AGENDA
COMMUNITY HEALTH SERVICES BOARD
Cordova Center – Community Room A&B
October 13, 2016 at 7:00PM
REGULAR MEETING

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

Health Service Board

President:
Tim Joyce
Term expires 03/17
Vice-President:
Josh Hallquist
Term expires 03/18
Secretary:
James Wiese
term expires 03/19
Board members:
James Burton
term expires 03/19
Tom Bailer
term expires 03/17
Robert Beedle
term expires 03/18
David Allison
Term expires 03/19

Administrator/CEO
Scot Mitchell

OPENING

1. Call to Order
2. Roll Call – David Allison, Tim Joyce, James Burton, Tom Bailer, Josh Hallquist, Robert Beedle and James Wiese.
3. Establishment of a Quorum

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Comments (limited to 3 minutes per speaker). Speaker must give name and agenda item to which they are addressing.
2. Guest Speaker

D. APPROVAL OF CONSENT CALENDAR

E. APPROVAL OF MINUTES

F. REPORTS OF OFFICER and ADVISORS

1. President's Report –
2. Administrator's Report - Attached
3. Finance Report – July Financials
4. Medical Director's Quarterly Report – Attached
5. QHR Report –

G. CORRESPONDENCE

H. ACTION ITEMS

1. QI Quarterly Report
2. Update Authorized Check Signers for CCMC
3. Approval of Board Interaction with Hospital Staff Policy
4. Approval of Reporting of Suspected Crimes under the Federal Elder Justice Act Policy
5. Approval of Abuse Prevention Recognition Reporting Policy
6. Recredentialing and Privileging of Dr. Susan Beesley
7. Recredentialing and Privileging of Dr. Charles Blackadar
8. Approval of the 2017 CCMC Budget

*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.

I. DISCUSSION ITEMS

1. Proposed Governance Structure for HSB

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

M. ADJOURNMENT

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

Cordova Community
MEDICAL CENTER

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

CEO Report to the HSB
October 13, 2016 Meeting
Scot Mitchell, CEO

I am making a shift in my monthly report to the HSB starting this month. I want to help the HSB move towards dealing more with strategic and quality issues and put less emphasis on the operational aspects of the facility. A hospital is much more successful when the governing body puts its time into the strategic efforts needed to make the facility successful in meeting the needs of the community for the future.

I will continue to provide routine updates to the HSB that do cover some of the most important operational issues, some of those will be in the monthly report to the HSB and others will be communicated between meetings as necessary. I have started forwarding some of the industry journals I receive to the HSB. These will give you some specifics on critical issues and emerging trends that CCMC is currently facing and will be confronting in the future.

The Big Picture

I encourage you to start thinking about how the community can prepare for the many changes that are facing the health care system. The community will need to make some difficult decisions in the coming years on how limited resources are allocated in Cordova. Below are some of the factors that impact the healthcare side of that equation.

- One of the biggest anxieties facing the health care industry is the rapid pace of change that is being experienced by all sectors of the healthcare system. The amount of change, and how quickly it is occurring is unprecedented. Alaska has been somewhat immune to some of the changes, but that too is coming to an end. CCMC must be proactive in adapting to those changes in order to survive.
- Health care will have to soon start acting like counterparts in other industries by catering to customers who now expect service at the speed of a mouse click. This consumer-driven market is rapidly coming into view. Individuals are altering the way they seek care, driven by the increasing amount of cost they are bearing for their care. Patients are self-rationing care because a large number of them now have insurance with deductibles of thousands of dollars.
- The digital revolution is finally hitting health care and has the potential to disrupt the entire delivery system by empowering patients to get care and support when and where they want it. There are tens of thousands of health care related apps for your smartphone and some can allow someone in Cordova to obtain routine care from anywhere in the world.
- We must become more proficient at managing the care of people with chronic illnesses. Almost half of Americans have at least one chronic illness and for those 65 or older, it jumps to 85%. 75% of all

health care expenditures goes for people with chronic conditions. This is one of the main reasons the health care reform efforts are being pushed so rapidly by the Federal government.

- Alaska has some very unique issues that compound the challenges facing healthcare providers. Cordova is geographically isolated which makes travel for care not provided at CCMC very time consuming and expensive. This is just one of the reasons that we must think outside the box when developing our long term strategy for the local health care community.

Status Updates

As has been reported previously, we have many projects ongoing at CCMC. I've provided details about several of these over the previous months. Here are updates on the status of some of the key issues.

- We have selected a vendor to help us with the Community Health Needs Assessment and have already started working on the survey instrument. The plan is to have the survey go out in late October and conduct key informant interviews shortly thereafter. The final report of the assessment will be provided in mid-December.
- The issue with our USAC filing from 2015 has been successfully resolved. We were able to answer the questions USAC had about the process used last year to select a telecommunications provider. USAC approved our request for funding, which provides us with about $54,000 per month for our telecommunications connections.
- Our EHR system, Centriq, was updated recently to their version 11.0. This process did not go well as we had numerous problems after the update. Staff has been working diligently with Healthland to get these issues resolved. The updates were supposed to help address many of the issues we had been having previously, and we are waiting to see if that did actually occur. We are having internal discussions with staff about starting the process to research a new EHR system due to the myriad problems we have had with Centriq in the short time we've been using it.
- The potential legal issue I notified the HSB about recently has been resolved without any negative affects to CCMC. I spent a considerable amount of time working with the Alaska Health Facilities Licensure and Certification department to make sure the incident was handled appropriately due to the new guidance from CMS that came out in August of this year. As a result of this new guidance, we are presenting one new policy for the HSB to approve and another to update with these new requirements.
- As mentioned before, CCMC is required to have a robust Quality Improvement program. CMS requires board oversight of the QI program to make sure we are meeting the healthcare needs of the patients who use our facility. Randy Apodaca will be presenting a quarterly report this month for board approval to start providing you with details about how we are working to meet our QI requirements.
- Lee Holter, our new CFO started on October 3rd. He has already jumped into his role and is actively working on many of the financial issues to help us make improvements. I want to also thank Lee Bennett, who served as our interim CFO for the past several months. He did a great job of helping us through a very difficult time and getting the 2017 budget ready for your approval on very short notice.
- We now have a new Director of Nursing who will be starting on October 24th. Lisa Cuff brings a wealth of experience to CCMC, and she even has several years of experience in Alaska.
- I have had preliminary conversations with a consultant that is working with CCMC, the schools and the City to explore the potential to collaborate to improve telecommunications capabilities of all entities while reducing the cost of those services. One area we are exploring is potentially using the redundant data line that CCMC has, but only uses as a backup, for the schools and museum. In the

event that our main data line went down, CCMC would then use the redundant line. This project is in the very early stages.

- We have a meeting scheduled later this month with staff from the TPA for our health insurance plan. I have had a couple conversations with Cindy Appleton to look at ways CCMC and the City can work together to improve our health plan by improving the health status of our employees while still reducing the costs for CCMC and the City.
- The policy requested by the HSB pertaining to HSB member communication with hospital staff is included in the agenda for approval at this meeting.
- The draft documentation on a potential change in the governance structure for CCMC was forwarded to members recently and is also included in the discussion section of the agenda for this meeting.

New Activities

There are always new and exciting events and activities going on at CCMC. Here are some of the more significant items.

