility or nursing home and the outpatient clinics). The active Medical Staff shall be eligible to vote and hold office.

Members of the active Medical Staff shall be required to attend Medical Staff meetings as provided in Article VI, Section 4, of these bylaws.

Section 5. Community Based members:

Each appointee to the community Based Staff shall be a practitioner and shall:

1. Meet the requirements set forth in these bylaws and Hospital 's policies and procedures ;
2. Be a practitioner with an active office based practice in the Hospital's service area; and
3. Provide continuous care or arrange coverage for their Extended care (nursing home patients)and
4. May order labs, radiology tests as well as physical therapy, occupational therapy and other services provided for by the CMCC. An active staff member is required to attend all patients admitted to acute care or the Emergency Room.
5. Are not required to attended Medical Staff meetings, may not vote at Medical Staff meetings and may not hold a Medical Staff office unless requested to do so by the Chief of Staff, Administrator, or the Governing Body.

SECTION 6. Locum Tenens Staff:

1. The locum tenens staff consists of providers who substitute for active staff physicians or who are hired by the medical center on a temporary basis. Locum tenens privileges are in accordance with 6.1 above. When Locums applications have been approved by the Governing Body they may become members of the active medical staff.
2. Locum tenens providers are required to attend Medical Staff meetings. Locum tenens providers may not vote at Medical Staff meetings and may not hold a Medical Staff office. Unless requested to do so by the Chief of Staff, Administrator, or the Governing Body.

SECTION 7. Allied Health Professionals:

1. The allied health staff consists of non-physician health professionals and licensed practitioners who provide care to patients at this medical center. The allied staff includes psychologists, optometrists, and masters of social work, and physical therapists who have been granted limited privileges at the medical center. Physician Assistants will function within their collaborative agreements. Allied staff privileges are recommended by the Medical Staff committee of the whole and granted by the board.
2. Allied staff members may be requested to attend Medical Staff meetings, and may serve on Medical Staff or other medical center committees at the discretion of the Chief of Staff or Medical Director.
3. A Licensed Independent Practitioner must approve all orders of an allied staff member, (except a Physician Assistant. who functions within his or her collaborative agreement,) including orders for admission, laboratory orders and radiology orders, unless otherwise determined by the board upon the recommendation of the Medical Staff committee of the whole. An active medical staff member shall be responsible for the care of every patient treated at the medical center by an allied staff member.

SECTION 8. Dentist or Podiatrist:

A dentist or podiatrist who is a graduate of a recognized school of their specialty and who is otherwise eligible may be appointed to this category. Dentists or podiatrists may admit patients to the Medical Center providing that an attending Licensed Independent Practitioner is responsible for the patient's workup and medical care.

SECTION 9. Telemedicine Staff:

1. Qualifications. Telemedicine Staff shall consist of practitioners who provide diagnostic or treatment services to Hospital patients via telemedicine devices. Telemedicine devices include interactive (involving a real time [synchronous] or near real time [asynchronous] two-way transfer of medical data and patient. Telemedicine includes eiCU, Teleradiology and telepsychiatric consults. Telemedicine devices do not include telephone or electronic mail communications between practitioner and patient. Telemedicine Staff members must:
a) Continuously satisfy the qualifications for Medical Staff membership set forth in Cordova Community Medical Center Medical Staff Bylaws;
b) Apply for Membership and for reappointment. Except as identified in Section 10. 3. Delegated Credentialing.

2. Prerogatives. Telemedicine Staff members may:
a) Exercise those clinical privileges that have been approved;

b) Attend meetings of the Medical Staff, but shall have no right to vote at such meetings and may not hold office on the Medical Staff; and
c) Serve on committees and vote on committee matters, but may not serve as committee chair. Center Medical Staff Bylaws, Telemedicine Staff members must:
   i. Contribute to and participate equitably in Medical Staff functions, at the request of the department chair or Medical Staff officer, including: contributing to the organizational and administrative activities of the Medical Staff, such as quality improvement, risk management and utilization management; serving in Medical Staff and department offices and on Hospital and Medical Staff committees; participating in and assisting with the Hospital's medical education programs; proctoring of other practitioners; and fulfilling such other functions as may reasonably be required.
   ii. Consult with other members consistent with his or her delineated privileges.
   iii. Pay applicable Medical Staff application fees, dues, and assessments in amounts specified by Medical Staff rules.

3. Delegated Credentialing. The Medical Staff may satisfy its obligations to credential members of the Telemedicine Staff by relying upon delegated credentialing consistent with appropriate accreditation requirements, notwithstanding any contrary provisions of these Bylaws. The credentialing of Providence Health & Services (PHS), Alaska Psychiatric Institute (API), and Radiology Associates (RAPC) will all be accepted by CCMC Medical Staff. The delegated Credentialing body must agree in writing to fulfill the following requirements;
a) Determine in accordance with state law, which practitioners are eligible candidates for medical staff privileges or membership at the telemedicine entity.
b) Appoint members and grant medical staff privileges after considering the recommendations of the existing medical staff.
c) Assure the medical staff has bylaws
d) Approve its medical staff bylaws and other medical staff rules and regulations;
e) Ensure the medical staff is accountable to the distant (CCMC's) site's governing body for the quality of care provided to the patient's
f) Ensure the criteria for granting privileges to an individual are the individual's character, competence, training, experience, and judgement.
g) That in no circumstance will membership be solely based on certification, fellowship or board member status.
h) They must agree to provide CCMC medical director of any adverse action taken or planned against any provider credentialed at CCMC whether or not the action related to services provided here.
i) Review input from CCMC on the quality and performance of telemedicine providers that have provided services to CCMC

4. Telemedicine Privileges Special Rule. The Medical Staff shall recommend the clinical services in the center to be provided by telemedicine. For any physician required to be credentialed and/or privileged according to accreditation body standards, the HPC, subject to review by the PQC and final governing body approval, may establish a policy for allowing credentialing and/or privileging of physicians who are not considered members of the Medical Staff and may waive some criteria for credentialing and privileging that are otherwise required under these bylaws. Any such policy must satisfy Alaska licensure requirements, if any, and hospital accreditation standards.

ARTICLE IV
MEDICAL STAFF SERVICES AND FUNCTIONS

SECTION 1. Clinical Services:

1. PERSONNEL QUALIFIED TO PERFORM MEDICAL EXAMINATIONS:

a) The following are designated as qualified medical personnel to perform emergency medical examinations once clinical privileges have been granted either temporarily or permanently. i. Physicians, Physician Assistants, and Advanced Nurse Practitioners.
ii. Emergency Room Registered Nurses and Sexual Assault Nurses who meet job description criteria, and have completed orientation, which includes successful completion of a medical screening examination Competency test, may perform the medical screening in accordance with Emergency Department Policy and Procedures.
iii. Only a physician may complete "Certification of False Labor" and "Transfer of Patient in Early Labor". RN's are to notify the on-call physician or the patient's personal physician for any pregnant patients. Only physicians may perform OB medical screening exams.
b) Pregnant patients presenting with <20 weeks gestation or with non-obstetrical complaints, may be seen in the ER for their medical screening examination. Pregnant patients >20 weeks will be evaluated by a physician.

SECTION 2. Function:

The active staff shall perform and be responsible for the following functions:
1. The Medical Record Review Function shall be to supervise the review of the medical records for the required standards of accuracy, timeliness, completeness, clinical pertinence, and legibility. This review is performed through the Peer Review and is to assure that a representative sample of records reflects the clinical pertinence of the medical record, including specific information relating to the diagnosis, diagnostic test results, therapy rendered, the patient's condition, and in progress in the patient's condition at discharge.

2. Blood Usage Review Function shall be to evaluate the appropriateness of all cases in which patients were administered transfusions, to identify opportunities to improve processes or patient outcomes, and include:
a) All confirmed transfusion reactions
b) Ordering practices for blood and blood components distribution, handling, use, and administration of blood and blood components
c) Adequacy of transfusion services to meet the needs of patients treated at the Medical Center
d) This is reported quarterly by the Director of the Laboratory.
3. Medication Usage Evaluation Function shall be to monitor, assess, and evaluate the prophylactic, therapeutic, and empirical use of medications in this facility to assure they are provided appropriately, safely, and effectively. The Pharmacy/Therapeutics Committee will perform quarterly reports to assist in this function.
4. Provide call coverage as directed by the Medical Director to cover medical Emergencies.

ARTICLE V OFFICERS AND COMMITTEES

SECTION 1. Officers:

The officers of the Medical Staff shall be the Chief of Staff and Medical Director. The Medical Director shall be appointed by the Administrator. The Chief of Staff shall be elected at the January meeting of the staff and shall hold office until the next January meeting or until a successor is elected. Election shall be by open voting of active staff members.

• Medical Director: Shall be responsible for the functioning of the clinical organization of the Medical Staff. He/She will ensure all Medical Staff practicing at the medical center have proper credentials and privileges and proper evaluations. He/She will oversee the organization and facilitation of specialty clinics. The Medical Director will be in charge of overseeing the peer review process. He/she will arrange continuous provider call coverage from active medical staff to handle medical Emergencies, attend to all correspondence, facilitate the budget process, and facilitate the allotment of continuing education resources. He/She will participate in establishing policies, procedures, and guidelines designed to ensure the provision of adequate, comprehensive medical services. He/she will assist in arranging for continuous provider coverage to handle medical emergencies. Specifically he/she will oversee the Infection Control committee and Employee Health Program as directed by the Regulations for Long Term Care Facilities and ensure adequacy and appropriateness of medical care provided to long term care residents.
• Chief of Staff: Shall be responsible for the careful supervision over the clinical work at the Medical Center. He/She shall call and preside at all meetings. Grievances and disciplinary actions regarding medical staff will be the responsibility of the Chief of Staff to coordinate. He/she shall perform such other duties as ordinarily pertain to his/her office. He/she shall also keep accurate and complete minutes of all the Medical Staff meetings.

SECTION 2. Committees:

Standing Committees
1. Quality Management Committee - All members of the Medical staff will participate in the committee's function of oversight responsibility for performance improvement activity monitoring, assessment, and evaluation of patient care service provided throughout the facility.

2. Pharmacy and Therapeutics Committee -All members of the Medical Staff with consultation of the consulting pharmacist perform the following committee functions:
a) Develop, maintain, and review activities of the drug formulary.
b) Develop and/or approve policies and procedures relating to the selection, distribution, handling, use, and administration of drugs and diagnostic testing material.
c) Oversee the safe administration of drugs and biologicals throughout the institution. d) Evaluate protocols concerned with the use of investigational or experimental drugs. e) Review all significant untoward drug reactions.
f) Analyze the outcome of the medication usage evaluation.

3. Infection Control Committee -The Medical Director oversees the functions of the Infection Control Committee, which approves actions to prevent or control infection based on an evaluation of the surveillance reports of infection control performance, outcome indicators, and of the infection potential among patients and facility personnel.

4. Employee Health - The Medical Director oversees the functions of the Employee Health processes to maintain updated health information on all employees and keep current with the regulatory requirements for immunizations, blood-borne exposure events, and employee communicable disease surveillance.
Ad Hoc Committees

5. Utilization Review Committee - A Medical Staff member oversees the monitoring, assessing, and evaluation of the utilization of facility resources in an effort to reduce over- utilization and improve the efficiency of the facility services. Medical record review is performed as part of this committee's functions.

6. Ethics Committee - A Medical Staff member directs the function of this committee to provide consultation recommendations regarding ethical issues surrounding patient care issues when requested.

7. Management of Information Committee - A Medical Staff member assists in evaluating, assessing, and recommending policy and procedure development, maintenance and performance improvement.

ARTICLE VI MEETINGS

SECTION 1. The Annual Meeting:

The annual meeting of the Medical Staff shall be the January meeting. At this meeting, the retiring officers shall make such reports as may be desirable, officers for the ensuing year shall be elected, and recommendations for appointment to the various categories of the Medical Staff and assignment of privileges shall be made.

SECTION 2. Regular Meetings:

The Medical Staff shall meet quarterly and not less than four times in each year. Meetings may be held more frequently when deemed necessary.

SECTION 3. Special Meetings:

Special meetings of the Medical Staff may be called at any times by the Chief of Staff, at the request of the governing body, or any member of the active Medical Staff. At any special meeting, no business shall be transacted except that stated in the notice posted on the bulletin board of the Medical Center and Long Term Care
Facility at least 48 hours before the time set for the meeting.

SECTION 4. Attendance at Meetings:

1. Active staff attendance shall average at each meeting at least sixty (60%) percent of active staff who are not excused by the Chief of Staff for just cause. Absence from more than one- half of the regular meetings for the year, unless excused by the Chief of Staff or just cause such as sickness shall be considered as resignation from the active Medical Staff and shall automatically place the absentee on the courtesy or community Medical Staff.
2. Reinstatement of members of the Active Medical Staff to positions rendered vacant be- cause of absence from meetings may be made on application, the procedure being the same as in the case of original appointments.
3. Members of the honorary, consulting, and community categories of the Medical Staff shall not be required to attend meetings, but it is expected that they will attend and participate in these meetings unless unavoidably prevented from so doing.

SECTION 5. Quorum:

Sixty-six percent (66%) of the total membership of the active Medical Staff shall constitute a quorum.

SECTION 6. Agenda:

The agenda at any regular meeting shall be:

1. Business:
    a) Call to order
    b) Acceptance of the minutes of the last regular and of all special meetings c) Unfinished business
    d) Communications
    e) New business
2. Medical
    a) Credentials (at least every two years, 60 days prior to the end of the Medical Staff year)

b) Medical Record Review Report (quarterly)
c) Blood Usage Review Report (quarterly)
d) Significant Critical Care Event Review (quarterly)
e) Utilization Review Report (quarterly)
f) Medication Usage Evaluation Report (quarterly)
g) Discussion and recommendation for improvement of the professional work of the Cordova Community Medical Center
h) Adjournment

3. Special Meetings Agenda
a) Reading of the notice calling the meeting

b) Transaction of the business for which the meeting was called
c) Adjournment

ARTICLE VII CORPORATE COMPLIANCE

The members of the Medical Staff shall conduct themselves in the highest ethical tradition. Specifically, Provider members shall agree to abide by the Code of Conduct adopted by Cordova Community Medical Center and all amendments thereto. Providers will participate in internal Compliance audits and maintain active involvement in Compliance activities.

ARTICLE VIII FAIR HEARING PLAN

SECTION 1. DEFINITIONS:

The following definitions apply to the provisions for the Fair Hearing Plan:

1. Appellate Review Body means the group designated under this plan to hear a request for appellate review properly filed and pursued by a practitioner, namely the Health Services Board.
2. Hearing Committee means the committee appointed under this Plan to hear a request for an evidentiary hearing properly filed and pursued by a practitioner.
3. Parties mean the practitioner who requested the hearing or appellate review and the body or bodies upon whose adverse recommendation or action a hearing or appellate review request is predicated.
4. Practitioner means the applicant or Staff member against whom an adverse action has been recommended or taken.
5. Special Notice means written notification sent by certified or registered mail, return receipt request, or by personal delivery.
6. Medical Staff means Medical Staff of Cordova Community Medical Center.

SECTION 2. INITIATION OF HEARING:

1. Triggering Events
a) Recommendation or Actions: The following recommendations or actions, as recommended by the Medical Staff, or as taken by the Board entitle the practitioner to a hearing upon timely and proper request:

i. Denial of initial Staff appointment
ii. Denial of reappointment
iii. Suspension of Staff membership
iv. Revocation of Staff membership
v. Denial of requested appointment to or advancement in Staff category
vi. Reduction in Staff category
vii. Suspension or limitation of the right to admit patients or of any other membership prerogative directly related to the practitioner's provision of patient care
viii. Denial of requested department or other clinical unit affiliation
ix. Denial or restriction of requested clinical privileges
x. Reduction in clinical privileges
xi. Suspension of clinical privileges
xii. Revocation of clinical privileges
xiii. Individual application of, or individual changes in, mandatory consultation requirements. The issuance of a warning, a letter of admonition, or a letter of reprimand; the denial, termination, or reduction of provisional and temporary privileges; and any other actions except those specified herein shall not entitle a staff member to a hearing or appellate review.