- We are in the early phases of researching the potential for converting our clinic into a Rural Health Clinic. There are both pros and cons to doing this, so we are looking at all those issues before deciding if that would be a good move for the facility.
- CCMC has partnered with Prince William Sound College to offer a CNA class in Cordova. PWSC is teaching the class and the clinical portions are being held at CCMC. This is another way for us to work on hiring local staff and reduce the reliance on temporary staff.
- CMS just published updates to the LTC regulations. There are over 700 pages of regulations, so we will be spending a lot of time learning the new rules. They become effective November 28, 2016, but CMS is allowing additional time to implement key areas.
- I recently had a telephone conversation with the Alaska Commissioner of Health and Social Services, Valerie Davidson and the Alaska Public Health Director, Jay Butler, MD. I spent time getting to know them and the priority areas that DHSS will be working on in the future and how that will impact CCMC. The biggest areas they are focusing on are the budget shortfall issues and implementing the Medicaid reform efforts mandated by SB 74.
- I spent a little time with Senator Gary Stevens, when he was in Cordova recently. I informed him of the specific issues that CCMC is facing from both a state and national level.
- I participated in a table top disaster drill for the airport on September 28, 2016. The airport will be having its major disaster drill next year. My understanding is that CCMC has not actively participated in the actual drills in recent years, but I will change that so we do actively participate in next year's drill.
- In an effort to help us with recruiting and retaining quality staff, we have developed a CCMC LinkedIn web page. Faith Wheeler-Jeppson has been working on this for several weeks now, and it is now live. If you are on LinkedIn, I encourage you to follow the CCMC page.
- The 2017 operating and capital budgets are included in the packet for this meeting. Lee Bennett has worked tirelessly over the past couple months to get the budget ready for HSB approval prior to the City budget process starting next month. While there are still a lot of unknowns at this point, we believe we can reduce that amount of support needed from the City of Cordova. We are estimating that we will need $75,000 per month in 2017, which is a reduction from the past several years. By having this amount estimating upfront, it will allow the City to manage the cash flow much better than how we've done things in the past.

- As previously mentioned, the laboratory recently completed their CLIA survey and did very well. Randy Apodaca, Carmen Nourie and Brad Farthing did a great job preparing for this survey.
- Lee Holter is now managing the revenue cycle team process to help us get that side of the business operating more efficiently and effectively.
- I am still working on collecting data for a new reporting format for various operational statistics and key financial indicators. I will be working with Lee Holter on this so that we can provide appropriate data to the HSB.

Cordova Community Medical Center
Financial Narrative
July 2016

In July Hospital utilization decreased from the previous few months and therefore so did the revenue for the month. The Hospital generated $803,985 in total patient revenue. This was $101,819 less than June but still $34,655 more than budget. In July all areas of patient utilization were down with the exception of Clinic visits and Emergency Room visits. Ancillary services were down due to the decreases in Inpatient and Swing Bed utilization.

Deductions from revenue were $238,602. This was $38,189 more than June and $103,838 above budget. Contractual Adjustments were $73,748 less than June and only $9,270 above budget. This area warrants some analysis to be sure the contractual model is still appropriate. Bad Debts were $115,601 higher than June and $116,371 above budget. Bad Debts were unusually high this month due to the write-off of a large LTC private pay patient's account which was turned to collections and some apparent catch-up in turning acute care accounts over to collection due to length of time with no payment activity.

Cost recoveries were $139,876. This was $17,652 below June and $65,674 below budget. There were no grant monies received in July. In-Kind Contributions were $137,755 which was $55,280 above June due to receipt of the PERS In-Kind statement and was $36,301 above budget. Other Revenue was $2,120 which was $72,934 below June due to the Providence settlement in June and was $61,167 below budget. This area will need to be analyzed prior to budget submission for 2017 as I feel Grant monies are being posted to the Other Revenue accounts instead of the Grant Income accounts.

Total Operating Revenue – money we expect to receive – was $705,259. This was $157,660 below June and $134,856 below budget.

Total Expenses were $1,007,094. This was $118,368 above June and $165,147 above budget. Salaries and Wages were $12,495 above budget. Taxes and Benefits were above budget as I try to get the health insurance accounting straightened out. It is not there yet and the rates for staff need to be adjusted so more analysis is needed to get this area accurate. Professional Services were only $18,497 above budget and hopefully will decrease with hiring staff. Supplies were under budget by $16,143. This area will vary with utilization. Rents and Leases are above budget due to traveler needs. Utilities continue to be over budget due to under budgeting the cost of internet/T1 lines. Travel and Training shows a credit but is due to reclassifying expenses. Depreciation continues to be over budget. Other Expenses were over budget by $10,191 and have been running over budget. I have not been able to check what departments are over budget to determine the cause.

For the month of July the Hospital generated a net loss of $301,836 and on a year to date basis has a net loss of $727,169.

On the Balance Sheet Accounts receivable are creeping up and need to be analyzed to determine the cause and then correct it. Cash is sitting there instead of in the bank account. Other Liabilities are much higher than last year due to the reclassification and current posting of city funding to short term debt.

Profit & Loss Statement

15:03

Application Code : GL

User Login Name:lbennett

Through July 2016

Description	Period Amount	Budget Amount	Period Variance	Year-To-Date Amount	Year-to-date Budget	Year-To-Date Variance
REVENUE						
Acute	35,842.90	30,838.75	5,004.15	436,191.23	215,871.25	220,319.98
Swing Bed	83,517.43	92,045.17	-8,527.74	576,600.82	644,316.19	-67,715.37
Long Term Care	337,079.27	346,378.16	-9,298.89	2,458,305.05	2,424,647.12	33,657.93
Clinic	79,686.64	63,292.99	16,393.65	503,542.37	443,050.97	60,491.40
Outpatients-Other	215,577.40	188,519.91	27,057.49	1,449,954.19	1,319,639.41	130,314.78
Behavioral Health	52,281.16	48,254.34	4,026.82	349,231.16	337,780.38	11,450.78
Patient Services Total	803,984.80	769,329.32	34,655.48	5,773,824.82	5,385,305.32	388,519.50
DEDUCTIONS						
Charity	0.00	21,803.59	-21,803.59	143,059.95	152,625.13	-9,565.18
Contractual Adjustments	103,655.31	94,385.01	9,270.30	1,140,785.61	660,695.13	480,090.48
Bad Debt	134,946.61	18,575.58	116,371.03	305,820.36	130,029.06	175,791.30
Deductions Total	238,601.92	134,764.18	103,837.74	1,589,665.92	943,349.32	646,316.60
COST RECOVERIES						
Grants	0.00	40,807.92	-40,807.92	86,965.40	285,655.40	-198,690.00
In-Kind Contributions	137,755.32	101,453.67	36,301.65	681,017.31	710,175.69	-29,158.38
Other Revenue	2,120.31	63,287.58	-61,167.27	635,576.86	443,013.06	192,563.80
Cost Recoveries Total	139,875.63	205,549.17	-65,673.54	1,403,559.57	1,438,844.15	-35,284.58
TOTAL REVENUES	705,258.51	840,114.31	-134,855.80	5,587,718.47	5,880,800.15	-293,081.68
EXPENSES						
Wages	306,933.10	294,438.56	12,494.54	2,004,298.82	2,061,069.92	-56,771.10
Taxes & Benefits	275,516.28	201,960.51	73,555.77	1,174,405.34	1,413,729.53	-239,324.19
Professional Services	199,122.42	180,625.27	18,497.15	1,449,676.64	1,264,376.89	185,299.75
Minor Equipment	105.73	1,447.83	-1,342.10	25,472.19	10,134.81	15,337.38
Supplies	20,125.91	36,268.75	-16,142.84	236,936.07	253,886.25	-16,950.18
Repairs & Maintenance	9,922.16	8,797.83	1,124.33	28,409.14	61,584.81	-33,175.67
Rents & Leases	18,825.55	10,196.99	8,628.56	105,304.50	71,378.93	33,925.57
Utilities	97,150.24	47,299.67	49,850.57	691,777.21	331,097.69	360,679.52
Travel & Training	-3,432.81	4,340.93	-7,773.74	25,072.07	30,386.51	-5,314.44
Insurances	14,713.30	17,220.74	-2,507.44	112,196.76	120,545.18	-8,348.42
Recruit & Relocate	6,473.42	7,838.34	-1,364.92	53,130.95	54,868.38	-1,737.43
Depreciation	42,297.34	22,360.92	19,936.42	297,605.74	156,526.44	141,079.30
Other Expenses	19,341.80	9,151.09	10,190.71	110,601.62	64,057.63	46,543.99
TOTAL EXPENSES	1,007,094.44	841,947.43	165,147.01	6,314,887.05	5,893,642.97	421,244.08
OPERATING INCOME	-301,835.93	-1,833.12	-300,002.81	-727,168.58	-12,842.82	-714,325.76
NET INCOME	-301,835.93	-1,833.12	-300,002.81	-727,168.58	-12,842.82	-714,325.76

Balance Sheet

14:19

Application Code : GL

User Login Name:lbennett

July 2016

Description	Year-To-Date Amount	Prior YTD Amount
ASSETS		
Cash & Cash Equivalents	43,497.78	159,284.96
Net Patient Receivables	1,204,058.15	1,059,595.17
Other Receivables	100,480.80	294,600.67
Fixed Assets	4,826,589.03	4,272,982.72
Prepaid Expenses	26,942.90	27,010.29
Inventory	177,511.56	187,287.23
TOTAL ASSETS	6,379,080.22	6,000,761.04
LIABILITIES		
Payables	924,185.02	2,476,325.37
Payroll Liabilities	549,160.25	385,584.75
Other Liabilities	2,999,173.93	52,275.45
TOTAL LIABILITIES	4,472,519.20	2,914,185.57
EQUITY/FUND BALANCE		
TOTAL FUND BALANCE	1,906,561.02	3,086,575.47
TOTAL LIABILITIES AND EQUITY	6,379,080.22	6,000,761.04

Cordova Community Medical Center Statistics

2015	JAN-15	FEB-15	MAR-15	APR-15	MAY-15	JUN-15	JUL-15	AUG-15	SEP-15	OCT-15	NOV-15	DEC-15
Acute	2	3	7	8	16	3	10	2	11	6	7	2
Swing	31	3	55	60	60	62	18	45	12	10	19	0
Obs	4	5	8	3	4	5	8	6	26	37	36	35
LTC	310	280	308	287	307	300	274	273	388	309	300	310
Clinic	141	151	157	196	204	190	224	270	164	194	131	160
ER	23	46	49	40	104	73	104	97	47	56	37	39
BH	94	90	73	97	37	68	112	49	106	70	71	76
PT	224	197	280	347	321	224	319	345	216	170	296	269
OT	24	55	95	67	108	65	35	107	90	99	115	128
Lab	440	350	533	266	486	311	411	328	359	363	291	367
Xray	27	27	66	68	59	56	99	84	47	34	37	44
OP	8	5	2	4	1	12	4	2	15	12	20	3
Billable Services	1328	1212	1633	1443	1707	1369	1618	1608	1481	1360	1360	1433

2016	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
Acute	16	15	18	22	26	20	11
Swing	10	40	32	37	24	46	25
Obs	113	111	135	65	171	68	174
LTC	310	290	310	297	310	298	292
Clinic	178	197	170	203	222	191	205
ER	52	45	52	52	59	79	85
BH	94	100	103	104	89	75	58
PT	319	344	349	401	326	396	291
OT	105	107	51	139	124	53	31
Lab	304	363	324	350	374	399	318
Xray	60	52	64	56	76	71	63
OP	4	2	5	2	8	6	2
Billable Services	1565	1666	1613	1728	1809	1702	1555

Cordova Community
MEDICAL CENTER

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

October 7, 2016

From: Medical Director CCMC

To: Health Service Board Members,

Via: CEO

Subj: Medical Directors report for 3rd quarter 2016.

1. Metrics: Attached are the graphs representing the physician encounters updated through September. The ER numbers are overall unchanged (as expected). Of interest is the July and August numbers are down slightly and September was up. I feel this probably represents the decrease in cannery workers this summer compared to last and the increase in fishing tourists we saw in the ED in September. The clinic numbers are similar although are up slightly. It is our hope that we can improve this further. The inpatient numbers continue to go up. This has been a dedicated effort on the part of the medical staff to increase the range of patients we care for here in Cordova. Although the increase can be seen as early as January it has been significantly facilitated by the arrival of Dr Sanders who has proven to be an outstanding partner in this effort. There is a corresponding decrease in transfers. Some of this can be attributed to the CT scanner as well.

2. Quality. We continue to review each inpatient chart and meet at least twice a week to discuss optimal care for both patients admitted here and transferred. We acquire records for all patients transferred and "Monday morning quarterback" each case to see what we can do differently. We had a locums physician (Dr Bejes) who was here for 2 weeks and at my request conducted independent chart reviews of both Dr Sanders and myself. Finally we have already embarked on a program to start tracking our performance in meeting core measures and have identified 4 inpatient measures to track. In review of the initial data this has raised additional questions I will discuss separately.

3. Clinic improvements. Currently clinic growth is slower than desired. I have additional thoughts I'd like to discuss in executive session due to financial concerns. I have also identified a concern in that I do not believe we are reporting PQRS and I believe we are required to this year or face a financial penalty from Medicare/Medicaid. Our new financial officer is working on this now. The medical staff is anxious to get started and participate in this process.