2. Notice of Adverse Recommendation or Action: The Administrator promptly gives the practitioner special notice of an adverse recommendation or action taken pursuant to Section
2.1.a). The notice:

a) Advises the practitioner of the recommendation or action, including with some specificity, the reasons for the recommendation or adverse action, and of his/her right to request a hearing pursuant to the provisions of the Medical Staff Bylaws and this Fair Hearing Plan.
b) Specifies that the practitioner has fourteen (14) days after receiving the notice within which to submit a request for a hearing and that the request must satisfy the conditions of Section 1.3.
c) States that failure to request a hearing within that time period and in the proper manner constitutes a waiver of rights to any hearing or appellate review on the matter that is the subject of the notice.
d) states that any higher authority required or permitted under this plan to act on the matter following a waiver is not bound by the adverse recommendation or action that the practitioner has accepted by virtue of the waiver but may take any action, whether more or less severe, it deems warranted by the circumstances.
e) States that upon receipt of his/her hearing request, the practitioner will be notified of the date, time, and place of the hearing, and the grounds upon which the ad- verse recommendation or action is based within fourteen (14) days.
f) It is the practitioner's obligation to request an extension of any of the deadlines with adequate reasons therefore, at least three (3) days in advance of the expiration of the time period.

3. Request for Hearing

The practitioner has fourteen (14) days after receiving a notice under Section 1.2 to file a writ- ten request for a hearing. The request must be delivered to the Administrator either in person or by certified or registered mail. If the practitioner wishes to be represented by an attorney at the hearing, the request for hearing must so state and the expense of such will be borne entirely by the practitioner.

4. Waiver by Failure to Request a Hearing

A practitioner who fails to request a hearing within the time and in the manner specified in Section 2.3 waives the right to any hearing or appellate review, to which he/she might otherwise have been entitled. Such waiver applies only to the matters that were the basis for the adverse recommendation or action triggering the Section 2.2 notice. The Administrator promptly sends the practitioner special notice of each action taken under any of the following Sections and notifies the Chief of Staff of each action. The effect of a waiver is as follows:

a) After Adverse Action by the Board:
A waiver constitutes acceptance of the action, which then becomes the final decision of the Board.
b) After Adverse recommendation by the Medical Staff or Hearing Committee:
A waiver constitutes acceptance of the recommendation, which then becomes and remains effective pending the decision of the Board. The Board considers the adverse recommendation as soon as practical following the waiver. The Board's action has the following effect:
    i. If the Board in Accord with Medical Staff's Recommendation- If the Board action accords in all respects with the Medical Staffs recommendation, it then becomes effective as the decision of the Board.
    ii. If the Board Changes Medical Staff's Recommendation - If, based on the same information and material considered by the Medical Staff in formulating its recommendation, the Board proposes different action, the matter is submitted to a joint conference as provided in Section 6.9 of this plan. The Board's action after receiving the joint conference recommendation becomes effective as the decision of the Board. The joint conference cannot make a more severe recommendation than previously made.

5. Additional Information Obtained Following Waiver

If the source of the additional information referred to in this Section is the practitioner or an individual or group functioning, directly or indirectly, on his/her behalf, the provision of this Section shall not apply unless the practitioner demonstrates to the satisfaction of the Board as applicable that the information was not reasonably discoverable in time for presentation to and consideration by the party taking the initial adverse action or by the hearing committee if the practitioner's waiver is in connection with an appellate review.

a) When Received by the Board
If, on receiving the report of Medical Staff action taken pursuant to Section2.4, the Board acquires or is informed of additional information that is directly relevant to the matter at issue but was not available to or considered by the Medical Staff, the Board refers the matter back to the medical Staff for reconsideration within a set time limit. Such reconsideration in connection with

Medical Staff action pursuant to Section 2.4-2 proceeds under Section 2.5 b) below. If the Medical Staffs action following reconsideration decision is still adverse, it is deemed a new adverse recommendation under Section 2.1 and the matter is processed as such. If the action
of the Board is consistent with the Medical Staffs decision following reconsideration, it becomes a decision of the Board.

b) When Received by the Hearing Committee or Medical Staff
When the Hearing Committee or Medical Staff receives a direction from the Board pursuant to Section 2.5 a) for reconsideration of its action taken under Section 2.4 b), the Board refers the matter back to the Hearing Committee or Medical Staff for reconsideration with a set time limit.

i. Medical Staff or Hearing Committee Follow-Up Recommendation Adverse - An adverse recommendation following reconsideration is deemed a new adverse recommendation under Section 13.1 and the matter proceeds as such.

ii. Follow-up Recommendation Favorable -A favorable recommendation following reconsideration is immediately forwarded to the Board by the Administrator. The effect of Board action is as follows:

1) Board Favorable- Favorable Board action on a favorable Hearing Committee or Medical Staff recommendation becomes effective as the decision of the Board. If the Board determines to change the action, the matter is submitted to a joint conference as provided in Section 7.10. Favorable Board action after receiving the joint conference recommendation becomes its final decision. Adverse Board action is deemed a new adverse action under Section 2.1 and the matter proceeds as such.

2) Board Adverse- If the Board's action is adverse, the matter is submitted to a joint conference as provided in Section 7.9. Favorable Board action after receiving the Joint Conference recommendation becomes effective as the decision of the Board. If the Board determines to change the action, the procedure set forth in Section 1.5-2(b) (1) is followed. Adverse Board Action after receiving the joint conference recommendation is deemed a new adverse action under Section 1.1 and the matter proceeds as such.

SECTION II. HEARING PREREQUISITES

1. Notice of Time and Place for Hearing
The Administrator immediately delivers a timely and proper request to the Chief of Staff or the President of the Board, depending on whose recommendation or action prompted the hearing request. Within seven (7) days after receiving such request, the Chief of Staff or President of the Board, or their designee, as appropriate, must schedule and arrange for a hearing. At least ten (10) days prior to the hearing, the Administrator sends the practitioner special notice of the time, place, and date of the hearing. The hearing date must be not less than fourteen (14) nor more than thirty (30) days after the Administrator received the hearing request; pro- vided suspension then in effect must be held as soon as the arrangements may reasonable be made, but not later than fourteen ((14) days after the Administrator received the hearing request.

2. Statement of Issues and Events
The notice of hearing must contain a concise statement of the practitioner's alleged acts or omissions, a list by number of the specific or representative patient records in question, and/or the other reasons or subject matter forming the basis for the adverse action or recommendation, which is the subject of the hearing.

3. Appointment of Hearing Committee
a) By Medical Staff
A hearing occasioned by an adverse recommendation is conducted by a hearing committee appointed by the Chief of Staff and composed of at least three (3) Medical Staff. The Chief of Staff designates one of the appointees as chair of the committee.
b) By the Board
A hearing occasioned by an adverse action of the Board is conducted by a hearing committee appointed by the President of the Board and composed of two (2) physicians, including at least one (1) Medical Staff member. The President designates one of the appointees as chair of the committee.
c)

i. No member of the Medical Staff who has participated in the initiation or the investigation of the case to be heard shall be appointed to the hearing committee. However, the fact that an appointee has heard of the case or has some knowledge of the facts involved shall not disqualify him/her from sitting on the hearing committee, unless such appointee feels that he/she cannot render a fair and just decision or form an objective and impartial point of view.

ii. If, because of the limited size of the Medical Staff or because of prior, protracted, and publicized proceedings in the same or related matter, insufficient qualified Medical Staff members are available, the Board after making a determination that such conditions exist may select hearing committee members from the Medical Staffs of other medical centers. The Board

shall have the sole discretion in making the selection of qualified individuals who are willing to serve and abide by the Medical Staff Bylaws but the Board shall appoint only the minimum number of non-staff members' necessary to complete the formation of the hearing committee. The Medical Center shall reimburse any non-staff appointee for actual out-of-pocket expenses.

iii. "Special Notice" of the members appointed to the hearing committee will be given to the practitioner that has received the adverse recommendation or action and the practitioner will be given three (3) days in which to preempt or disqualify for cause, any of the members.

SECTION III. HEARING PROCEDURE

1. Personal Presence
The personal presence of the practitioner is required. A practitioner who fails without good cause to appear and proceed at the hearing waives his/her rights in the same manner and with the same consequence as provided in Section 1.4 and in Section 1.5 if applicable.

2. Presiding Officer
The hearing officer, if appointed under Section 7.1, or if not appointed, the hearing committee chair is the presiding officer. This officer maintains decorum and assures that all participants have a reasonable opportunity to present relevant oral and documentary evidence. He/she determines the order of procedure during the hearing and makes all rulings on matters of law, procedure, and the admissibility of evidence.

3. Representation
The practitioner may be accompanied and represented at the hearing by a member of the Medical Staff in good standing or by a member of his/her state professional society, or an attorney. The Board may appoint an individual to present it. Representation of either party by an attorney at law is governed by Section 7.2 of this plan.

4. Order of Procedure during Hearing
The following is a suggested procedure for the hearing; however, the presiding officer shall retain the right to alter the order of procedure during the hearing, in the interest of justice and fairness.

a) Statement of Case
Before the introduction of any evidence, the party responsible for the adverse action or recommendation shall state briefly the claim and the issue to be heard. The practitioner shall then state the defense of counterclaim.

b) Introduction of Evidence
The moving party shall then introduce evidence on its part and when he/she has concluded, the practitioner shall do the same.

c) Rebutting Evidence
The parties may then respectively introduce evidence on its part and when he/she has concluded the practitioner shall do the same.

d) Examination of Witness
Unless otherwise ordered by the presiding officer, no more than one person on each side may examine or cross-exam a witness.

e) Attorney as Witness
In the event that attorneys represent either side, and counsel for either party offers himself as a witness on behalf of his/her client and gives evidence on the merits of the case, he/she shall not argue the case to the hearing officer, or committee, unless by special permission of the presiding officer.

f) Argument
When the evidence is concluded and unless the case is submitted to the trier of fact by mutual agreement of both sides without argument, the moving party shall open with his/her argument; the practitioner shall follow with his/her argument, and the moving party may be allowed to address the trier of fact on behalf of either party, unless otherwise allowed by the argument, and the practitioner then argues the case to the trier of fact, the moving party shall not be permitted to reply to the defendant's argument.

g) Time for Opening Statements and Argument
The presiding officer may fix the time allotted each party for opening statements and final argument. The party shall be given adequate time for argument having due regard to the complexity of the case.

h) Rights of Parties
During a hearing, each party may:

i. Call and examine witness's
ii. Introduce exhibits
iii. Cross-examine any witness on any matter relevant to the issues
iv. Impeach any witness
v. Rebut any evidence
vi. Request that the record of the hearing be made by use of a court reported or an electronic recording unit if the practitioner foes not testify in his/her own behalf, be/she may be called and examined as if under cross-examination.

i) Procedure and Evidence
The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely on the conduct of serious affairs may be considered, regardless of the admissibility of such evidence in a court of law. Each party is entitled, prior to or during the hearing, to submit memoranda concerning any issue of law or fact, and these memoranda become part of the hearing record. The presiding officer may, but is not required to, order that oral evidence be taken only on oath or affirmation administered by any person designated by him/her and entitled to notarize documents in the state where the hearing is held.

j) Official Notice
In reaching a decision, the hearing committee may take official notice, either before or after submission of the matter for decision of any generally accepted technical or scientific matter relating to !he issues under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held. Parties present at the hearing must be in- formed of the matters to be noticed and to refute any officially noticed matter by evidence or by written or oral presentation of authority, in a manner to be determined by the hearing committee. The committee is also entitled to consider all other information that can be considered under the Medical Staff Bylaws in connection with credentials matters. If any official notice of something after submission of the matter for decision is taken, the practitioner has one week to refute the matter of the official notice.

k) Burden of Proof
When a hearing relates to Section 1.1-1(a), (c), (h), or (i), the practitioner has the burden of proving by clear and convincing evidence that the adverse action or recommendation lacks any substantial factual basis or that the basis or the conclusions drawn there from are either arbitrary, unreasonable, or capricious. Otherwise, the body whose adverse action or recommendation occasioned the hearing has the initial obligation to present evidence in support thereof but the Practitioner thereafter is responsible for supporting, by a preponderance of the evidence the challenge that the adverse action or recommendation lacks any substantial factual basis or that the basis or the conclusions drawn there from are either arbitrary, unreasonable, or capricious.

l) Hearing Record
A record of the hearing must be kept that is of sufficient accuracy to permit an informed and valid judgment to be made, by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The hearing committee may select the method to be used for making the record, such as court report, electronic recording unit, or detailed transcription. Costs for requests of transcripts or copies shall be borne by the requesting party.

m) Postponement
Requests for postponement of a hearing may be granted by the hearing committee only upon a showing of good cause and only if the request is made as soon as reasonably practical.

n) Presence of Hearing Committee Members and Vote
A majority of the hearing committee must be present throughout the hearing and deliberations. If a committee member is absent from a substantial part of the proceedings, as determined by the hearing officer or chair of the hearing committee, he/she may not participate in the deliberations or the decision. There shall be no proxy voting.

o) Recesses and Adjournments
The hearing committee may recess and reconvene the hearing without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee shall, at a time convenient to itself, conduct its deliberation outside the presence of the parties. Upon conclusion of its deliberations, the hearing shall be adjourned.

SECTION IV. HEARING COMMITTEE REPORT AND FURTHER ACTION

1. Hearing Committee Report
Within two (2) days after final adjournment of the hearing, the hearing committee will make a written report of its findings and recommendations, with specific reference to the hearing record and other documentation considered and forward the report along with the record and other documentation to the body whose adverse action occasioned the hearing.

2. Action on Hearing Committee Report
Within seven (7) days after receiving the hearing committee report, the body whose adverse recommendation or action occasioned the hearing considers it and affirms, modifies or re-verses its recommendation or action. It transmits the result, together with the hearing record, the hearing committee report and all other documentation considered, to the Administrator.

3. Notice and Effect of Result

a) Notice

The Administrator promptly sends a copy of the result to the practitioner by special notice, to the Chief of Staff, Medical Staff, and to the Board.

b) Effect of Favorable Result

i. Adopted by the Board - If the Board's result under Section 4.2 is favorable to the practitioner, it becomes the final decision of the Board.

ii. Adopted by the Medical Staff - If the result is favorable to the practitioner, the Administrator promptly forwards it, together with all supporting documentation, to the Board, which may adopt or reject the result in whole or in part, or refer the matter back to the Medical Staff for further reconsideration. Any referral back shall state the reasons, set a time limit within which a subsequent recommendation must be made, and may include a directive for an additional hearing. After receiving a subsequent recommendation and any new evidence, the Board takes action. Favorable action by the Board becomes effective as the decision of the Board. If the Board's action is adverse the special notice informs the practitioner of his/her right to request an appellate review by the Board. The Administrator promptly sends the practitioner special notice informing him/her of each action taken under this Section.

c) Effect of Adverse Result

If the result of the Medical Staff or the Board under Section 4.2 continues to be adverse to the practitioner, the special notice shall inform him/her of his/her right to request an appellate review by the Board as provided in Part V of this plan.

SECTION V. INITIATION AND PREREQUISITES OF APPELLATE REVIEW

1. Request for Appellate Review
A practitioner has seven (7) days after receiving special notice under Section 4.3 to file a writ- ten request for an appellate review before the Board. The request must be delivered to the Administrator in person or by certified or registered mail and may include a request for a copy of the hearing committee report and record
And all other material, favorable or unfavorable, if not previously forwarded, that was considered in taking the adverse recommendation or action. If the practitioner wishes to be represented by an attorney at any appellate review appearances that may be granted under Section 6.4, his/her request for appellate review must so state.

2. Waiver by Failure to Request Appellate Review
A practitioner who fails to request an appellate review within the time and in the manner specified waives any right to a review. The waiver has the same force and effect as provided in Section 1.4 and Section 1.5 if applicable.

3. Notice of Time and Place for Appellate Review
The Administrator delivers a timely and proper request to the President of the Board. As soon as practical, the Board designates the Administrator to schedule and arrange for an appellate review which shall not be less than fourteen (14) days nor more than twenty-one (21) days after the Administrator received the request; provided, however, that an appellate review for a practitioner who is under a suspension then in effect shall be held as
Soon as the arrangements for it may be reasonably made, but not later than fourteen (14) days after the Administrator received the request. At least seven (7) days prior to the appellate review, the Board, through the Administrator, sends the practitioner special notice of the time, place, and date of the review. The time may be extended by the Board for good cause, and if a request is made, as soon as is reasonably practical.