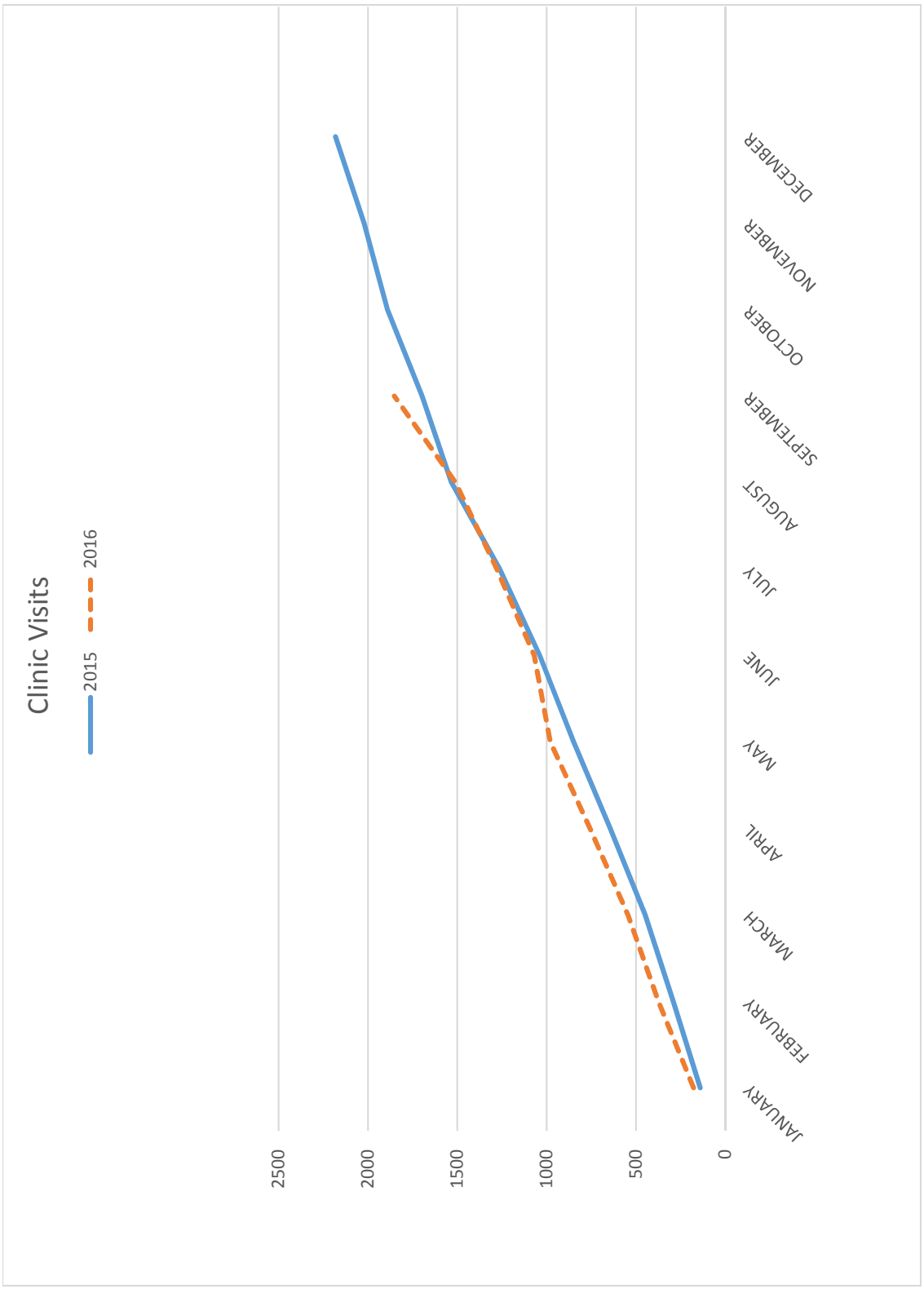
4. Financial concerns. The medical staff recognizes the seriousness of our financial situation and are working to help out with both the cost and revenue side of the equation to ensure that patient care does not suffer while

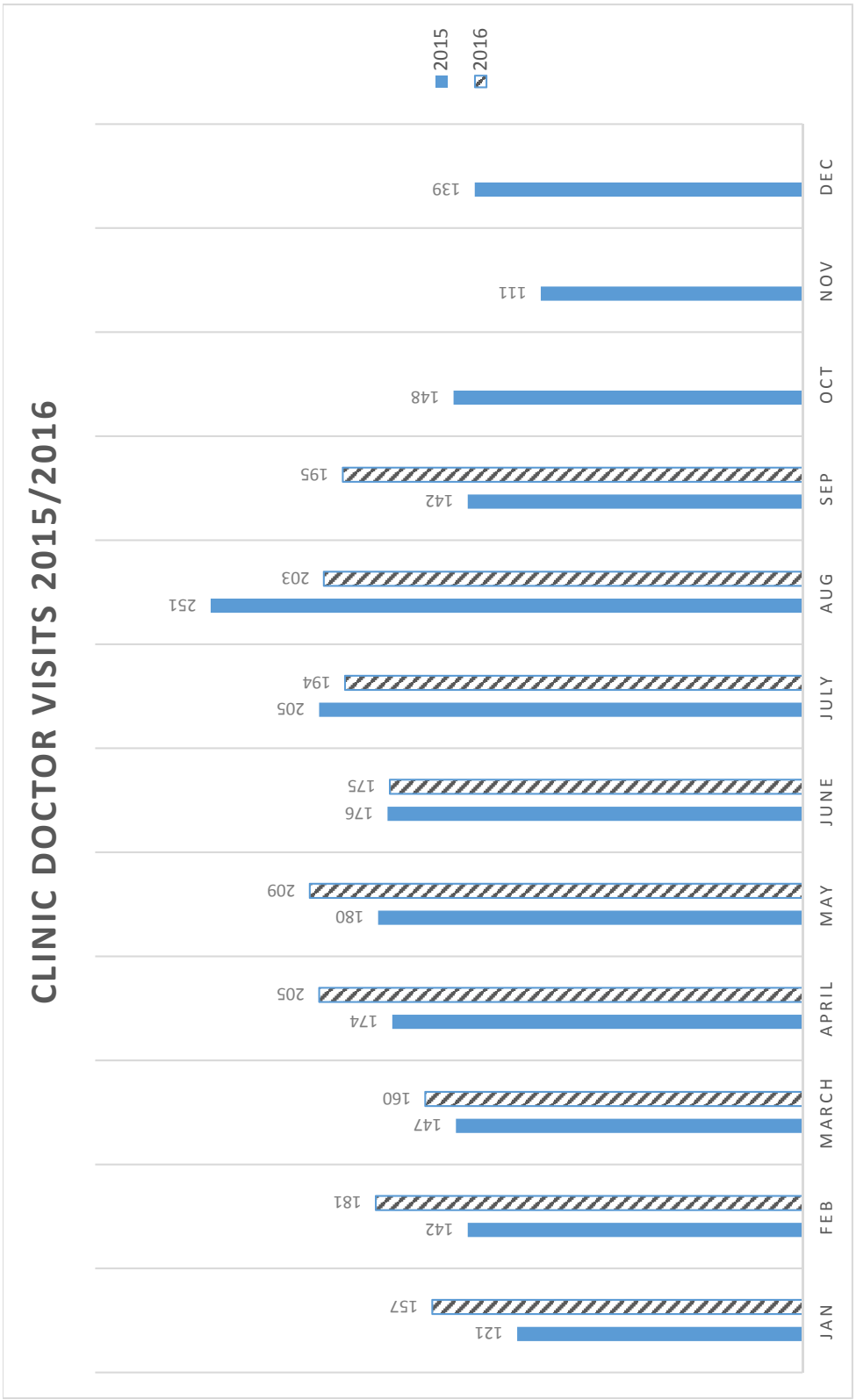
being able to remain open. On the revenue side we have been the leaders for the past 11 months in trying to improve our billing and coding, particularly with regard to provider encounters but for admission DRG as well. We will continue to work that issue as well. We are also trying to ensure that penalties do not further reduce our future income. We have made a dedicated effort to increase our inpatient census which is demonstrated on the above graphs. We have also worked to increase swing bed numbers by keeping patients who have not fully recovered or getting those patients transferred back to us after discharge. Additionally, although not as successful as I would like, we are trying to further increase our clinic numbers. On the cost side Dr Sanders and I are trying to utilize less expensive medications and capture all of our own staff as patients. Trying to reduce consultations and treat as many here as possible. We additionally have not submitted for full additional physician reimbursement from CCMC for additional days worked during the busy season (May through August) rather trying to use scheduling to ease work load. This resulted in over $27,000 in savings. We are also working to coordinate a long term schedule to minimize use of locums to save on travel, lodging and additional salaries.