SECTION VI. APPELLATE REVIEW PROCEDURE AND FINAL ACTION

1. Nature of Proceedings
The proceedings by the Board, held in Executive Session, are a review based upon the hearing record, the hearing committee's report, all subsequent results and actions, the written statements, if any, provided below, and any other material that may be presented and accepted under Section 6.5.

2. Written Statements
The practitioner may submit a written statement detailing the findings of fact, conclusions, and procedural matters with which he/she disagrees and his/her reasons. This written statement may cover any matters raised at any step in the hearing process. The statement shall be submitted to the Board through the Administrator at least three (3) days prior to the scheduled date of the appellate review.

3. Presiding Officer
The President of the Board is the presiding officer. He/she determines the order of procedure during the review, makes all required rulings, and maintains decorum.

4. Oral Statements
The board, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative appearing may be questioned by any member of the Board.

5. Consideration of New or Additional Matters
New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only at the discretion of the Board and, as the Board deems appropriate, only if the party requesting consideration of the matter or evidence shows that ·,t could not have been discovered in time for the initial hearing. The requesting party shall provide, through the Administrator, a written, substantive description of the matter or evidence to the Board and the other party at least three (3) days prior to the scheduled date of the review.

6. Presence of Members and Vote
A majority of the Board must be present throughout the review and deliberations. If a member is, absent from a substantial part of the proceedings as determined by the presiding officer, he/she shall not be permitted to participate in the deliberations or the decision.

7. Recesses and Adjournments
The Board may recess and reconvene the proceedings without additional notice for the convenience of the participants or for obtaining new or additional evidence or consultation. At the conclusion of the oral statements, if allowed, the appellate review shall be closed. The Board shall then, at any time convenient to itself, conduct its deliberations outside the presence of the parties. The appellate review shall be adjourned at the conclusion of those deliberations.

8. Action Taken
The Board may affirm, modify, or reverse the adverse result or action, or in its discretion, may refer the matter back to the hearing committee for further review and recommendations, to be returned to it within seven (7) days and in accordance with its instructions. Within seven (7) days after receipt of such recommendation after referral, the Board shall take action.
a) Board in Accord with Medical Staff if the Board's decision is in accord with the last recommendation in the matter, if any, it is immediately effective.
b) Board Not in Accord with Medical Staff
If the Board's action has the effect of changing the last recommendation, if any, the matter is referred to a joint conference as provided in Section 6.9.

9. Joint Review
Within seven (7) days after receiving a matter referred to it under this plan, a joint conference of equal numbers of Medical Staff and Board Members shall convene to consider the matter and shall submit its recommendations to the Board. The Joint Conference shall be composed of a total of five (5) members selected in the following manner: Three (3) Board members appointed by the President of the Board and two (2) Medical Staff members appointed by the Chief of Staff.

SECTION VII. GENERAL PROVISIONS

1. Hearing Officer Appointment and Duties
The use of a hearing officer to preside at the evidentiary hearing is optional and is to be determined by the Board after consultation with the Chief of Staff. A hearing officer may or may not be an attorney at law.

2. Attorneys
a) At Appellate Review Appearances
The practitioner may be represented by an attorney at the hearing, provided his/her request for the hearing indicated his/her intent to be so represented.
b) At Hearing
If the practitioner desires to be represented by an attorney at an appellate review appearance, his/her request for the review must declare his/her desire to be so represented.

3. Number of Hearings and Reviews
Notwithstanding any other provision of the Medical Staff Bylaws or of this Plan, no practitioner is entitled as a right to request more than one evidentiary hearing and appellate review with respect to the subject matter that is the basis of the adverse recommendation or action triggering the right.

4. Release
By requesting a hearing or appellate review under this Plan, a practitioner agrees to be bound by the provisions of the Medical Staff Bylaws relating to immunity from liability.

SECTION VIII. AMENDMENT

1. Amendment
The fair Hearing Plan may be amended or repealed, in whole or in part, after notice is given at any regular meeting. Such notice shall be laid on the table until the next regular meeting of the Medical Staff, and shall require a two-thirds majority of those present for adoption. Amendments so made, shall be effective when approved by the governing board.

2. Summary Removal and Limited Suspension
In grave and unusual cases where the governing board, or Chief of Staff, determines that immediate action must be taken to protect the patient's life or welfare, the Chief of Staff, or governing board, may summarily suspend a member of the Medical Staff. In such cases, the aggrieved party may request an immediate hearing before the active staff to determine whether such suspension shall be continued, pending a hearing. The Chief of Staff shall make the proper necessary arrangements to provide alternate coverage for proper and necessary
patient care during the period of suspension. A limited suspension, effective until the transcription of any dictated record content and its insertion into the medical record, along with all applicable authentications, may be imposed automatically for failure to complete this portion of the medical record within fifteen (15) days.

3. Action by the State Board of Medical Examiners
Notification from the State Board of Medical Examiners of the revocation or suspension of the provider's license, or probation, shall automatically act as sufficient grounds for suspension or revocation for Medical Staff membership or his /she being placed on probation for a stated period.

ARTICLE IX AMENDMENTS TO BYLAWS

These bylaws may be amended after notice is given at any regular meeting. Such notice shall be laid on the table until the next regular meeting and shall require a two-thirds majority of those present for adoption. Amendments so made, shall be effective when approved by the governing board.

ARTICLE X ADOPTION

These bylaws, together with the appended rules and regulations, shall be adopted at any regular meeting of the Medical staff; shall replace any previous bylaws, rules and regulations; and shall become effective when approved by the governing board of the Medical Center. They shall, when adopted and approved, be equally binding on the governing board and the Medical Staff. Notification from the State Board of Medical Examiners of the revocation or suspension of the provider's license, or probation, shall automatically act as sufficient grounds for suspension or revocation for Medical Staff membership or his/her being placed on probation for a stated period.

ARTICLE IX AMENDMENTS TO BYLAWS

These bylaws may be amended after notice is given at any regular meeting. Such notice shall be laid on the table until the next regular meeting and shall require a two-thirds majority of those present for adoption. Amendments so made, shall be effective when approved by the governing board.

ARTICLE X ADOPTION

These bylaws, together with the appended rules and regulations, shall be adopted at any regular meeting of the Medical staff; shall replace any previous bylaws, rules and regulations; and shall become effective when approved by the governing board of the Medical Center. They shall, when adopted and approved, be equally binding on the governing board and the Medical Staff.

Adopted by the Medical Staff of Cordova Community Medical Center:

_____ _____
ADMINISTRATOR DATE

_____ _____
CHIEF OF STAFF DATE

_____ _____
CHAIRMAN OF HEALTH SERVICES BOARD DATE

EMPLOYEE HANDBOOK

REVISED October 7, 2014

1. INTRODUCTION

1.1 Source of Handbook

The Cordova Community Medical Center ("CCMC" or the "Medical Center") Handbook of employee policies has been prepared to inform and guide all Medical Center personnel. Additional information may be found in other documents and standards, such as resolutions of the Community Health Services Board, the Cordova City Council, other adopted policies and procedures, and the official plan documents of CCMC's employee benefit plans. In the event you have questions or need clarification of personnel policies, procedures, or expectations, please contact your supervisor, the Human Resources Manager or the Administrator/CEO.

1.2 Medical Center History

The current CCMC facility was dedicated on May 31, 1986 and is one of Cordova's largest employers. The Medical Center is a Department of the City of Cordova, with its own governing board known as the CCMC Health Services Board. CCMC is certified as a Critical Access Hospital (CAH) and as a Long Term Care (LTC) facility, and provides community health services including:

- 13-Bed Acute and Swing Care Medical Center
- 10 Long Term Care Beds
- 24-hour Emergency Room Services
- Rehab Services
- Imaging Department
- Laboratory Services
- Primary Care Clinic
- Specialty Clinics
- Sound Alternatives
  - Behavioral Health Clinic
  - Respite Care Program
  - Telepsychiatry

1.3 Purpose of this Handbook

An important goal of CCMC is to inform employees of the Medical Center's rules and regulations, which guide the responsibilities of both the employee and employer. This Handbook is designed solely to provide you with the general nature of such personnel policies. Please keep in mind that the policies and procedures in this Handbook are for general reference only and may not be applicable in all cases. A number of laws apply to CCMC and to the employee/employer relationship, including certain provisions of the Cordova City Code. This Handbook touches on some of the more common requirements. In the event of any conflicts between this Handbook and applicable laws, Medical Center grant requirements, Medicaid requirements, or the obligations of applicable contracts, the governing contract, law or guideline will prevail over this Handbook.

1.4 Handbook Disclaimers

You should familiarize yourself with the contents of this Handbook and, when in doubt about any policy or procedure, or any information contained herein, you should contact your supervisor or the Human Resources Coordinator. This Handbook is not an employment contract, and only summarizes policies existing at the time of publication. As such, nothing in this Handbook is

intended to alter the fact that your employment is "at-will." CCMC reserves the right to alter, change, add, or delete any policy, procedure, or guideline at any time and without prior or subsequent notice. We will, however, endeavor to let you know of any changes that are made.

1.5 Nature of Employment

Employment at CCMC is voluntary, indefinite in nature and subject to termination by you or CCMC "at-will", with or without cause, and with or without notice, at any time in accordance with federal, state, and/or local laws. Nothing in this Handbook shall be interpreted to be in conflict with or to eliminate or modify in any way the "at-will" employment status of CCMC employees. This policy of employment "at-will" may not be modified by any member of CCMC management and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved and executed by the Administrator/CEO of CCMC and the Health Services Board President (or his/her designee).

2. YOUR EMPLOYMENT RELATIONSHIP WITH CCMC

2.1 Equal Opportunity Policy

In order to provide equal employment opportunities to all applicants and employees, CCMC's employment decisions are made without regard to race, creed, color, religion, gender, age, national origin or ancestry, marital status, change in marital status, physical or mental disability, genetic information, pregnancy, parenthood, or any other status or condition protected under federal, state and local laws.

2.2 Reasonable Accommodation of Qualifying Disabilities

CCMC is committed to providing equal employment opportunities to qualified individuals with disabilities, which may include providing reasonable accommodations where appropriate. In general, it is your responsibility to notify the Administrator/CEO or the Human Resources Manager of the need for accommodation. Upon doing so, the Administrator/CEO or Human Resources Manager may ask you for your input on the type of accommodation you believe may be necessary for the functional limitations related to your disability. Accommodation will not be undertaken when providing the accommodation: (1) causes a direct threat to others in the workplace and the threat cannot be eliminated by reasonable accommodation; or (2) if the accommodation creates an undue hardship to CCMC. When appropriate, CCMC may seek your permission to obtain additional information from your health care provider regarding your capacity to perform the essential functions of your job position, with or without reasonable accommodation.

2.3 Policy Against Harassment and Discrimination

CCMC is committed to providing a work environment that is free of discrimination and unlawful harassment on the basis of a protected status under local, state or federal law. Actions, words, jokes, or comments based on an employee's race, color, creed, religion, national origin, gender, physical or mental disability, age, marital status, pregnancy or parenthood, genetic information, veteran's status, status with regard to public assistance, or any other status protected by federal, state or local law will not be tolerated. Gender-based discrimination, whether or not sexual in nature, and the creation of an unlawful hostile environment based on any other protected characteristic are also prohibited under this policy.

Sexual harassment is specifically prohibited. Examples of unlawful sexual harassment include unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or

- Submission to or rejection of such conduct by an individual is used as the basis of employment decisions affecting such individual; or

- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Unlawful sexual harassment may include, but is not limited to, sexual touching, advances or propositions, use of sexually explicit language, sexual comments or jokes, staring or leering, and displaying sexually suggestive objects or pictures.

Sexual harassment applies to the conduct of a supervisor toward a subordinate; an employee toward another employee; a non-employee, such as patients, vendors or other business visitors toward an employee; or an employee toward an applicant for employment. Other examples of sexual harassment include inappropriate sexual advances or other unwanted sexual physical or verbal conduct at business-related social functions or while traveling on CCMC business. Harassment or discrimination in any context must be reported in accordance with this policy.

Any employee who believes that s/he or another employee is or has been the subject of discrimination or harassment should report the alleged conduct immediately to their supervisor, the Human Resources Manager, or another member of CCMC management. Any supervisor or manager who learns of potential sexual or other unlawful harassment or discrimination will promptly consult the Human Resources Manager or the Administrator/CEO.

All complaints will be investigated promptly, thoroughly, and fairly. The length of time it takes to perform the investigation will depend on the nature of the complaint. However, employees are free at any time to inquire about the status of the investigation. The existence and nature of the complaint will be disclosed only to the extent necessary to make a prompt and thorough investigation or as may be necessary to take appropriate corrective measures.

No retaliation or reprisal against any employee for reporting discrimination or harassment concerns will be tolerated.

The facts will determine the response to each allegation. Employee conduct which is found to constitute unlawful discrimination or harassment will be disciplined, up to and including immediate dismissal.

The Alaska Human Rights Commission's address is 800 A Street, Suite 204, Anchorage, AK 99501 and its telephone number is (907)274-4692.

2.4 Workplace Violence Policy

CCMC is committed to preventing workplace violence and to maintaining a safe work environment. Given the increasing violence in society in general, CCMC has adopted the following guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that may occur by or against CCMC employees or members of the public, while on CCMC premises or while

performing CCMC business at other locations. This policy does not apply to security personnel, engaged in their official duties.

All employees, including supervisors and temporary employees, should be treated with courtesy and respect at all times. Violence, threats, harassment, intimidation, and other disruptive behavior in the workplace (or while on CCMC business outside of the workplace), whether committed by patients, visitors, vendors, or CCMC employees, will not be tolerated.

The following is a nonexclusive list of the types of conduct prohibited by this policy:

- Oral or written statements, gestures, or expressions that communicate a threat of physical harm;
- Physically harming, attempting to harm, or threatening to harm one's self, another person, or property;
- Coercion, intimidation, or stalking of another;
- Use of, or threatening to use, any weapon;
- Any form of non-consensual physical contact (including shoving or grabbing);
- Bringing any unauthorized weapon to CCMC premises;
- Any other conduct that would cause a reasonable person to believe violence may occur.

Individuals who commit such acts may be removed from the premises and subject to criminal penalties. Employees engaging in such conduct also may be subject to disciplinary action, up to and including termination of employment. Further, during an investigation of an incident, an employee may be suspended.

If you notice or witness conduct you think is suspicious, please report it immediately to your supervisor, or any other member of management. Any employee facing a situation that may result in violence should avoid confrontation. Instead, if possible, the employee should retreat to a location of safety and report the incident. However, if you believe there is a threat to personal safety involved, the police should be summoned immediately.

No workplace is immune from disruptive behavior. CCMC needs your cooperation to implement this policy effectively and to maintain a safe working environment. All threats of violence or acts of violence, both direct and indirect, should be reported as soon as possible. This includes threats by employees, as well as threats by patients, visitors, vendors, solicitors, or other members of the public. Additionally, CCMC encourages employees to report any threats of violence or acts of violence that occur in their personal lives that could affect workplace security (i.e. issuance of a restraining order to protect the employee or threatening email received outside the workplace.).

All reports of violations of this policy will be taken seriously and will be investigated promptly. CCMC encourages employees to bring disputes and differences to the attention of a supervisor before the situation escalates into potential violence. As far as reasonably possible, CCMC will maintain the confidentiality of the reporting employee and of the investigation, consistent with the need to investigate and take action. CCMC will not tolerate any retaliation or reprisal by or against any employee who makes a good faith report of, or experiences, workplace violence.

2.5 Confidentiality

Employees of the Medical Center have access to highly personal and confidential information, both in written and unwritten form. All employees are obligated to maintain the confidentiality of information which they access, and to only access such information for the purposes of performing

duties or functions of their position. Confidential information is not solely defined in terms of patient or resident information or written records, but also includes:

- Information concerning Medical Center employees or volunteers;
- Information concerning physicians or other professionals affiliated with the Medical Center; and
- Information concerning visitors, families, or patient/residents, whether stored electronically or in document form or obtained through other means of communication.

Sharing proprietary information regarding CCMC operations, practices, and procedures with patients or any other third party is prohibited. Impermissible disclosures of CCMC confidential or proprietary information will result in discipline up to and including immediate termination.

Accessing confidential information for personal advantage or any reason not related to the employee's job responsibilities is a serious violation and is strictly forbidden. Individuals who improperly access, copy or disclose confidential information will be disciplined, and may be referred to proper authorities (including licensing agencies). Unauthorized removal, destruction or loss of any document or protected health information, and conduct which creates a risk of impermissible disclosure will result in discipline, up to and including immediate termination.

CCMC is committed to adhering to all state and federal laws regarding patient confidentiality. All employees must comply with the HIPAA Privacy and Security policies and procedures of CCMC. Any questions should be promptly directed to the compliance officer.

2.6 Ethics and Avoiding Conflicts of Interest

The successful operation and reputation of CCMC is built upon the ethical conduct of our employees. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

CCMC will comply with all applicable laws and regulations and expects its employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct. The examples in this policy are not exhaustive and are designed to give you basic guidelines regarding ethical principles.

Ethical principles require that you not take advantage of your position at CCMC to profit personally from any confidential or proprietary information that you receive during your employment.

During your employment you are expected to give patients and residents the most efficient and professional care without expecting any reward beyond your regular pay. You may not ask for or accept a material gift from a patient, resident or vendor. Material gifts include substantial favors, money, free or discounted goods or services, trips, lodging, entertainment or other similar items. CCMC employees must politely, but firmly refuse such gifts.

It is a conflict of interest if you have an interest outside of work that interferes with your responsibilities to CCMC or affects your ability to perform you duties properly. You must avoid conflicts of interest and situations where there might be the appearance of a conflict of interest. You may accept outside employment only so long as it does not create a conflict of interest or interfere with your job performance at CCMC. Employees are required to notify their supervisor if they work for another employer so that potential conflicts of interest can be investigated.

Failure to disclose a potential conflict of interest may result in discipline. Questions regarding ethical issues and potential conflicts of interest should be discussed with the Compliance Officer or the Administrator/CEO.

3. HIRING POLICIES AND PROCEDURES

3.1 Prerequisites to Commencing Employment

3.1.1 Pre-employment Drug Testing

In accordance with CCMC's Drug and Alcohol Testing policy, applicants who have been given a conditional offer of employment must pass a drug-test before commencing to perform services for CCMC. Applicants are responsible for completing required testing in advance of the date they are scheduled to start work. If an employee is unable, unavailable, or otherwise fails to complete the screening in advance of the reporting date, the first day of work may be rescheduled until the screen is completed and passed, or CCMC may withdraw or otherwise modify its offer of employment in its discretion.

3.1.2 Criminal Background Checks

Applicants who have been given a conditional offer of employment must also undergo or update an employment and personal reference, and criminal background checks. Background clearance must be maintained throughout each employee's employment with CCMC. Employees must promptly report any changes in their criminal background to Human Resources.

3.1.3 Licensure and Certifications

Employees required by state or federal law to be licensed, certified or registered to practice a healthcare profession must demonstrate licensure, certification or registration upon hire and maintain such credentials throughout their employment with CCMC. Failure to do so may result in immediate dismissal, or result in CCMC withdrawing or modifying an offer of employment.

3.1.4 Verification of Employment Eligibility

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility.

3.1.5 Health Screening.

Screening for tuberculosis, varicella, and hepatitis A and B must be completed before an employee commences to perform services for CCMC. A medical exam also may be required, depending on the functions of your position. On or before the date you are scheduled to commence work, Human Resources will refer you to the Employee Health Nurse, for completion of CCMC's required health screening forms.
All CCMC employees are required to have a yearly tuberculosis screening. The Employee Health Nurse, according to appropriate protocol, will coordinate yearly screening. Hepatitis A and B vaccinations, and flu vaccinations (when available) are provided to all employees at no cost.

3.2 Orientation.

New employees meet with Human Resources on their first day. Human Resources introduces new employees to these policies, obtains payroll paperwork, provides information on employee benefits, and supplies the name badge to be worn during working hours. Your supervisor will advise you of the orientation program or process applicable to your position. Any questions concerning orientation should be directed first to your supervisor, and then to Human Resources if necessary.

3.3 Introductory Period.

New employees, rehires and transfers are subject to a 6-month introductory period. During this time, the employee participates actively in any orientation and training applicable to the position, as well as ongoing assessments of his/her skills and suitability for the job position. Assessments may be informal and a formal written evaluation may not be provided. The introductory period may be extended, if deemed appropriate by the Administrator/CEO upon recommendation by the employee's Department Manager, to obtain more information and understanding about the employee's skills, training and abilities. If the Medical Center determines that the employee is not suited for the position, separation may occur at any time. Completion of the introductory period should not be construed as creating a contract nor guarantee of employment for any specific duration. All employees are considered "at-will" at all times and for all purposes.

Introductory employees accrue, but are not eligible to use PTO during the first three (3) months of the introductory period, except as approved by the supervisor and Human Resources Coordinator for verified illness or bereavement. Leave authorized for personal needs during the first three months of the introductory period, other than sickness or bereavement, will be unpaid and will be offered at the sole discretion of CCMC and only with the approval of the administrator.

3.4 Personnel Records

Your personnel file (including all component files) is maintained by the Human Resources Department. To keep insurance benefits and records of employment up to date, notify Human Resources and your supervisor of any change in name, address, marital status, dependents, telephone number, citizenship, person to notify in case of emergency, and registration, certification, or licensure. All employee records are held and maintained in confidence and in compliance with state and federal laws. No information is released to third parties without written authorization from the employee, by court order, or as otherwise permitted by law.

Employees are permitted to review their personnel file in the presence of the Human Resources Coordinator with reasonable advance notice during regular business hours. Copies will be provided upon written request from the employee with advance payment of the reasonable cost of copying.

3.5 Nepotism

No person may be employed in a position directly supervised by another family member. If an employee and his/her supervisor should marry, they shall elect which employee may continue with the department, and which employee shall apply for a new position within the facility, or who will terminate employment. If that decision is not made within 30 calendar days, CCMC will decide the matter based on the qualifications and staffing needs of the Medical Center.

For purposes of the nepotism policy, "family member(s)" means spouses, parents, children, brothers, sisters, brothers- and sisters-in-law, fathers- and mothers-in-law, stepparents, stepbrothers, stepsisters and stepchildren. This policy also applies to individuals who are not legally related but who reside with another employee.

4. COMPENSATION

4.1 Employment Classifications

Employees are classified into certain categories, listed below, which may impact compensation and benefits. The term "employee" does not include individuals hired on an independent contractor basis.

4.1.1 Full-time regular employee:

An employee regularly assigned to work a predetermined schedule of 60-80 hours per pay period.

4.1.2 Part-time regular employee:

An employee regularly assigned to work a predetermined schedule of 30-59 hours per pay period.

4.1.3 Casual employee:

An employee hired on an intermittent basis as dictated by business need of the facility. A casual employee may be scheduled to work or may work when called in.

4.1.4 Temporary employee:

An employee hired as an interim replacement for temporary or seasonal work. A temporary employee's length of service will not exceed twelve months. The duration of each assignment will be determined and documented at the date of hire.

4.1.5 Volunteers:

Although volunteers are not employees of the Medical Center, they are required to comply with all relevant laws, policies, and rules of the facility. Refer any questions concerning volunteer opportunities, volunteer activities or functions to Human Resources or the Administrator/CEO.

4.2 Position Changes by Administration

Position changes and reclassification may be made by CCMC at any time, based on the needs of CCMC. Such changes may result in changes to personnel assignments, classification, compensation, required skills, assigned hours, and essential job functions. Changes may impact one or more positions or individuals. Management may transfer an employee, modify or reorganize a position, or make other changes needed in order to achieve the interests of the Medical Center. Changes which are substantially based on disciplinary or performance grounds may be grieved in accordance with the Grievance Policy, Section 12 if the employee has achieved regular status. Separation procedures are addressed in Section 9. Performance grounds are addressed in section 7.

Due to Medical Center needs or at an employee's request, employment status may be changed (e.g., going from regular to temporary or to casual). When such a change is made effective, appropriate changes in benefit accrual will take place. This will include items such as paid time off accrual and insurance coverage.

4.2.1 Reasonable notice of a demotion

(Up to 2 weeks) will be provided by management. Changes in job descriptions from time to time do not qualify as demotions.

4.3 Wage and Hour Job Classification

All employees are further classified for purposes of minimum wages and overtime laws:

4.3.1 Exempt:

An employee who is not subject to overtime and minimum wage laws under the federal Fair Labor Standards Act.

4.3.2 Non-exempt:

An employee who is subject to overtime compensation as defined by the Fair Labor Standards Act.

4.4 Workday and Workweek

4.4.1 Work Day.

The definition of workday for purposes of payroll and overtime calculations is 12:00 a.m. to 11:59 p.m. However, the Medical Center may establish shift schedules in order to avoid calculating a single shift on two separate calendar dates. Each shift is recorded on the applicable workday in which the shift began.

4.4.2 Work Week.

The workweek is defined as 12:00 am Sunday through 11:59 pm Saturday.

4.5 Timekeeping.

Exempt employees must record their hours worked on a time sheet, for purposes of calculating pay, benefits, and the accrual and use of leave.

Non-Exempt employees will be held accountable for using the new time clock. Employees will not leave the facility while they are on the clock and will be subject to corrective action up to termination.

Under no circumstances should any employee fill out a time sheet for another employee or have another employee fill out their time sheet. All employees are subject to this policy and are required to accurately record all time worked and all break periods. In the event of noncompliance with this policy, an employee may be subject to disciplinary action, up to and including discharge from employment. Time worked is all the time actually spent on the job performing assigned duties. The minimum increment for time reporting is 15 minutes. Time between 7 minutes and 15 minutes

should be recorded as 15 minutes. An employee's signature on the time sheet is considered a certification that the document provides a true and correct statement of dates and time actually worked. Time off that is eligible for pay or leave without pay shall be designated using a leave description. The employee's Department Manager reviews time sheets and submits them to payroll. If corrections or modifications are made to the time record, the initials of both the employee and the Department Manager shall be obtained.

4.6 Payroll

4.6.1 Pay Period/Paydays.

CCMC's pay period is biweekly, with scheduled paydays every other Friday after the end of the pay period. A schedule of pay periods and paydays is posted on the Human Resources board and may be obtained from Human Resources.

4.6.2 Check Availability and Location.

On payday, checks are available at 8:00 am in the Payroll Office.

4.6.3 Direct Deposit.

An employee may elect to have paychecks electronically deposited into a checking or savings account. An employee electing direct deposit must complete an Election Form listing up to two accounts for deposit. The employee will receive a pay stub in lieu of a paycheck on payday detailing the direct deposit.

4.6.4 Payroll Deductions.

All contributions required by federal or state law or by benefit plans (to include PERS), will be deducted from the employees' paychecks, and reflected in the summary attached. Other deductions may be withheld as authorized by written agreement with the employee.

4.6.5 Pay Advances.

An employee may request a payroll advance only in a serious emergency, with the approval of the Administrator/CEO in his or her sole discretion. The employee must complete and sign the Request for Payroll Advance form, providing two days' advance notice to the Payroll Office. An advance may not exceed 90% of the employee's net pay for hours worked to-date that pay period. The amount of the advance will be automatically deducted from the employee's next paycheck. An individual employee may receive no more than a single payroll advance in a calendar year.

4.7 Wage Scale.

All employees shall be paid in accordance with the current Wage and Salary Classification plan adopted by the Community Health Services Board.

4.8 Shift Differential.

Non-exempt employees may be eligible for shift differential pay, as defined herein. A shift is recorded on the calendar day on which the shift began. Each work day, all hours are recorded and paid according to the shift that includes the majority (more than half) of the hours worked. R.N.'s, L.P.N.'s, and C.N.A.'s are eligible for the Night Shift Differential. Other non-exempt employees

asked by the Administrator/CEO or their Department Manager to work night shift hours may be eligible for shift differential pay for working Night Shift hours with approval of the Administrator/CEO.

4.8.1 Night Shift Differential:

Night shift differential is 12% of the base rate of pay. Shifts are defined as follows: Night Shift: A shift in which greater than 50% of the employee's hours worked occur between 6:00 pm and 6:00 am. Day Shift: A shift in which greater than 50% of the employee's hours worked occur between 6:00 a.m. and 6:00 p.m. Equal Day and Night Shift: If an employee works equal hours in the Day Shift and Night Shift, the base day rate is paid for Day Shift hours with shift differential paid for Night Shift hours.

4.8.2 Night Shift Differential and Time Off:

Night Shift Differential applies to Holiday Worked hours. Night Shift differential **does not** apply to Holiday Pay, PTO, Bereavement, or any other forms of paid time off.

4.9 Overtime.

Overtime is calculated based on actual hours worked which includes only hours worked and hours worked during call back. PTO, holidays, on call hours and other types of time off do not count for determining if overtime is due. Compensation for overtime is paid at one and one half times the base rate of pay for hours worked over 40 in a workweek. Overtime hours accrued on a daily basis do not accumulate for calculation of overtime toward a 40 hour week. Shift Differential will be included in the overtime calculation when paid as defined in section 4.8. Every attempt is made to schedule work so that the need for overtime is kept to a minimum. However, situations may arise which make overtime unavoidable. In such cases, your supervisor or Department Manager may schedule you to work overtime. **Overtime work must be pre-approved.** Overtime compensation is available only to non-exempt personnel entitled to be paid overtime wages for overtime work under the federal Fair Labor Standards Act. Although non-exempt employees of CCMC are not legally entitled to receive overtime pay for hours worked in excess of 8 hours per workday under the Alaska Wage and Hour Act, CCMC voluntarily pays overtime compensation for hours worked in excess of 8 hours per workday for most positions, with the exception of certain shift arrangements. CCMC may modify or eliminate this voluntary policy with or without advance notice in its sole discretion.

4.10 On-Call Compensation

Non-exempt employees required to be on-call may be eligible to receive a flat hourly rate for hours spent available to take on-call work assignments. The on-call schedule is managed by the Department Manager. Non-exempt employees required to report to work as a result of being on-call shall receive one and one-half times the employee's base rate of pay for all hours actually worked when called in. An employee called in to work shall receive a minimum of one hour of pay at the applicable rate.

4.11 Breaks and Meal Periods

Non-Exempt employees will be scheduled by their Department Managers for scheduled breaks and meal periods based upon the number of hours an employee is scheduled to work and based upon the needs of the facility. For every workday of 6 hours or more, non-exempt employees are required to take an unpaid meal period of not less than 30 consecutive minutes. Breaks (no more than 15

minutes) are paid time worked; meal breaks (30 minutes) are unpaid if the employee is released to use the time for their own purposes.

Nursing is Exempt at the direction of the Director of Nursing.

Breaks and meal periods may not be accumulated or delayed in order to leave work early or take an extended meal period on another workday.

4.12 Holidays

CCMC has established holiday policies designed to accommodate a 7-day per week/24-hour day operation. CCMC recognizes and pays nine (9) holidays annually.

4.12.1 Recognized Holidays

CCMC recognizes the following holidays:

New Year's Day…….January 1
President's Day……..3rd Monday in February
Seward's Day…….Last Monday in March
Memorial Day……Last Monday in May
Fourth of July…….July 4
Labor Day……..1st Monday in September
Thanksgiving…….4th Thursday in November
Day after Thanksgiving….4th Friday in November
Christmas……...December 25

4.12.2 Time Off on Holiday

When a recognized holiday falls on the day an employee is normally scheduled to work, that employee must take the holiday off unless asked by the Administrator/CEO or Department Manager, with the Administrator/CEO's approval, to work that day. The exception to this shall be non-exempt staff members deemed essential such as R.N.'s, L.P.N.'s, C.N.A.'s, housekeeping, and dietary staff members. When a recognized holiday falls on a Saturday, the preceding Friday shall be recognized as the holiday. When a recognized holidays falls on a Sunday, the following Monday shall be recognized as the holiday.

4.12.3 Compensation for Holidays Not Worked.

A full-time regular employee not required to work on a recognized holiday shall be paid eight (8) hours of Holiday Pay at the employee's base rate of pay. A part-time regular employee not required to work on a recognized holiday shall be paid four (4) hours of Holiday Pay at the employee's base rate of pay.