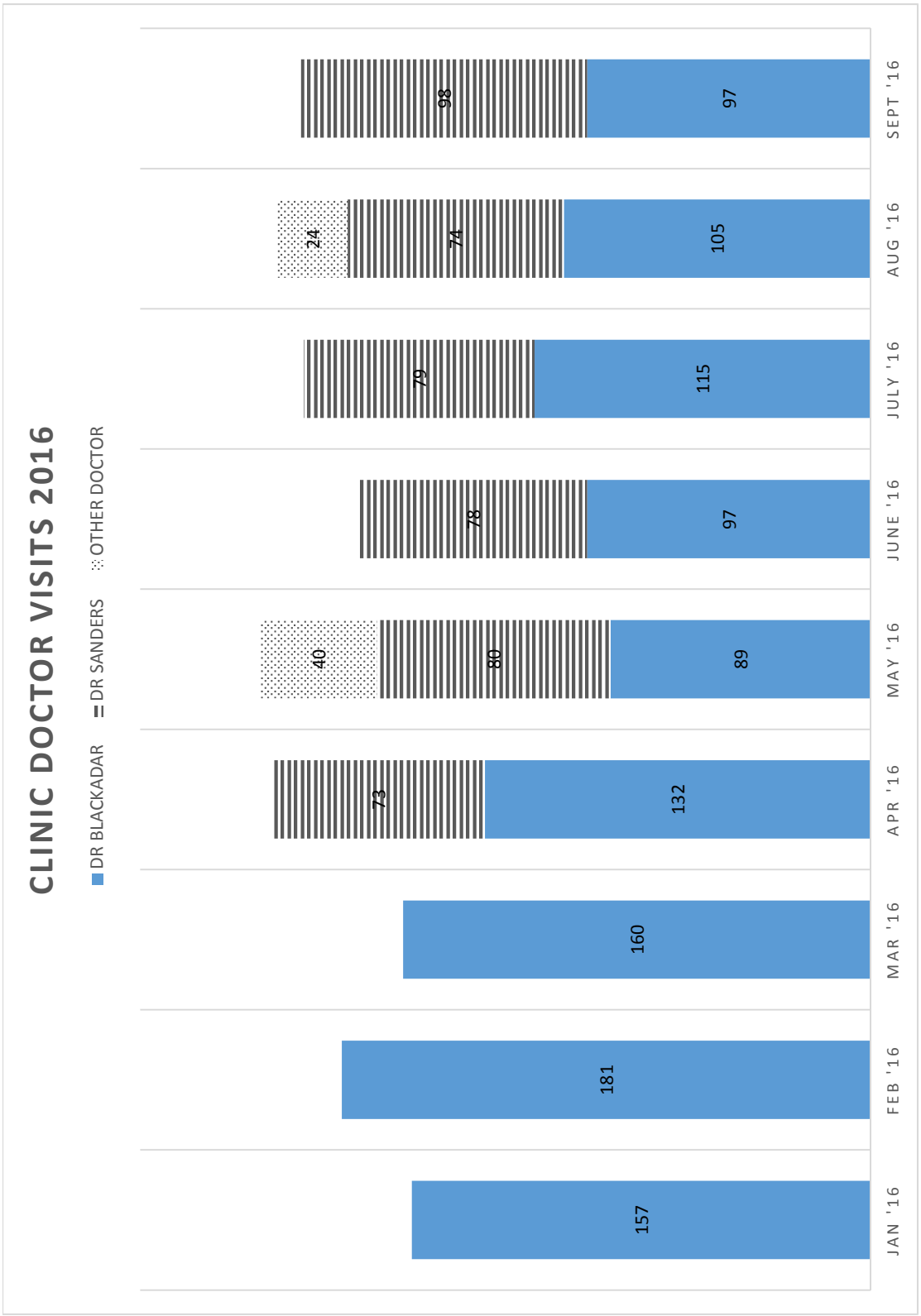
5. Summary/Notes. I expect that future quality reporting will be included in the overall quality reports. My next report will also be the end of year report for the medical staff as well.

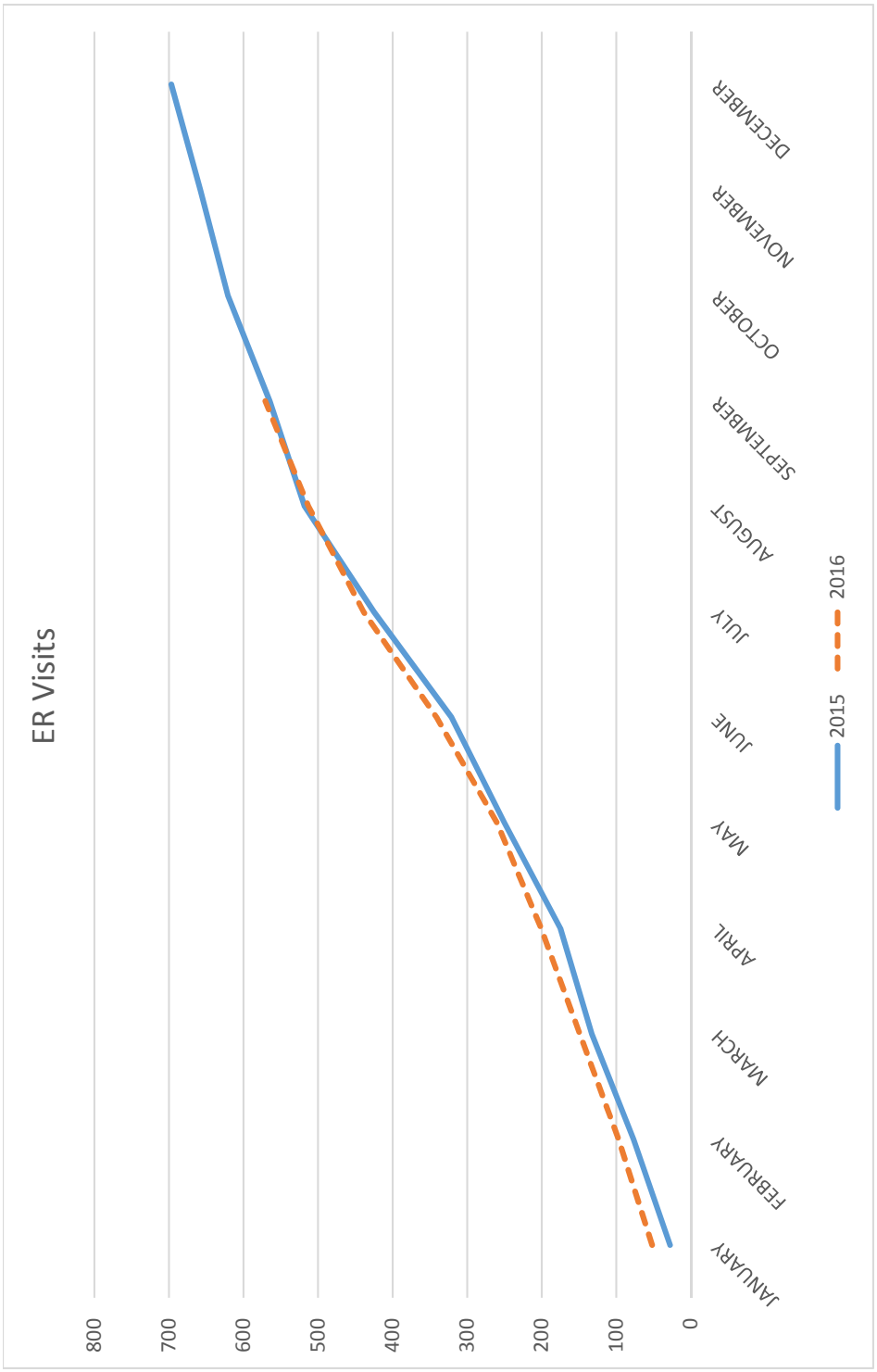
Respectfully,

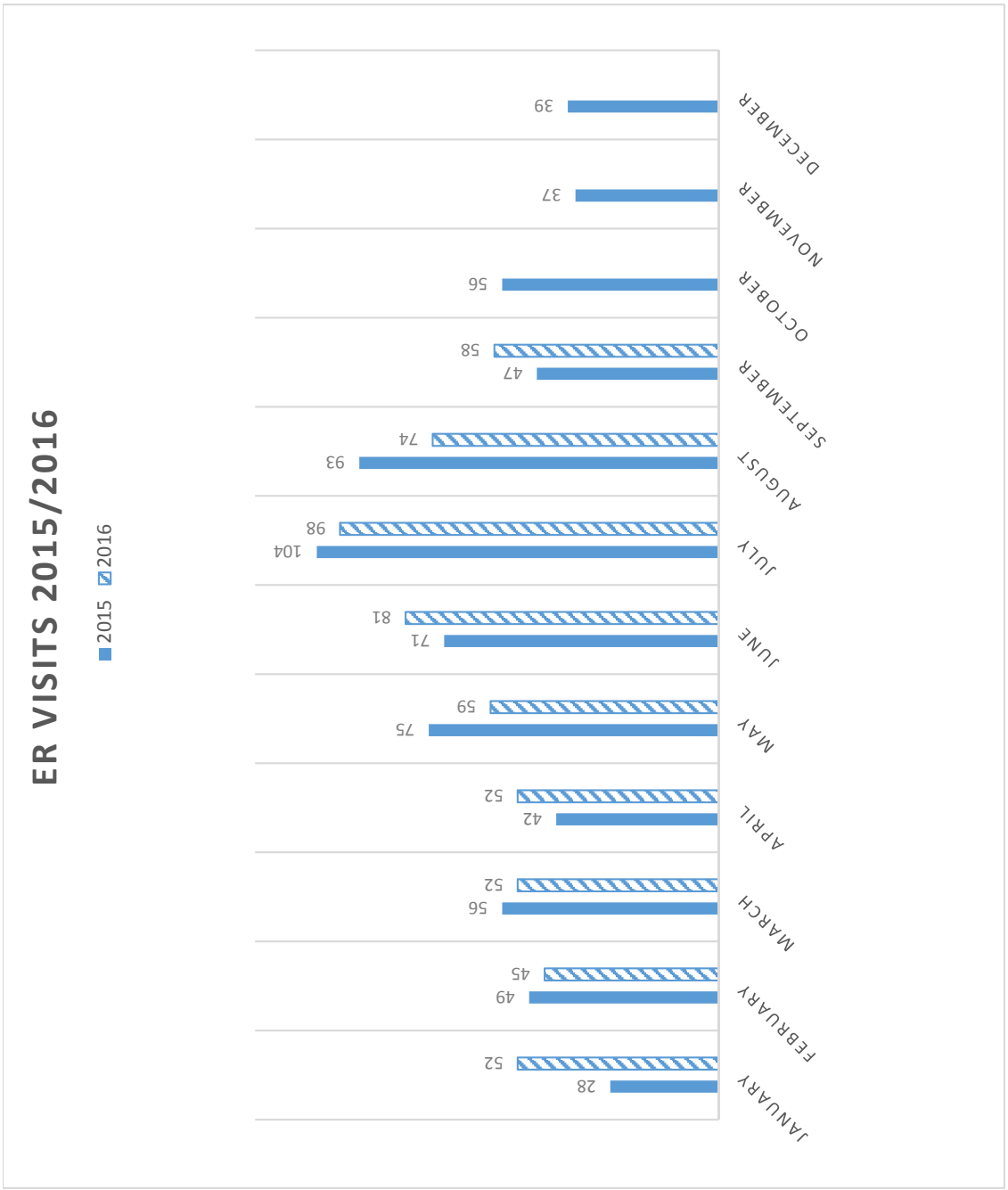
C.S. Blackadar, MD
Medical Director CCMC
sblackadar@hotmail.com

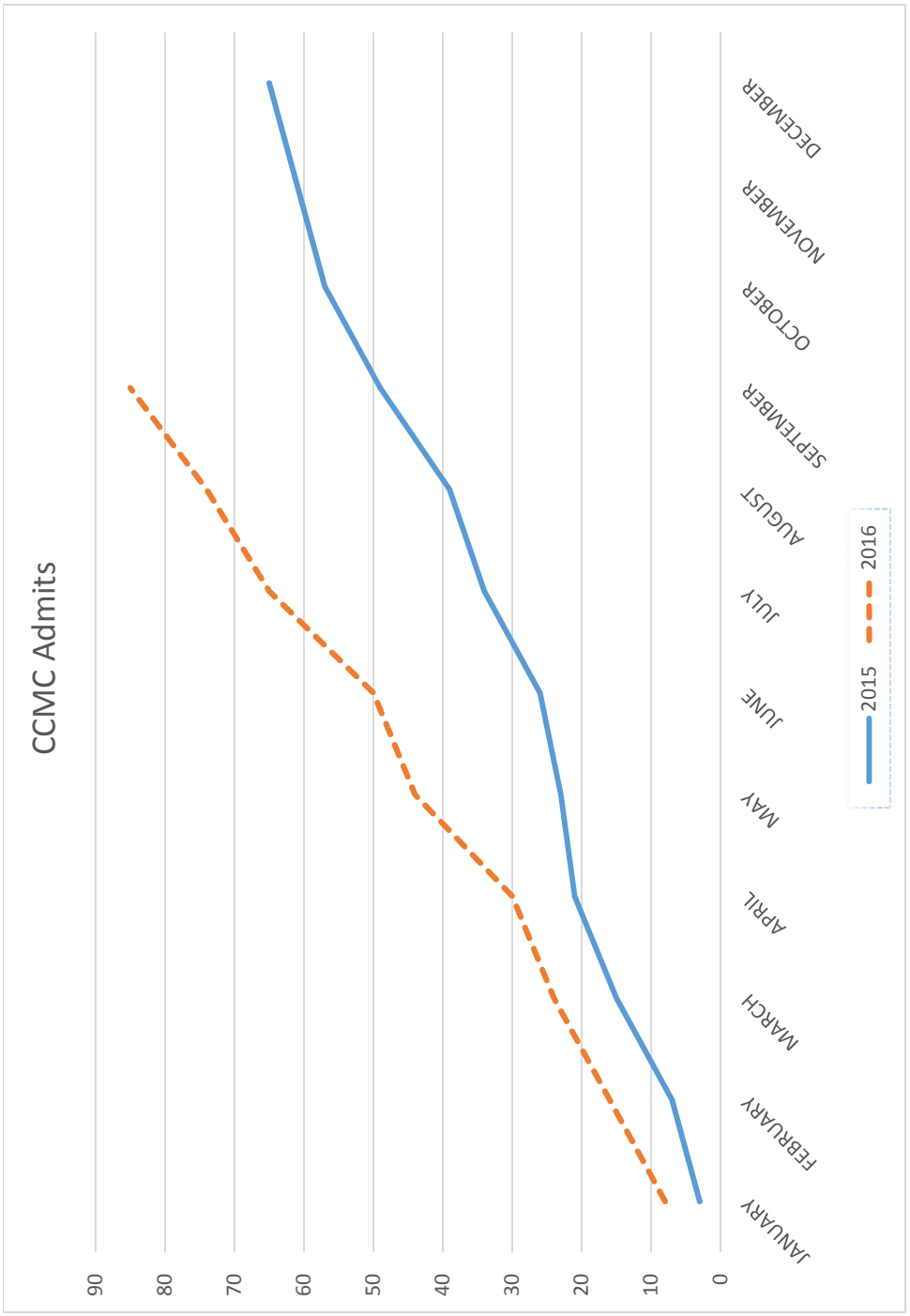

Clinic Visits
2015
2016
2500
2000
1500
1000
500
0
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER

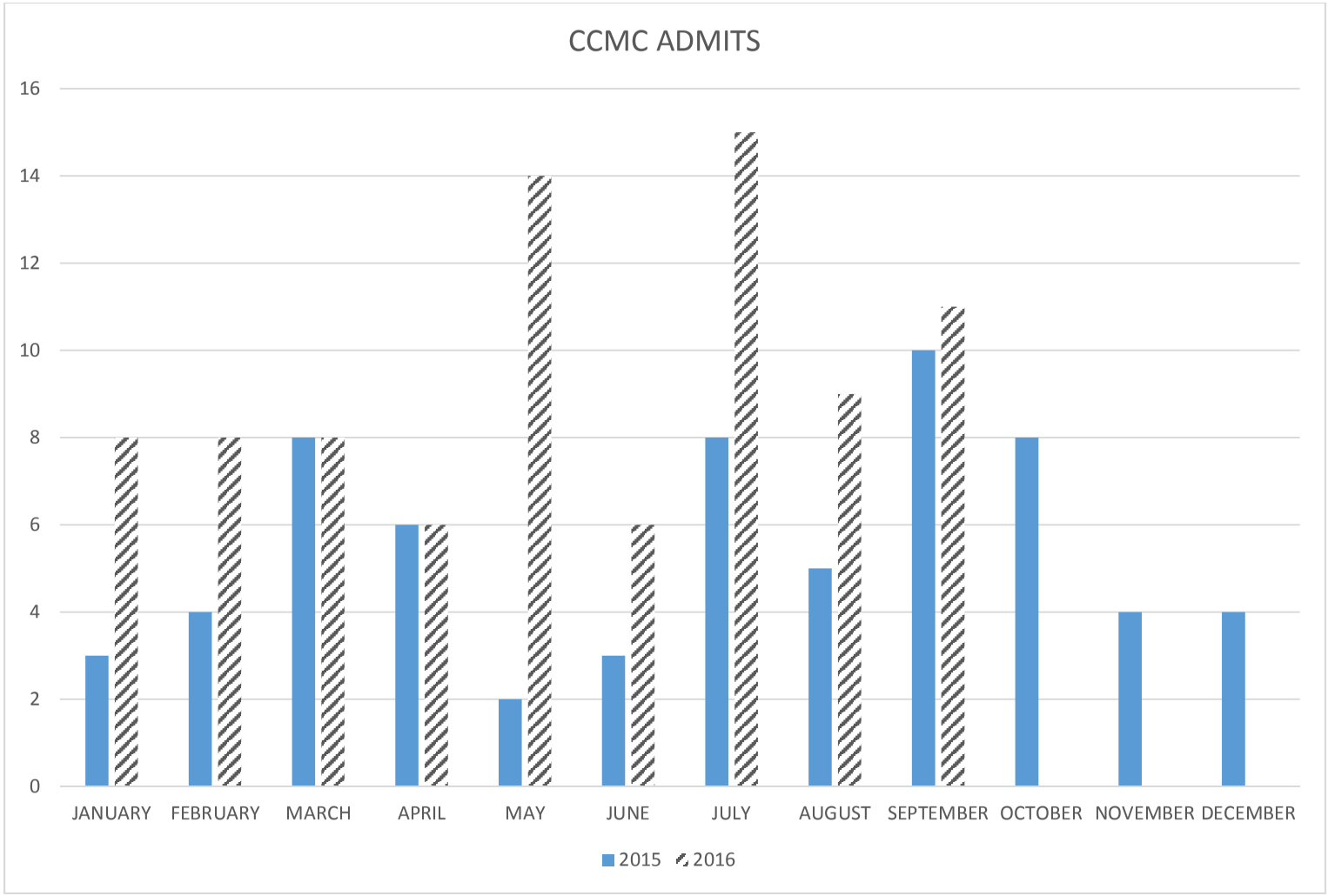

CLINIC DOCTOR VISITS 2015/2016
2015
2016
JAN
121
157
FEB
142
181
MARCH
147
160
APRIL
174
205
MAY
180
209
JUNE
176
175
JULY
205
194
AUG
251
203
SEP
142
195
OCT
148
NOV
111
DEC
139

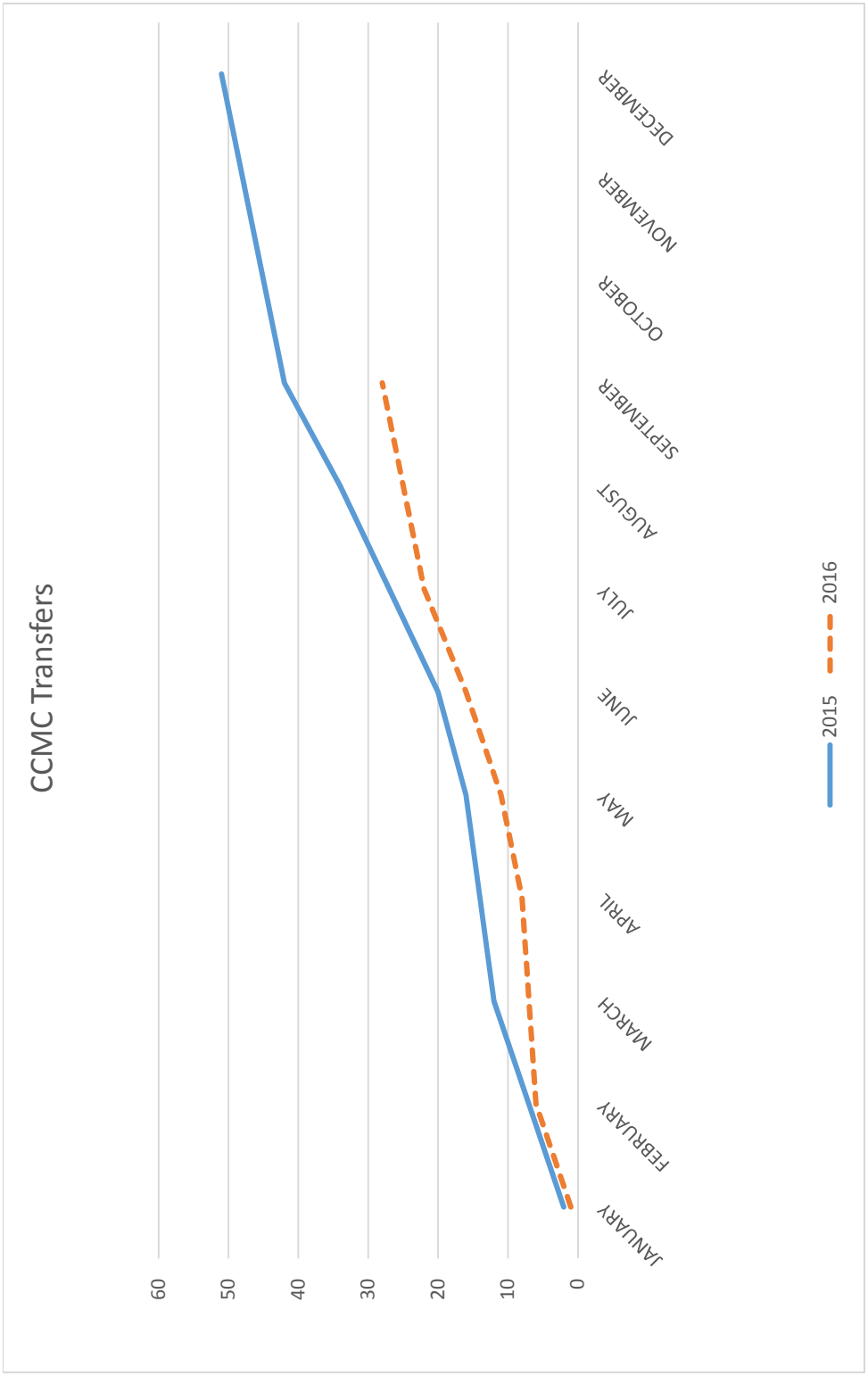

CLINIC DOCTOR VISITS 2016
DR BLACKADAR
DR SANDERS
OTHER DOCTOR
JAN '16
FEB '16
MAR '16
APR '16
MAY '16
JUNE '16
JULY '16
AUG '16
SEPT '16
157
181
160
132
73
89
80
40
97
78
115
79
105
74
24
97
98