4.12.4 Compensation for Holiday Worked – Non-Exempt Personnel

When a non-exempt employee is required to work the holiday by the Department Manager, the employee shall receive Holiday Pay as defined above, plus one and one-half times their base rate of pay, plus any applicable overtime and shift differential. If an employee is on call and called back to work, they shall receive two-times their base rate of pay, plus any applicable overtime and shift differential.

4.12.5 Compensation for Holiday Worked- Exempt Personnel

An employee in a position that is FLSA exempt and who is required to work on a recognized holiday shall, at the discretion of the Administrator/CEO, receive a compensatory day off to be used within thirty days of the recognized holiday.

5. EMPLOYEE BENEFITS

5.1 Paid Time Off (PTO)

Paid Time Off is the employee leave program adopted to provide paid time off for rest, relaxation, personal needs and illness. PTO is earned through service time. PTO covers both vacation, personal, and sick time off, and includes both scheduled and unscheduled absences. PTO accrual is capped, in order to encourage employees to take their accrued leave in a prompt and regular manner, as provided below.

5.1.1 Accrual

Eligible employees accrue PTO each pay period according to the number of hours paid per pay period (not to exceed a base of 80 hours), and FTE hours of service. Only regular full-time and part-time employees are eligible for PTO.

5.1.2 Rate Schedule

Length of Service	PTO Accrued Per Hour Worked (incl. Holidays)	PTO Accrued Per Year (FTE)
0 – 4,160 hrs (0-2 yrs FTE)	0.096154	200 hrs (25 days)
4,161 – 10,400 hrs (2-5 yrs FTE)	0.115385	240 hrs (30 days)
10,401 – 20,800 hrs (5 +yrs FTE)	0.134616	280 hrs (35 days)

FTE = Full time equivalency. Employees who are not full-time status accrue PTO pro rata, at the rate indicated in the PTO Accrued Per Hour Worked column for fewer hours, and will not accrue the full FTE amount per year. PTO accrual is based on actual hours worked. FTE years in the chart above are estimated based upon a 40 hour work week.

5.1.3 Use of PTO

To ensure adequate staffing, each Department Manager will schedule and approve PTO requests. Each Department may set standards for planning leave in advance, subject to approval by the Administrator/CEO. The amount of or blocks of consecutive weeks of leave may be limited, depending on the needs of the facility or department and the timing of the request. Requests for over two weeks of PTO at one time must be reviewed and approved by the Administrator/CEO. Employees may not use PTO during their introductory period, except as provided in Section 3.3 of this Handbook.

PTO must be accrued before it can be taken. PTO cannot be advanced and an employee cannot draw their PTO bank into a negative balance. If you run out of PTO while on an approved absence, you may be treated as in violation of CCMC's attendance policy unless you received advance approval to take unpaid time off. PTO is deducted from the

employee's leave bank based on his/her regular work schedule. PTO shall be taken in not less than quarter-hour segments.

5.1.4 PTO Carryover and Forfeiture

To encourage employees to schedule and take their leave on an ongoing basis, the Medical Center caps leave accrual at 320 hours of PTO. PTO amounts accrued beyond 320 will be forfeited. When an employee reaches 280 hours of accrued PTO, the Medical Center will notify them of the need to meet with their supervisor and establish a plan to use sufficient leave to remain below the cap of 320 hours.

5.1.5 Donated Leave

Co-workers will be allowed to donate accrued leave to another employee who has exhausted their leave benefit for: a serious medical issue; or an extraordinary circumstance that would require time away from work. All leave donation requests will be reviewed and approved by the Administrator/CEO or designee. Employees may donate up to 40 hours of their PTO annually to other Medical Center employees (including probationary employees) in the event the receiving employee is experiencing an illness or emergency and has exhausted their PTO and has no IAP available. To ensure that a co-worker is not exhausting his/her own leave balances (both annual and bank) by donating leave, they must retain a total of at least 80 hours of leave. Medical Center employees may accept a maximum of 160 hours of donated PTO per fiscal year. All donations will remain anonymous. Employees are prohibited from lobbying for leave donations. Leave is donated on an hour for hour basis, regardless of the individuals' hourly rate. Cash-in of donated leave is not allowed, and donated leave will not be paid out to the receiving employee upon termination of employment for any reason.

5.2 Employee Benefit Plans

CCMC sponsors and/or participates in several welfare and retirement plans for the benefit of eligible employees, including health, the Alaska PERS, life, and a tax sheltered annuity plan. Detailed information regarding these benefits is contained in summary plan descriptions, insurance policies, CCMC's official plan documents, and the plan documents maintained by the PERS system. CCMC has sole discretion to interpret the employee benefit plan documents, including questions of eligibility, availability or amount of benefits, terms, conditions and limitations. The official plan documents and not this handbook or any other document or verbal representation will govern CCMC's determination of all questions regarding plan benefits.

Employees are encouraged to contact the Human Resources Department for further information about the plans, including eligibility requirements for CCMC sponsored benefits.

While it is CCMC's present intention to continue these benefits for the indefinite future, CCMC reserves the right to amend, modify, curtail, reduce or eliminate any benefit, in whole or in part at any time. No amendment or termination will take away vested benefits. However, future accruals or benefits any be reduced or eliminated. Neither the benefit programs nor their descriptions are intended to create any guarantees regarding employment or continued employment.

5.2.1 Eligibility In General

Some employee benefits are provided to CCMC employees based on job classification and hours of service. The chart below describes typical breakdown, however, the requirements and restrictions contained in the official plan documents will determine eligibility for any benefit plans.

Employee Status	Eligible for Benefits	Eligible for PTO	Eligible for Holiday Pay
Full-time Regular	Yes	Yes	8 hours
Part-time Regular	Yes	Yes	4 hours
Casual	No	No	No
Temporary	No	No	No

5.2.2 Group Health Insurance

CCMC provides eligible employees with an opportunity to participate in its group major medical, dental, and vision benefits programs designed to assist employees and their eligible dependents in meeting the financial burdens that can result from injury or illness. The terms of eligibility and participation are set forth in the official plan documents, which can be obtained from Human Resources.

5.2.3 Life Insurance

Regular full time and part time employees are eligible for group life insurance the first of the month following thirty days of employment. Eligible employees receive $10,000 of basic life insurance and may be able to purchase supplemental life insurance coverage at their own cost, as well as spouse and dependent(s) coverage.

5.2.4 Retirement Plan (PERS)

CCMC is a participant in the State of Alaska's Public Employees Retirement System (PERS). Coverage is mandatory for all full-time and part-time regular employees. Retirement benefits and other details regarding the retirement system may be obtained from Human Resources.

5.2.5 403(b) Tax Sheltered Annuity

Eligible regular employees may participate in a tax deferred annuity plan subject to the eligibility provisions of the Plan. Enrollment is subject to the terms and conditions as defined by the Plan. Appropriate forms and applications may be obtained from Human Resources.

5.2.6 Employee Assistance Program (EAP)

A range of issues (i.e. emotional, physical, and mental conditions, family and marital stress, financial difficulties, addiction or substance abuse) may impair or negatively impact an employee's job performance. The Medical Center provides access to an EAP, which provides confidential assistance to employees and eligible family members.

6. LEAVE POLICIES

6.1 Family & Medical Leave.

CCMC employees are entitled to receive up to twelve weeks' time away from work within a twelve-month period to attend to specified family and medical needs under a federal law known as the Family Medical Leave Act ("FMLA"). Concurrently, CCMC employees are eligible to eighteen weeks' time away from work within a twelve-month period because of pregnancy, childbirth or adoption, and up to eighteen weeks' time away from work within a twenty four month period to attend to specified family and medical needs under state statutes AS 23.10.500 through AS 23.10.550 ("State FMLA"). The eighteen and twelve week periods run concurrently with FMLA leave periods for the same condition.

6.1.1 Eligibility For Leave.

To be eligible for State FMLA leave an employee must have worked for CCMC for at least 35 hours per week for six consecutive months or 17.5 hours per week for twelve consecutive months. The rolling backward method applies as well. Under this method, an employee will not be eligible for family medical leave if the employee has taken eighteen weeks of family and medical leave in the twelve calendar months (or twenty four months, if appropriate) immediately preceding each day of leave requested.

6.1.2 Reasons Eligible employees may be granted FMLA or State FMLA

A. Birth or placement of a child

Eligible employees may request a leave of absence to provide care for a child following the child's birth, adoption, or foster placement in the employee's home. This leave must be taken within a year after the child is born, adopted or placed in the employee's home. Where both the mother and father of a newborn, adopted or foster child are eligible employees of CCMC, they are jointly entitled to a total of eighteen weeks of unpaid FMLA and State FMLA leave to care for the child. The eighteen weeks may be divided between them as they agree.

B. Illness of a family member

Eligible employees may request a leave of absence to provide care for a child, parent or spouse who has a serious health condition.

C. Illness of an employee

Eligible employees may also request a leave of absence if they are unable to work due to their own serious health condition.

6.1.3 Military Family Leave.

Leave is also available under FMLA and allows for up to 26 weeks of unpaid leave during a single 12-month period for an employee to care for an injured/ill service member who is recovering from an illness or injury sustained in the line of duty on active duty. The service member must be the spouse, son, daughter, parent or next of kin of the covered service member. CCMC requires that you use your paid leave (PTO) for Military Family Leave. Certain Exigency Leave is available for the spouse, son, daughter, or parent of an employee

who is on active duty or has been notified of an impending call to active duty status, in support of a contingency operation. In such cases, up to 12 weeks of leave may be available. Please see the Human Resources Coordinator for further information on these types of leave or review the FMLA rights poster on the bulletin board.

6.1.4 When Medical Certification Is Required.

Employees may be required to provide a medical certification (on a form supplied by CCMC) supporting the need for leave due to a serious health condition affecting the employee or a family member. If the employee is taking leave on an intermittent or reduced work schedule basis, then the medical certification should indicate that such a leave schedule is medically necessary. Where requested, the medical certificate must be received by CCMC prior to the commencement of leave. However, if the need for leave was unforeseen, CCMC should receive the medical certification no later than fifteen calendar days from the date the employee requests leave. Employees may be required to provide second or third medical opinions or periodic recertifications at CCMC's expense. Employees may be required to provide periodic reports during leave regarding their status and intent to return to work. Prior to returning to work from leave due to his or her own serious health condition, an employee must provide CCMC with a fitness for duty certification from the employee's health care provider stating that the employee is able to perform the essential functions of the employee's position. If an employee who is required to provide such a certification fails to do so, CCMC will not restore the employee to employment until such a certification is provided.

6.1.5 Compensation

FMLA leave is unpaid, however, CCMC requires employees eligible for FMLA or Military Family Leave to exhaust their accumulated PTO. CCMC has no obligation to pay you more than any accumulated PTO, which must be used at the beginning of your leave (Paid time off is counted as part of the FMLA/State Leave entitlement, not in addition to it). PTO time does not accrue during an unpaid leave. Paid holidays are counted as part of the FMLA leave and do not serve to "extend" the leave when taking into account the holiday time. If you run out of paid time off while on FMLA and a holiday falls in the time in which you are on unpaid leave, you will not be paid for that holiday. Where appropriate, CCMC will coordinate an employee's workers' compensation leave with FMLA/State FMLA leave so that the two run concurrently. FMLA/State FMLA leave shall run concurrently with any other qualifying leave.

6.1.6 Benefits Continuation

A. *Group Health Benefits*

Employees may continue their CCMC group health insurance coverage during family or medical leave on the same terms as before such leave. If the employee elects to continue group health coverage, the employee will be required to pay CCMC the employee's portion of the insurance premium. Payment will be automatically deducted from the employee's paycheck while on paid leave. When paid leave is exhausted, the employee is responsible for contacting the Payroll Office regarding the options available to them to pay for continued health insurance during the unpaid portion of their FMLA leave. CCMC may recover from an employee its portion of the premiums paid to maintain an employee's health insurance coverage during leave if the employee: (1) fails to return to work

after the employee's leave entitlement has expired or (2) fails to work at least thirty days after returning from leave. CCMC may not recover its premiums paid on behalf of the employee if the employee's failure to return to work is due to (1) the continuation, recurrence, or onset of a serious health condition or (2) other circumstances beyond the employee's control. An employee who fails to return from leave will be deemed to have terminated employment voluntarily and may be entitled to elect COBRA continuation coverage of CCMC's group health benefits.

B. *Life Insurance*

An employee who is on unpaid FMLA leave may continue his or her life insurance by paying the full premium cost for coverage. Such employees should consult the Payroll Office regarding the options available to them to pay for continued life insurance.

6.1.7 Job Restoration

Upon returning from FMLA leave, an employee will be restored to his or her original job, or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions. An employee's use of FMLA leave will not result in the loss of any employment benefit that the employee would have been entitled to if the employee not taken leave.

6.1.8 Key Employees

Upon requesting FMLA/State FMLA leave, CCMC will inform the employee if the employee is considered a key employee. CCMC may inform a key employee while the employee is on FMLA/State FMLA leave that if the employee does not return to work immediately CCMC will suffer substantial and grievous economic harm. CCMC will offer the key employee a reasonable opportunity to return to work after giving this notice. CCMC may deny job restoration to the key employee if the employee does not return to work after receiving such notice. The key employee will then be permanently replaced with no right of job restoration.

6.1.9 Fitness for Duty

Employees on FMLA leave must notify CCMC at least two weeks prior to the end of the leave of their availability and capacity to return to work. CCMC requires medical certification of fitness to return to duty before an employee will be permitted to return to work. An employee's failure to return from leave, or failure to contact CCMC on the scheduled date of return are grounds for termination.

6.1.10 Employee Notice

Eligible employees seeking to use FMLA leave are required to provide:

A. 30-day advance notice of the need to take FMLA leave when the need is foreseeable;
B. Notice "as soon as practicable" when the need to take FMLA leave is not foreseeable. Except in the most extraordinary circumstances, this requires you to report your need for FMLA leave before the start of your shift in accordance with the normal absence-reporting procedures;

C. Sufficient information for CCMC to understand that the employee needs leave for FMLA-qualifying reasons (the employee need not mention FMLA when requesting leave to meet this requirement but must provide sufficient information to put CCMC on notice that the absence may be FMLA-protected); and

D. Where CCMC was not made aware that an employee was absent for FMLA reasons, leave will be retroactively designated as FMLA leave.

6.1.11 Employer Notice

In addition to the information provided in this Handbook, CCMC has taken the following steps to provide information to employees about FMLA:

A. Posted a notice explaining your rights and responsibilities under FMLA-see the Notice of Rights Under FMLA on the bulletin board in the mail room;

B. Provided a written notice designating the leave as FMLA leave and detailing specific expectations and obligations of an employee who is exercising his/her FMLA entitlements within five business days after we have received the notice of need for leave. If your leave is not FMLA-protected, the notice will inform you of the reason.

C. Provided you a notice of eligibility, informing you whether or not the leave you are requesting qualified under FMLA. Employees on worker's compensation leave will also be placed on FMLA leave, to the extent the employee is eligible and the absence qualifies under both laws. In such cases, the two types of leave will run simultaneously.

6.1.12 Definitions

A. Child

Anyone under 18 years who is the employee's biological, adopted, or foster child, stepchild, legal ward, or an adult legally dependent child. This may also include a child for whom the employee has day-to-day responsibility.

B. Continuing Treatment

One or more of the following:

- treatment two or more times by a health care provider. Normally this would require visits to the health care provider or to a nurse or physician's assistant under direct supervision of the health care provider.
- treatment two or more times by a provider of health care services (for example, a physical therapist) under orders of, or on referral by, a health care provider, or treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider (for example, a course of medication or therapy) to resolve the condition.
- continuing supervision of, but not necessarily active treatment by, a health care provider due to a serious long-term or chronic condition or disability

which cannot be cured (for example, Alzheimer's, a severe stroke, or the terminal stage of a disease).

C. Health Care Provider.

- a doctor of medicine or osteopathy authorized to practice medicine or surgery by the state;
- a podiatrist, physician's assistant, dentist, clinical psychologist, optometrist or chiropractor (limited to manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice, and performing within the scope of that practice, under state law;
- a nurse practitioner or nurse-midwife authorized to practice, and performing within the scope of that practice, as defined under state law; or
- a Christian Science practitioner listed with the First Church of Christ, Scientist in Boston, Massachusetts.

D. Key Employee

A salaried employee who is among the highest paid ten percent of CCMC's employees.

E. Parent

Biological, foster or adoptive parents, stepparents, legal guardians, or someone who plays or has played the role of parent, but does not include parents-in-law.

F. Serious Health Condition.

An illness, injury, impairment, or physical or mental condition that involves:

- any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility;
- any period of incapacity requiring absence of more than three calendar days from work, school, or other regular daily activities that also involves either: (i) two in-person visits with a health care provider within seven days of the onset of leave and within a thirty day period thereafter, or (ii) one in-person visit with a health care provider within seven days of the onset of leave and with a regimen of continuing treatment by or under the supervision of, a health care provider; or
- continuing treatment of at least two visits per year by or under the supervision of, a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days, or
- prenatal care.

G. Spouse

A legal marital relationship under applicable state law.

6.2 Bereavement Leave

When death occurs in a regular employee's immediate family (i.e. spouse, parent, child(ren), sibling, or step-relation thereof, father or mother-in-law or grandparent(s) or grandchild(ren), the employee may request leave under this policy. The Administrator/CEO may grant up to forty (40) hours of paid Bereavement Leave for full-time employees. For part-time employees, bereavement leave is prorated based on regular hours worked in one week. The employee may be requested to provide verification of the need for, eligibility for, or duration of leave.

6.3 Uniformed Service Leave

A uniformed service leave of absence will be granted to CCMC employees in accordance with federal and state law. Eligible employees are those called to serve in the uniformed services who have not had more than 5 years of total absence from CCMC for all uniformed service.

6.3.1 Giving of Notice

Employees must provide as much advance notice of uniformed service as possible. Notice may be given either orally or in writing to the Human Resources Division. Employees will be required to provide copies of military orders or other documents to validate the need for leave.

6.3.2 Length of Leave

The duration of any single uniformed service leave may not exceed six months in a 12 month period. Additionally, an employee may not receive a total amount of uniformed service leave from CCMC that exceeds five (5) years of cumulative uniformed service leave. An employee who exceeds 6 months of uniformed service leave in a 12 month period will be terminated with eligibility for rehire, but will retain reemployment rights as described below so long as their cumulative uniformed service leave from CCMC does not exceed five years. All periods of uniformed service leave taken in a twelve month period from October 1 of each year to September 30 of the following year will be included in calculating the total military leave used, including, but not limited to, weekend training exercises.

6.3.3 Return to Work

An employee serving from 1 to 30 days must report to his/her supervisor by the beginning of the first regularly scheduled work day that would fall eight hours after the employee returns home from uniformed service. Uniformed service includes reasonable time for travel to and from the place of service. An employee whose uniformed service lasts from 31 to 180 days must make application for reemployment no later than 14 days after completion of the period of uniformed service. An employee whose uniformed service lasts more than 180 days must make application for reemployment no later than 90 days after completion of the period of uniformed service. Employees returning from service will be required to provide satisfactory documentation: (1) of their period of service, (2) of the timeliness of their application for reemployment, (3) that their service did not exceed the 5 year limit, and (4) that the character of their service was honorable.

6.3.4 Reemployment Position

An employee serving from 1 to 90 days will be reemployed in the position the employee would have held had the employee remained continuously employed, so long as the employee is qualified for the position or can become qualified after reasonable efforts. An employee serving 91 days or more will be reemployed in (1) the position the employee would have held had the employee been continuously employed, or (2) a position of equivalent status and pay, so long as the employee is qualified for the position or can become qualified after reasonable efforts. If the employee cannot become qualified, the employee will be reemployed in any other position of lesser status and pay that the employee is qualified to perform with full service credit.

6.3.5 Nondiscrimination

No one may discriminate against any employee who is called to serve in the uniformed services. CCMC prohibits acts of reprisal against returning uniformed service members and those who would testify to discrimination against a uniformed service member. If you are the victim of discrimination on the basis of your uniformed service, you are requested and encouraged to make a complaint to CCMC. You may complain directly to your Department Manager, the Human Resources Manager, or the Administrator/CEO. CCMC will promptly and thoroughly investigate any complaint or report of a violation of this policy.

6.3.6 Benefits Continuation During Uniformed Service Leaves

A. Group Health Plan

Employees who experience a loss of coverage under CCMC's group health plan due to uniformed service may elect to continue such coverage. The maximum period of continuation coverage of the employee and the employee's dependents shall be the lesser of (1) the 18 month period beginning on the date on which the employee's absence begins, or (2) the day after the date on which the employee fails to apply for or return to a position of employment within the time periods specified above. Employees may continue coverage under CCMC's group health plan regardless of the employee's eligibility for military health care coverage (CHAMPUS/TriCare). Employees serving for 1-30 days may continue health coverage and pay only the employee share of coverage. An employee serving for 31 or more days will be required to pay 102 percent of the full premium under CCMC's group health plan. An employee whose health coverage terminated due to uniformed services is not required to complete a waiting period for reinstatement to CCMC's group health plan following reemployment.

B. Life Insurance Benefits

An employee on military leave may continue other benefits under the same terms as under any other leave of absence. An employee who returns to employment as specified above, will be reinstated to such other benefits without waiting for an open enrollment period.

6.3.7 Compensation

Employees may take paid leave for up to 16.5 working days per twelve month period for training, instruction, and search and rescue in the U.S. armed forces reserves provided that the employee obtains the approval of the Human Resources Manager. In addition, five days of paid time off are provided to employees called to active duty by the governor. In all other cases, military leave is unpaid. Employees are permitted, but not required, to run accrued paid time off concurrently with unpaid uniformed service leave.

6.4 Court Leave

Any regular employee who is called to serve as a juror or who is subpoenaed as a witness shall be entitled to court leave. A copy of the court summons will be required. Court leave will be paid at the employee's base rate of pay not to include shift differential or overtime.

6.5 Voting Leave

CCMC encourages employees to fulfill their civic responsibilities by participating in elections. Generally, employees are able to find time to vote either before or after their regular work schedule. If employees are unable to vote in an election during their non-working hours, CCMC will grant up to two hours of paid time off to vote. If any employee has two consecutive hours in which to vote, either between the opening of the polls and the beginning of the employee's regular working shift, or between the end of the regular working shift and the closing of the polls, the employee shall be considered to have sufficient time outside working hours within which to vote and will not be entitled to paid time off to vote. If unable to find time to vote before or after regular work schedules, employees should request time off to vote from their supervisor at least two working days prior to the Election Day. Advance notice is requested so that necessary time off can be scheduled at the beginning or end of the work shift; whichever provides the least disruption to the normal work schedule.

6.6 Educational Support and Leave

Leave for education purposes, when the time spent is not work time, must be pre-approved by the Department Manager or taken as PTO. Any other type of leave sought by the employee (such as paid leave not deducted from PTO) must be approved by the Administrator/CEO. Licensed or certified personnel may have specific amounts of educational leave set out by individual contract, in which case the taking of leave shall be addressed and scheduled pursuant to department policy and the contract. Other forms of educational support, such as reimbursement for books, tuition or travel, must also be pre-approved in writing by the Administrator/CEO. CCMC may impose conditions on reimbursement, including a minimum passing grade or continued employment with the Medical Center, as a condition of granting leave or financial support.

6.7 Income Assurance Program (IAP)

This was a former benefit accrued each pay period to be used for medical leave as defined under the Family and Medical Leave Act (FMLA) of 1993. The accrual of this benefit is no longer effective as of July 8, 2001. Employees who have accrued IAP shall retain their IAP bank for appropriate use through the term of their employment. There is no cash redemption value to the IAP with the exception of the employees defined under the IAP Recovery Policy. The IAP is not to be used in addition to benefits payable under workers compensation.

6.7.1 IAP Use

The employee may use IAP for the following purposes:

- A serious health condition;
- To care for a family member with a serious health condition;
- The birth of a child;
- The placement of a child for adoption or foster care.

To request use of IAP, the employee must complete the leave paperwork in accordance with the Family and Medical Leave Act Policy. Such paperwork may be obtained from the HR department. IAP may be used after one calendar week of absence due to the above conditions.

6.7.2 IAP Recovery

Employees hired before July 1, 1996 shall retain the eligibility for a prior provision regarding payment of one-half of their IAP account. Eligible employees have letters so stating in their individual personnel file.

7. PERFORMANCE STANDARDS

7.1 ATTENDANCE

7.1.1 Reporting to Work

The Medical Center is a 24-hour a day, seven-day a week health care facility. Absences cause undue hardship on co-workers and can adversely impact our patients. Reporting to work when scheduled is an essential function of all Medical Center positions.

7.1.2 Notice of Absence or Lateness

Absence, for whatever reason, must be promptly reported to your supervisor when you learn of the need for the absence, and at least four (4) hours in advance of your scheduled reporting time. If your supervisor is not available, leave him/her a voicemail message and then call 424-8000. Inform the individual answering the phone that you are calling in and request that they give a message to your supervisor. You are responsible for providing your supervisor with up to date telephone numbers where you can be reached, in case of an emergency situation, or for adjustment of scheduled shifts.

7.1.3 Grounds

An absence without valid reason may be treated as unexcused. One or more “no-call” or “no-show” absences constitutes grounds for disciplinary action, including termination. Excessive absenteeism and abuse of leave policies may result in negative performance evaluation, and/or discipline up to and including immediate termination of employment.

7.1.4 Illness

We reserve the right to send home any employee who reports to work sick, ill, or impaired, and to require them to use PTO if available. Time off is provided in our employee policies to accommodate illness and conditions that impair the employee's ability to work safely and effectively. An employee who appears to be impaired by the effects of alcohol or drugs may be required to undergo drug/alcohol screening. An infectious illness must be reported to your supervisor in confidence, to assist in identifying or preventing facility-wide infectious outbreaks and confirming your eligibility to work without risk to patients, residents, and co-workers.

7.2 Performance Evaluations

Performance evaluations will be completed on annual basis by the department heads.

Performance evaluations are prepared in order to communicate regularly about the position requirements, employee strengths and weaknesses, opportunities for improvement and training, and goals for performance. Forms for evaluation may be obtained from Human Resources. CCMC fully reserves the option of tailoring evaluation forms to the needs of the position as well as the individual employee.

7.2.1 Regular Assessments

Written performance evaluations will be provided for regular employees, on an annual schedule, which is usually at or near the anniversary date of employment. Both the supervisor and the employee are responsible for participating in the process, which may include a self-evaluation, and scheduled interview/discussion. The performance evaluation will be filed in the personnel file when completed and signed. The employee may add comments to the evaluation within 20 days, in the space provided.

7.2.2 Following Introductory Period.

A written evaluation may be provided but is not required before deciding to release an employee at the end of or during the introductory period or an extension; a written evaluation is optional in the judgment of the supervisor in consultation with Human Resources.

7.2.3 Unsatisfactory Rating

An unsatisfactory performance rating in two or more categories indicates the manager and employee shall discuss a plan of action, when a mutual and constructive discussion can occur.

7.3 Smoke-Free Workplace

CCMC encourages employees not to smoke and smoking cessation resources are available to those employees who desire to quit smoking. See your supervisor or Human Resources for more information. In order to provide a smoke-free workplace, smoking is allowed in designated areas only. Employees may smoke during break times and meal periods. Employees will refrain from smoking directly in front of the entry/exit doors as it may impact patients reporting for care to CCMC. Smoking is not allowed in CCMC vehicles or in housing furnished by CCMC.

7.4 Standards of Performance

The Medical Center has identified a number of common violations and types of misconduct which may result in disciplinary action. The list provides illustrations only, and other grounds not specifically listed may validly result in personnel action. In addition, an employee's inability or failure to meet performance goals or standards may result in an adverse personnel action (such as, no wage increase, transfer, demotion, dismissal), with or without active misconduct or other grounds for discipline.

The following non-inclusive list describes examples of conduct or activities which are unacceptable:

- Excessive absenteeism and/or unauthorized absences, tardiness;
- Unauthorized use of or willful damage of facility property;
- Leaving the job or facility premises without permission while on duty;
- Sleeping on duty;
- Abuse of lunch or rest breaks;
- Discourtesy or disrespect to patient/residents/residents, visitors, physicians, or coworkers;
- Acceptance of gifts or tips;
- Intentional violation of safety rules;
- Fighting;
- Insubordination;
- Dishonesty or theft;
- Time card violations;
- Sabotage or vandalism;
- Falsifying records;
- Illegal behavior or activities;
- Having illegal possession of, being under the influence of, or partaking of intoxicants or controlled substances while on the job;
- Vulgar or abusive language;
- Disclosure of confidential information;
- Failure to comply with departmental or Medical Center policies or procedures;
- Allowing one's children to congregate or loiter in or around the premises;
- Disregard of personal grooming, cleanliness, appearance, or conduct standards;
- Smoking in unauthorized areas;
- Falsification or omission of employment application information;
- Performance of personal work or study on Medical Center time;
- Other causes recognized by law, grant requirements, or posted rules.

7.5 Compliance with Healthcare Laws

As a recipient of government funds, including Medicare and Medicaid funds, this facility and each of its employees have an affirmative obligation to strictly comply with Civil False Claims Act, 31 U.S.C. § 3729-3788 (1995), which prohibits health care providers from knowingly or recklessly submitting false or fraudulent claims for payment to the government.

7.5.1 Reporting Requirements

As an employee of the Medical Center, you have an obligation to report any conduct which you reasonably believe violates the law or the Medical Center's policies, procedures or code of conduct, including violation of any adopted compliance plan. Employees should report a suspected violation to the Administrator/CEO or the Compliance Officer.

7.5.2 Medical Center's Response

The Medical Center takes all reports of potential violations of law or policy seriously, and any employee receiving a report shall forward the information to the Compliance Officer who shall promptly review the report or evidence and determine whether there is any basis to suspect that a violation has occurred. CCMC will take follow-up steps to ensure compliance, which may include warning, other discipline, training, or other measures to prevent repetition.

7.6 Solicitation

Employees are not permitted to solicit during working time or in patient/resident care areas. An employee may not solicit another employee during the latter's work time. Employees are not permitted to distribute literature during working time or in working areas. Employees are not permitted to solicit or distribute literature to non-employees on the Medical Center premises. Off-duty employees are prohibited from entering any area not open to the public, and are prohibited from interfering with an on-duty employee's performance of her/his work tasks.

For purposes of this section 7.6, working time does not include meal breaks or other specified times during the work shift when employees are not engaged in performing their work tasks. Working areas are defined as areas on the premises where employees perform their work tasks, but do not include break rooms, rest rooms, parking lots, or other non-work areas. Immediate patient/resident care areas include patient/resident rooms, therapy rooms, nursing stations, radiology, and other patient/resident treatment rooms.

Any solicitation of patients and residents is strictly prohibited.

7.7 Maintaining the Proper Healthcare Environment

The staff of CCMC work hard to create an environment that will be conducive to recovery from illness and to establish a warm and comfortable living environment. An important element of patient/resident care is isolation from unwanted noise and unpleasant distraction; be considerate of patients and residents by keeping voices down, avoiding distracting or unnecessary conversation with co-workers, and minimizing equipment or traffic sounds.

All employees must be continuously aware of how employee interactions and communications are overheard and observed by patients and residents. All staff are encouraged to maintain a professional demeanor commensurate with the important mission of the Medical Center. Patients may be disturbed by loud conversation, laughter, whistling, singing, hallway chit-chat, excess traffic and movement, and employee socializing. Public discussion of complaints, criticisms, inter-departmental gossip and internal dissension communicated by or among staff can be especially distressing, and impair the trust and confidence of Medical Center clients. Accordingly, we have provided opportunities for breaks, as well as specific procedures for communicating about concerns privately, with the goal of minimizing impacts on internal operations and patient relations.

The conduct of employee's children on the premises is the responsibility of the employee. Children of employees may be authorized to wait briefly in designated areas with the consent of the Department Manager.

7.8 Personal Appearance/Dress Code

Your CCMC name badge must be at all times worn during work hours. Uniforms are to be worn in areas of direct patient care, housekeeping or the kitchen. Any questions regarding uniforms, scrubs, hairnets or other requirements should be directed to the department head.

Jewelry must be modest and safe in areas of direct patient care. All employees having patient or resident contact must be sensitive to irritants, allergenic substances, scent, dander, and sprays which may cause reactions. Perfume is not allowed in patient care areas.

Employees working in the kitchen, housekeeping, or individuals providing any type of patient care services are forbidden to wear false nails due to infection control issues.

During hours of operation, business or business casual clothing must be worn at all times in the facility. This may include pants, jeans, slacks, skirts, dresses, sweaters, dress or casual shirts. All clothing must be clean and in good repair (i.e. no holes, rips, tears, or excessive fading). Clothing inappropriate to the workplace includes sweats, t-shirts with inappropriate logos, statements or images, tank tops, halter tops, shorts, and "netted" clothing.

7.9 Telephones

Medical Center telephone lines are available as a priority for medical and emergency purposes only. Receiving or making personal telephone calls should be minimized to avoid distraction, disturbance and noise to others. Personal cell phone ring tones should be turned off in patient care areas.

7.10 Computer, Internet and E-Mail Usage

This Personnel Policy and Procedures describes CCMC's policy regarding use of the Internet, Email, computer software, voice mail, and all other equipment or facilities owned or leased by CCMC, including, but not limited to, computers, telephones, fax machines, and photocopiers. Internet access, Email, computers and computer software, telephones, voice mail, fax machines, photocopiers, and all other equipment owned or leased by CCMC (collectively referred to in this policy as "such items") are provided to employees for work-related purposes only. **Employees have no privacy interests in the use of such items.** Instead, such items are provided solely for use in work-related transactions or work-related communications for, or on behalf of, CCMC.

While such items are provided for the conduct of CCMC business, it is understood that they may be used occasionally for personal use as well. Reasonable occasional personal use is not prohibited, so long as it does not interfere with employees' performance of their job responsibilities. Any questions regarding what constitutes reasonable occasional personal use should be directed to your supervisor or Department Head.

Notwithstanding the above provision regarding the use of such items for reasonable occasional personal use, employees shall not at any time communicate anything that might be construed as discrimination or harassment, or offensive to others based on race, color, marital or veteran status, sex, disability, age, religion, national origin, or other legally protected status, by means of such items. Further, employees shall not use such items at any time to solicit business for a venture not related to work or for other personal gain. Employees shall not at any time use such items for illegal activities, solicitation, or to promote their religious or political beliefs. Finally, employees shall not access such items from home or outside the workplace at any time to communicate personal or private matters, for discrimination or harassment, for a venture not related to work or for other personal gain, for illegal activities, solicitation or to promote religious or political beliefs.

Employees must exercise special care in handling privileged, proprietary, confidential, or copyrighted information and communications. Any dissemination of such materials must be limited to persons with a legal right to access them. Almost all data and software is copyrighted. Care should be exercised whenever accessing or copying any information that does not belong to you.

Due to CCMC's limited network and storage capacity, employees shall not download any programs, graphics, video, or audio to the network unless it is necessary for CCMC business purposes and authorized by the employee's Department Head and the Management Information Systems Division.

All traffic to and from the Internet must travel through CCMC's approved Internet gateway in order to assure maximum security, virus protection, monitoring, and system management capabilities. Employees may be provided an Internet Email account.

Any executable files, programs or utilities downloaded or received (by Email, floppy disk or other media) from the Internet or other external source must be scanned for viruses and licensed prior to launching. Scan all files with any virus prevention software provided to you by CCMC.

If you require assistance in scanning for viruses or licensing software, please contact the Human Resource Coordinator. Employees are prohibited from using CCMC's systems for transmission of destructive programs such as viruses or self-replicating code.

Regarding Email and Internet communications, it is important for employees to understand that such communications can be traced to the sender even after they have been "deleted." In addition, CCMC may be required to produce Email messages, Internet communications, or other communications, in connection with legal proceedings. Further, CCMC may regularly review, audit, and download Email messages, Internet communications, or other communications that employees sent or received. An employee may not create or send abusive or inappropriate Email or participate in improper activities not related to work utilizing the Internet, such as chat rooms, or download abusive or inappropriate matters from the Internet. Employees are not permitted to print, display, download, or send any sexually explicit images, messages, cartoons, or jokes. If an employee receives such things from another person, he or she must immediately advise the sender that he or she is not permitted to receive such information and not to send it again. If the employee needs assistance in responding to situations such as that described above, he or she must contact his or her supervisor or Department Manager.

In order to provide access to various properties owned or leased by CCMC, a password may be assigned to an employee and is the property of CCMC. Assigning a password to an employee does not mean that the employee has a right of privacy in his or her password, or in that item to which the password provides access. For example, assigning an employee a password to log on to a computer does not mean that the employee's use of that computer is in any way private; CCMC retains the right, at all times, to access stored and other data on the computer. An employee cannot use unauthorized or secret passwords, and all passwords must be shared with your supervisor, Department Manager, or other management employee upon request.

7.10.1 Additional policies and procedures for Use of the Internet

The following policies and procedures are in addition to those described above. CCMC encourages use of the Internet to disseminate information to the public and CCMC's employees (collectively called "users") to improve communications with the public and/or

to carry out official business when such business can be accomplished consistent with the following guidelines:

A. Departments and employees should base decisions to use the Internet on sound business practices. The conduct of business via the Internet is particularly compelling where costs are reduced and/or the services provided to users are improved in measurable ways.

B. Information and services presented via the Internet should emphasize ease of use for a broad audience, be presented in a friendly manner, and include clear choices, ease of navigation, on-screen instruction, and the like.

C. Disseminate information that is current, accurate, complete, and consistent with CCMC policy. Information accuracy is particularly important on the Internet. Where paper-based information is often not current, information presented electronically is expected to be current. Users expect this information to be not only current but often to be the first available.

D. Protect privileged, confidential, copyrighted and proprietary information of CCMC. Questions regarding any such information should be routed to your supervisor or Department Head.

E. Never make an unauthorized attempt to enter any computer or another site on the Internet from CCMC's servers (commonly known as "hacking").

F. If you are using information from an Internet site, you should verify the integrity of that information. You should verify whether the site is updated on a regular basis (the lack of revision date might indicate out-of-date information) and that it is a valid provider of the information you are seeking. Just because it is there does not mean that it is accurate or valid

G. Use of Internet Mailing Lists and Usenet News Groups is prohibited unless authorized by a Department Head and the Management Information Systems Division.

H. The use of Social Medial, i.e., Facebook, Twitter, Flickr, Pinterest, Tumblr, Vimeo is prohibited without prior written approval from your manager. A copy will be given to the Human Resources Coordinator.

I. There will be no slander, misrepresentation, defamation of CCMC by any employee or contracted employee in conversation or on Social Media.

7.10.2 Additional Policies and Procedures For Use of Email.

The following policies and procedures are in addition to those described above:

A. The representation of yourself as someone else, real or fictional, or a message sent anonymously is prohibited.

B. Email requires extensive network capacity. Sending unnecessary email, or not exercising restraint when sending very large files, or sending to a large number of recipients, consumes network resources that are needed for CCMC business. When CCMC grants an individual employee access to the network, it is the responsibility of the employee to be cognizant and respectful of network resources.

C. ELECTRONIC MAIL ON THE INTERNET IS NOT SECURE. Never include in an email message anything that you want to keep private and confidential because email is sent unencrypted and is easily read.

D. Be careful if you send anything but plain ASCII text as email. Recipients may not have the ability to translate other documents, for example, Word documents. Be careful when sending replies – make sure you are sending to a group when you want to send to a group, and to an individual when you want to send to an individual. Check carefully the "To" and "From" before sending mail. It can prevent unintentional errors.

E. Include a signature (an identifier that automatically appends to your email message) that contains the method(s) by which others can contact you. (Usually your email address, phone number, fax number, etc.)

F. Use automatic spell check programs if available.

8. DRUG AND ALCOHOL FREE WORKPLACE

8.1 Federal Drug Free Workplace Act Policy Statement

This Statement is provided pursuant to the Drug-Free Work Place Act of 1988. CCMC provides this Statement to its employees because it may receive certain federal grant funds.

8.1.1 Statement

CCMC HAS A ZERO TOLERENCE POLICY FOR SCHEDULED AND ILLEGAL DRUGS WHILE ON DUTY.

CCMC has a policy of maintaining a drug-free workplace. In accord with the Drug-Free Workplace Act of 1988 and to promote drug-free awareness among employees, CCMC, informs its employees that:

A. Drug abuse in the workplace creates a dangerous environment for the employee engaged in the drug abuse and endangers the health, safety and welfare of all employees and other persons in the workplace.

B. It is the policy of CCMC to maintain a drug-free workplace. The illegal manufacture, distribution, possession or use of controlled substances in any CCMC workplace is strictly prohibited at any time.

C. Upon the request of an employee, the employee will be provided with information on a confidential basis about drug counseling or rehabilitation program(s) that might assist the employee.

D. Actions may be taken against employees for violations of CCMC's policy, up to and including termination of employment.

8.1.2 Policy and Procedures

The unlawful manufacture, distribution, possession, or use of a controlled substance is prohibited on any premises occupied or controlled by CCMC. Appropriate disciplinary actions, up to an including termination, will be taken against CCMC employees for violations of this prohibition.

"Controlled substance" for purposes of this Statement means a controlled substance listed in schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. § 812), and as further defined by federal regulations (21 C.F.R. 1308.11 – 1308.15). This list includes, but is not limited to, marijuana, heroin, PCP, cocaine and amphetamines.

A condition of employment for work under certain grants received by CCMC from the federal government, is that each employee will, as a condition of continued employment:

A. Abide by the terms of this Statement.

B. Notify CCMC of his or her conviction under a criminal drug statute for any violation occurring in the workplace no later than five days after such conviction.

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes.

"Criminal drug statute" means a Federal or non-federal criminal statute involving manufacture, distribution, dispensing, use or possession of any controlled substance.

If the criminal drug statute violation occurred in the workplace a sanction will be imposed on the employee so convicted. Within 30 days after receiving notice of the conviction: CCMC will take appropriate disciplinary action against such employee, up to and including termination; or CCMC will require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purpose by a Federal, State, or local health, law enforcement or other appropriate agency.

Employees are encouraged to use any resources available to them to address personal drug and alcohol abuse issues. An employee may be entitled to leave under the Family Medical Leave Act ("FMLA") or AS 23.10.500 through AS 23.10.550 ("State FMLA") to address personal drug and alcohol abuse issues. For employees enrolled in CCMC's health insurance plan, coverage may be available for a portion of the cost of addressing such issues. Additionally, employees may also be entitled to use accrued Paid Time Off and/or leave without pay other than FMLA or State FMLA to address such issues. The Human Resources Department can provide an employee with additional information about these options.

8.2 Drug and Alcohol Testing

All questions regarding this policy should be directed to the Human Resources Department for CCMC.

8.2.1 Purpose

CCMC is committed to promoting a work environment free of drugs and alcohol and to maintaining the highest standards for the health and safety of its employees and the public at large. Employees who are under the influence of drugs or alcohol pose a serious threat to the safety of the employee, co-workers and the public. Employees may not report to work impaired by drugs and/or alcohol or engage in other prohibited conduct as provided in this policy.

8.2.2 Prohibited Conduct

This policy prohibits certain conduct related to alcohol and controlled substances as described below.

A. Consequences for Prohibited Conduct Related to Alcohol Use

An Employee shall not report for duty while having any amount of alcohol in their system. As used in this policy, "duty" means all time from the time when the Employee begins to work or is required to be in readiness to work, until the time he/she is relieved from work and all responsibility for work.

No Employee shall drink alcohol while on duty. No Employee required to take a post-accident alcohol test shall drink alcohol for eight (8) hours following the accident, or until he/she undergoes a post-accident test if the post-accident test occurs before the 8 hours has elapsed.

An Employee engaging in any of the prohibited conduct described above will be immediately removed from duty. An Employee shall also be disciplined for engaging in such prohibited conduct, up to and including termination.

B. Controlled Substances.

No Employee shall report for duty or be on duty under the influence of any substance while on duty.

C. Other On the Job Violations

The unauthorized use, possession, manufacture, distribution or sale of alcohol or an illegal drug, controlled substance or drug paraphernalia on or in CCMC-owned property (including CCMC vehicles) or while on CCMC business, or during working hours can result in termination.

D. Refusal to Undergo Testing

Refusing to immediately submit to a drug or alcohol test when requested by CCMC, in accordance with this policy can result in termination.

E. Failing Testing

Testing positive for drugs or alcohol in violation of this policy can result in termination.

F. Removal from Duties

An Employee engaging in any of the prohibited conduct described above shall be immediately removed from duty. An Employee shall also be disciplined for engaging in such prohibited conduct, up to and including termination.

8.2.3 Categories of Employees Tested

All CCMC employees who are not required to obtain a Commercial Driver's License are subject to Reasonable Cause testing under this policy. CCMC employees who hold Safety Sensitive positions and who are not required to obtain a Commercial Driver's License are subject to Pre-Employment, Post-Accident, Reasonable Cause, Random testing and Return to Work testing under this policy.

8.2.4 Testing

An Employee will be tested for alcohol/controlled substances use under the following circumstances:

A. Pre-Employment Testing

Prior to the first time an Employee in a Safety Sensitive position is required to report for duty at the start of his or her employment with CCMC, the Employee must undergo testing for controlled substances.

B. Post-Accident Testing

An Employee in a Safety Sensitive position shall be tested for alcohol and controlled substances after use of equipment or a vehicle by the Employee while on the job in the following circumstances: when a human fatality, bodily injury requiring treatment, or property damage in excess of $500 results from the Employee's use of the equipment or vehicle.

C. Reasonable Cause Testing

Any CCMC Employee may be subject to testing upon a reasonable and articulable suspicion or belief that the Employee is using a controlled substance or alcohol on the basis of specific, contemporaneous physical, behavioral, or performance indicators of probable drug or alcohol use. Trained supervisors will make the decision whether there is reasonable suspicion to believe an employee has used drugs or alcohol in violation of this policy.

D. Return to Duty Testing

Where an Employee in a Safety Sensitive position engages in conduct prohibited by this policy, he or she will be required to undergo a return-to-duty test, if the Employee has not already been discharged. With alcohol, the Employee must

have an alcohol concentration of less than 0.02 on a return-to-duty test. With controlled substances, the Employee must test negative on a return-to-duty test.

8.2.5 Testing Procedures

Testing for alcohol concentration and controlled substances is conducted in accordance with the same testing procedures that apply to CDL drivers, i.e., in compliance with 49 C.F.R. Part 40 and 49 C.F.R. Part 382. A copy of those regulations is on file at CCMC offices and is available for your review.

CCMC utilizes urine specimen collection procedures for testing for controlled substances. A clean, single-use specimen bottle that is securely wrapped until filled with the specimen is used, as is a clean, single-use collection container that is securely wrapped until it is employed. CCMC also has a tamperproof sealing system on all bottles to ensure against undetected tampering, a numbering system to ensure proper identification, and it uses a collection site person who is properly trained or qualified. There is a designated collection site where specimens are taken, and where adequate privacy and security measures are in place. Persons collecting samples are trained to maintain the integrity and identity of the specimens. A medical review officer (MRO) examines and interprets test results.

For alcohol testing, a breath alcohol technician (BAT) operates an evidential breath-testing device (EBT). The testing occurs in a location affording privacy, and the BAT utilizes a federally developed Breath Alcohol Testing form to ensure accuracy as to testing results.

There are special testing procedure rules applicable to post-accident testing. If an alcohol test is not administered within two hours following the accident, CCMC prepares and maintains on file a record stating the reasons the test was not promptly administered. If a test is not administered within eight hours following the accident, CCMC shall cease attempts to administer an alcohol test and shall prepare and maintain the same record.

If a post-accident test for controlled substances is not administered within 32 hours following the accident, CCMC shall cease attempts to administer a controlled substances test, and prepare and maintain on file a record stating the reasons the test was not promptly administered. An Employee who is subject to post-accident testing must remain readily available for such testing or may be deemed by CCMC to have refused to submit to testing. Of course, medical attention for injured people following an accident is of the highest importance, and an Employee may leave the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care.

8.2.6 Reporting Test Results

The MRO shall review confirmed positive test results prior to the transmission of results to CCMC. The MRO shall contact the employee within 48 hours and offer an opportunity to discuss the confirmed test result. If the MRO determines there is a legitimate medical explanation for the positive test result, the MRO shall report the test as negative.

An employee may obtain a copy of the written test results only upon written request made within six months of the date of the test. CCMC will provide the written test results to the employee pursuant to that request within five working days of its receipt.

An employee who would like an opportunity to explain a positive test result in a confidential setting must make such a request in writing within 10 working days of being notified of the test result. An employee who submits such a timely written request will be given the opportunity, within 72 hours after its receipt or before taking adverse employment action, to explain the positive test in a confidential setting.

8.2.7 Requirement to Submit to Testing/Refusals to Submit

An Employee must submit to the testing described above. Refusal to submit to testing shall result in discipline, up to and including termination.

Refusal to submit occurs in the following situations: (1) failure by an Employee to provide a urine sample without genuine inability to provide a specimen (as determined by a medical evaluation) after he or she received notice of the requirement to be tested; (2) failure to provide an adequate breath for testing without a valid medical explanation after receiving notice of the requirement to be tested; and (3) engaging in conduct that clearly obstructs the testing process.

8.2.8 Confidentiality of Results

All records relating to drug and alcohol testing will be maintained in a secure, confidential medical file in the Human Resources Department. A communication received by CCMC's Drug Program Administrator/CEO relevant to drug or alcohol test results and received through CCMC's testing program is confidential and privileged, and will not be disclosed by CCMC to anyone outside CCMC except:

A. to the tested employee, prospective employee or another person designated in writing by the employee or prospective employee;

B. an individual designated to receive and evaluate test results or hear the explanation from the employee or prospective employee;

C. as ordered by a court or governmental agency; or

D. in any proceeding initiated by or on behalf of the individual and arising from a positive test.

8.2.9 Definitions

A. Accident
for purposes of this program will be defined as an incident involving a vehicle or piece of machinery or equipment operated by a CCMC employee that causes or is involved with the loss of human life, the issuance of a moving traffic citation under state or local law, medical treatment (other than first aid) administered away from the scene, or significant property damage.

B. Alcohol
means ethanol, isopropanol, or methanol.

C. Breath Alcohol Technician (BAT)
means an individual who operates an EBT and instructs and assists individuals in the alcohol testing process.

D. Detectable or Measurable Quantity
means at or above the levels identified in this policy.

E. Drug(s)
means a substance considered unlawful under AS 11.71 or under federal law, or the metabolite of the substance.

F. Drug Testing
means testing for evidence of the use of a drug.

G. Evidential Breath Testing Device (EBT)
is a device approved by the National Highway Traffic Safety Administration for the evidential testing of breath.

H. Failing A Drug Test
shall mean the test results show positive evidence of the presence of a drug or drug metabolite in an employee's system.

I. Medical Review Officer (MRO)
is the licensed physician or doctor of osteopathy who is responsible for reviewing positive laboratory results generated by CCMC 's testing program.

J. Prospective Employee
means a person who has been offered a job, whether by oral or written means.

K. Safety Sensitive Functions
are those having a substantially significant degree of responsibility for the safety of the public where the unsafe performance of an incumbent could result in death or injury to self or others.

L. Sample
means urine or breath from the person being tested.

M. Screening Test or Initial Test
means an analytic procedure to determine whether an employee may have a prohibited concentration of drugs or alcohol in a specimen.

N. Refusal to submit
means failure to cooperate and provide a drug or alcohol sample, after receiving notice of the test in accordance with CCMC Drug and Alcohol Abuse and Testing Policy. A refusal will be treated the same as a positive test result.

O. Under the Influence, Affected by, or Impaired by drugs or alcohol
means the presence of drugs or alcohol

9. DISCIPLINE AND DISMISSAL

9.1 Disciplinary Action

Violations of standards will result in disciplinary action. Disciplinary response may range from informal action (counseling, reminder, verbal warning), to more formal action (written reprimand, suspension, dismissal), depending upon the nature and seriousness of the offense. Disciplinary measures may be progressive, but not in all cases. This policy does not specify the step or response that must occur at any stage of the disciplinary process. Each individual and circumstance will call for a tailored response and managerial judgment.

9.2 Separation from Employment

All employees are hired at CCMC for an indefinite period of time and may be discharged with or without reason or notice. Separations generally occur when: an employee is laid off due to lack of work either temporarily or permanently, when an employee is discharged, or when an employee resigns his or her position within CCMC. The three types of separations are:

9.2.1 Layoff

If it becomes necessary to reduce the workforce, employees affected by the workforce reduction will be given preferential rehire rights.

9.2.2 Discharge

The decision to discharge employees is based not only on the seriousness of the current performance infraction but also on the individual's overall performance record.

9.2.3 Resignation

Employees in most positions are requested to give their supervisor two weeks' written notice of their intent to resign; employees classified as direct care providers, licensed personnel, managers, and directors are requested to give four weeks notice. Failure to give such notice could result in ineligibility for rehire. All employees who resign their positions with CCMC for any reason are asked to participate in an exit interview with the Human Resources Coordinator.

9.3 Wage Payment Upon Termination

Where an employee is involuntarily terminated by CCMC, the employee will be paid within three (3) working days of termination all wages, salary or other compensation due. In cases where an employee voluntarily terminates/resigns, the employee will be paid all wages, salary or other compensation due by the next regular payroll date.

9.4 Return of Property

On their last day of employment, employees are required to return all CCMC property to their supervisor or designee. Terminating employees will be provided information pertaining to benefits by the Human Resources Department.

9.5 Promotions and Transfers

It is CCMC's policy to promote from within CCMC whenever possible. It is our intent to maintain a highly qualified work force at all times. Current employees who are qualified for and interested in a posted position are required to submit a resume and application to the hiring manager in accordance with CCMC's hiring procedure. It is the general policy to make all appointments on the basis of merit and fitness for the particular position and to fill vacancies from within CCMC by promotion when qualified employees are available. However, CCMC reserves the right in every instance to hire the most qualified candidate for each job position.

9.6 Re-Employment

9.6.1 Former Employees

If you are re-employed, you will be processed as a new employee. Previous service will not be used to increase the PTO accrual schedule. Other benefits may be reinstated if re-employment occurs within 90 (ninety) days of separation.

9.6.2 Recalled Employees

A "recall" following layoff is an offer of reemployment to the same or equivalent position, which occurs within 90 days of the lay-off, for employees who remain eligible for employment with CCMC. If an employee is recalled to work, employee will have 3 calendar days to notify CCMC whether they accept the recall, and a total of 7 business days to return to work from the time of notice of the recall option, unless CCMC waives the time limits in writing. If the employee does not respond affirmatively, or fails to return as scheduled, all recall opportunities are deemed automatically forfeited.

9.7 References Policy

Reference requests must be directed to Human Resources for response. The Medical Center furnishes dates of employment, title, and position(s) held without requiring a release or authorization from the former employee. A signed employee release of information is required by CCMC prior to releasing or disclosing any additional information. This policy does not waive any right or privilege of CCMC under Alaska law regarding responding to reference requests.

10. HEALTH AND SAFETY

10.1 Reporting Employee Injuries

Employees must report all workplace illness or injury within 24 hours of the injury, to the immediate supervisor or charge nurse. A Report of Occupational Injury or Illness Form must be completed and returned to HR at that time. Failure to complete this form will delay processing and may cause denial of workers compensation claims. Fraudulent or intentionally inaccurate statements contained in the Report of Occupational Injury or Illness Form or an unreasonable failure to report an occupational injury or illness is cause for disciplinary action.

10.2 Accidents/Needle Sticks

Potential hazards should be reported to the department supervisor, maintenance, or the Administrator/CEO. If an accident does occur involving an employee, patient, resident, or visitor, it must be reported immediately to the supervisor, charge nurse, or Administrator/CEO and a written report must be prepared. Reporting procedure packets are available at the Nurses Station. Needle sticks must be handled in a similar fashion and the employee must report to the employee health nurse during the same work day.

10.3 Weapons Prohibited

CCMC specifically prohibits the possession of weapons or firearms by any persons while in the Medical Center, with the exception of law enforcement personnel.

11. OPEN COMMUNICATION POLICY

The Medical Center seeks to promote positive working relationships consistent with effective delivery of health care. Maintaining an Open Door Policy for exchanging ideas and discussing issues that impact the Medical Center (either positively or negatively) is an important responsibility. Our policies are intended to allow employees to informally bring up issues of concern affecting the Medical Center, other employees, policy-making, or their department, in a timely manner.

Employees are encouraged to consult management at appropriate times during the business day, in appropriate settings and locations, to foster constructive and thoughtful discussion. If a matter is urgent, it may be helpful to introduce the topic with the manager and determine if a later scheduled appointment will permit fuller discussion. The Human Resources Manager can assist you in determining whether an issue is of general concern.

To the extent practicable, sensitive matters will be treated confidentially. Participants are expected to use appropriate judgment and discretion when sharing issues outside the relevant, responsible managers and staff.

12. GRIEVANCE PROCEDURE

It is the policy of CCMC to treat all employees equitably and fairly in matters affecting their employment. Each employee of the city shall have the opportunity to respond and resolve those matters affecting their employment which are a violation of these policies and procedures. The employee shall have the right to present any grievance without fear of reprisal.

12.1 Definition of a Grievance

A grievance is a written complaint by a regular full-time or regular part time employee or group of employees challenging the interpretation, application or alleging a violation of a specific personnel policy, departmental rule, or other regulation which affects the terms of conditions of their employment. Temporary employees, casual employees and volunteers are not eligible to use these grievance procedures. Any employee is his/her introductory period is not entitled to use these grievance procedures.

12.2 Grievance Process

12.2.1 Step 1

Any employee having a problem regarding the terms and conditions of his/her employment shall first discuss the problem with his/her immediate supervisor. If the problem is not settled, and it can be defined as a grievance, the employee has the right to present the grievance as a Step 2 grievance. All appeals from suspensions of more than three (3) working days, disciplinary demotion or disciplinary separation shall be initiated at Step 3. Employees may bypass one or more Steps of the grievance process when reporting a complaint or expressing any issue of concern regarding alleged discrimination or harassment, and may raise such concerns directly with the Administrator/CEO (Step 3), or the City Manager (Step 4).

12.2.2 Step 2

If the grievance is not settled informally, the employee shall document, in detail, the specific personnel policy, departmental rule, or other regulation alleged to be misinterpreted, misapplied or violated. This formal grievance shall be dated, signed and submitted to the Department Head within five (5) working days from: (i) the date of receipt of a disciplinary action memo by employee, in person, or by mailing, or (ii) of the violation which is the subject matter of the employee's complaint. If acceptance of the letter transmitting a disciplinary action memo is refused, or the letter is not picked up within ten (10) working days of posting, the employee will be deemed to have waived his/her rights to grieve. The Department Head shall reply to the written grievance in writing within five (5) working days after receipt of the written grievance. A determination made by the Department Head that the form of the grievance is insufficient, may be appealed to the Administrator/CEO (Step 3).

12.2.3 Step 3

Upon receipt of the Department Head's response, the employee shall have five working days to appeal the decision in writing to the Administrator/CEO. If the employee fails to appeal the Department Head's decision within five (5) working days, such failure to respond will decide the grievance in favor of the Department Head's Step 2 decision. The Administrator/CEO shall reply in writing within five (5) working days after the date of presentation of the grievance.

12.2.4 Step 4

Upon receipt of the Administrator/CEO's response, the employee shall have five (5) working days to appeal the decision in writing to the City Manager. If the employee fails to appeal the Administrator/CEO's decision within five (5) working days, such failure to respond will decide the grievance in favor of the Administrator/CEO's Step 3 decision. The City Manager shall reply in writing within five (5) working days after the date of presentation of the grievance.

12.2.5 Step 5

Upon receipt of the City Manager's response or failure of the City Manager to respond, the employee shall have five (5) working days to request City Manager mediation. If the employee fails to file a written request for mediation within five (5) working days, such failure will serve to decide the grievance in favor of the City Manager's Step 4 decision.

12.3 Mediation

12.3.1 Step 1

Within ten (10) working days of the receipt of a request for mediation, the City Manager shall schedule a meeting with the parties involved, including the CCMC Human Resources Manager, to attempt to resolve the differences through informal mediation. This is a nonbinding good faith attempt to resolve differences. Neither party shall be entitled to any additional representation. If resolved at this informal meeting, the decision shall be reduced to writing, signed and copies distributed to all parties.

12.3.2 Step 2

If the grievance is not resolved through informal mediation within ten (10) working days, the aggrieved employee(s) may request arbitration of the dispute, as provided for below.

12.4 Arbitration

12.4.1 Step 1

The aggrieved employee(s) may select, within five (5) working days, a mutually acceptable competent Alaskan arbitrator who can commit to scheduling a hearing and rendering a decision in an expeditious manner. Should the City Manager and the aggrieved employee(s) be unable to agree upon the appointment of an arbitrator, they shall select an arbitrator, by the striking method, from a list of seven qualified Alaskan arbitrators supplied by the Federal Mediation and Conciliation Service (FMC). The City Manager and the aggrieved employee(s) shall alternatively strike one name from such list, and the sole remaining name shall be appointed as the arbitrator.

12.4.2 Step 2

The arbitrator shall conduct a hearing in accordance with generally accepted standards and procedures for grievance or arbitration and in as expeditious manner as possible.

12.4.3 Step 3

Any decision by the FMC's arbitrator shall be final and binding upon the parties concerned. The arbitrator has the power to decide all issues, including awards of back pay if appropriate. It is understood and agreed that the arbitrator shall not have any power to add to or amend any of the provisions of these policies or rules.

12.4.4 Step 4

Each party in the proceeding will pay the cost of presenting their case. The arbitrator's fee will be paid by the CCMC, unless it is found by the arbitrator that the grievance has been frivolous or not in good faith. In such an event, the employee shall pay the arbitrator's fees.

12.5 Time Limits Of the Essence.

The time limits referred to in this policy must be strictly adhered to, but may be waived or modified by mutual agreement in writing. It is the intent that all procedures set forth herein shall be complied with as expeditiously as practicable. If the employee shall fail to comply with the limits imposed within this section the grievance shall be deemed waived. If the Department Head, Administrator/CEO or City Manager shall fail to meet the time limits imposed within this section, a disciplinary action which forms the basis of the employee's grievance shall be suspended during the period of noncompliance with the time limits and the employee will continue to accrue all pay and benefits as if the disciplinary action had not occurred.

12.6 Exclusive Remedy.

The grievance, mediation and arbitration procedures of this section are the sole and exclusive remedies of the employees of CCMC contesting violations of these policies and/or disciplinary actions. An employee must fully exhaust these remedies prior to filing any lawsuit or other administrative action.

Acknowledgement of Receipt of Employee Handbook

I, _____, acknowledge that on this date I have read and understood the most recent revision of the Cordova Community Medical Center ("CCMC") Employee Handbook dated October 2015. If there is any policy or provision in the Handbook that I do not understand, I agree that I will seek clarification from my manager or the Human Resource Manager. I acknowledge and understand that I will have ongoing electronic access to the Handbook using CCMC's computer resources.

Consistent with Alaska state law, I understand that CCMC is an "at-will" employer and, as such, employment with CCMC is not for a fixed term or definite period. "At-will" employment means my employment may be terminated at the will of either party, with or without cause, for any or for no reason, and without prior notice. No manager or other representative of CCMC has the authority to enter into any agreement contrary to the above. In addition, I understand that this Handbook states CCMC's policies and practices in effect for the most current revision. I understand that nothing contained in the Handbook may be construed as creating a promise of future benefits, or a binding contract with CCMC for continued employment, benefits or any other purpose.

In the event that a provision in this Handbook is in conflict with a federal, state, or local law regulation, the appropriate law or regulation will prevail, and the provision in this Handbook shall be deemed amended to the extent necessary to comply with such law or regulation.

I agree to abide by the rules and procedures described in this Handbook. I also understand that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time. I also agree that situations may arise from time to time which, in CCMC's judgment, may require procedures and actions different than those described in this document or other written policies. A copy of this acknowledgement page will be retained as part of my permanent personnel file.

_____ _____

Employee Signature Date Signed

_____ _____

Witness Signature Date Signed