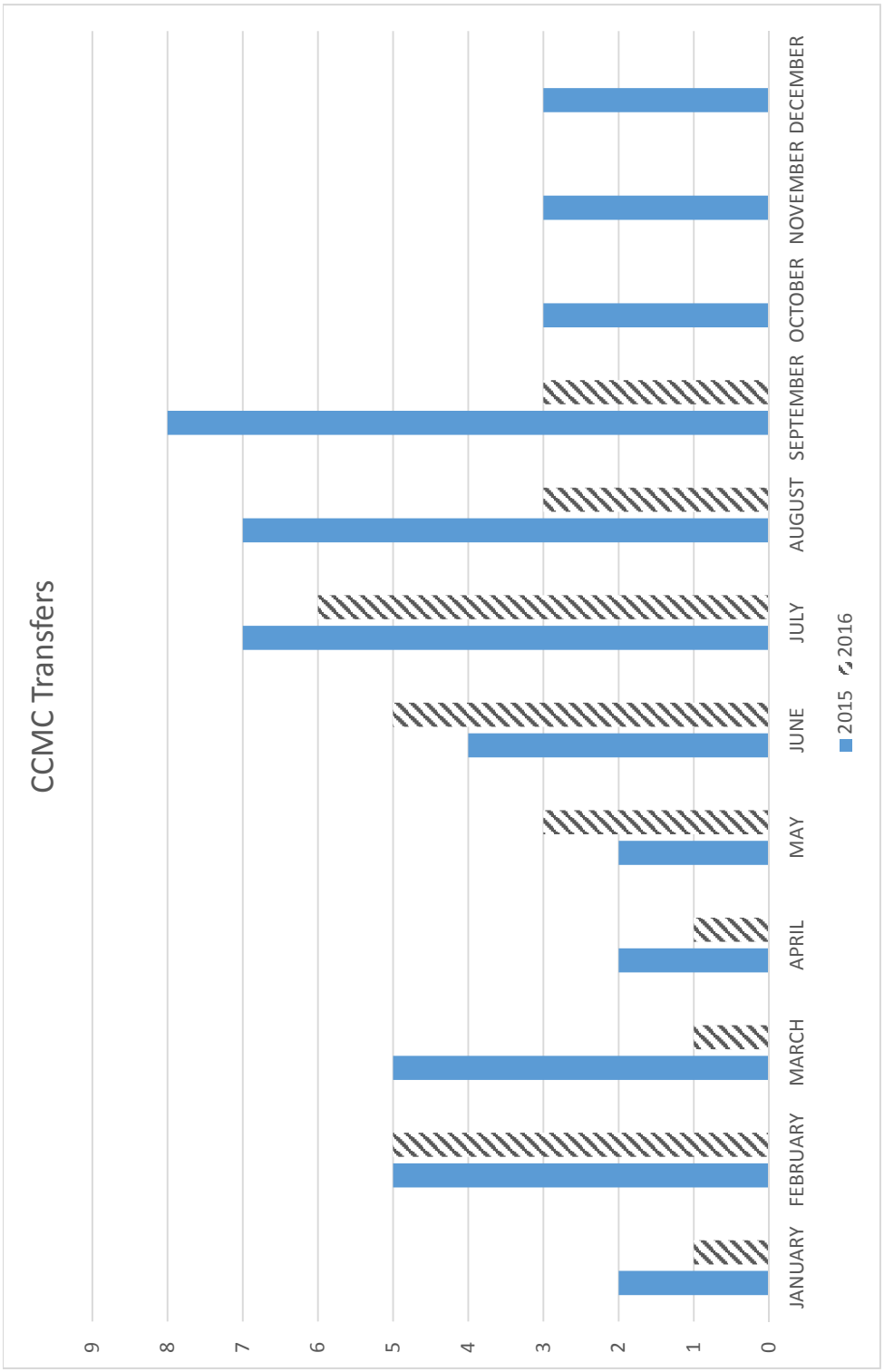

ER Visits
800
700
600
500
400
300
200
100
0
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER
2015
2016


ER VISITS 2015/2016
2015
2016
JANUARY
28
52
FEBRUARY
49
45
MARCH
56
52
APRIL
42
52
MAY
75
59
JUNE
71
81
JULY
104
98
AUGUST
93
74
SEPTEMBER
47
58
OCTOBER
56
NOVEMBER
37
DECEMBER
39


CCMC Admits
90
80
70
60
50
40
30
20
10
0
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER
2015
2016


CCMC ADMITS
16
14
12
10
8
6
4
2
0
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER
2015
2016


CCMC Transfers
60
50
40
30
20
10
0
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER
2015
2016


CCMC Transfers
9
8
7
6
5
4
3
2
1
0
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER
2015
2016

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

Quarterly Quality Improvement Report
Q4 2016 – October 13, 2016

As mentioned in previous Administrator's Reports, we have been working the past several weeks to revitalize our Quality Improvement (QI) program. This quarterly report is the first since revitalization of the program began. As part of the revitalization process we have started holding monthly QI committee meetings that focus on staff education and QI program development. We have also started to develop our 2017 Quality plan and Quality calendar. The 2017 Quality plan will be a detailed, overarching organizational work plan for CCMC's quality improvement activities and the Quality calendar will provide the timeline for completion of these activities. We will be presenting the Quality Plan and calendar in December for approval by the HSB. Further, the Quality program will provided quarterly reports to the HSB. Board approval of the Quality plan and quarterly reports are a part of CCMC's licensure requirements for LTC and Conditions of Participations as a CAH.

At our September QI meeting we required that each department identify and begin work on at least one QI project through the end of this year. Each department will be required to add one additional project each of the first two quarters in 2017 with a goal of each department maintaining three projects, ongoing. The nature and length of each of these projects will vary, but they will all be driven by some combination of the following core elements of healthcare Quality from the Institute of Medicine:

- **Care should be safe:** Patients should not be harmed by the care that is intended to help them.
- **Care should be effective:** Services should be provided based on scientific knowledge to those who could benefit and we should refrain from providing services to those not likely to benefit.
- **Care should be patient-centered:** Care should be respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Care should be timely:** Reducing waits and sometimes harmful delays for both those who receive care and those who give care.
- **Care should be efficient:** Care should avoid waste, including waste of equipment, supplies, ideas and energy.
- **Care should be equitable:** Care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.

In addition to the department-specific projects, we have initiated efforts to meet other facility-wide quality reporting requirements. For example, we are now reporting quality data to the Medicare Beneficiary Quality Improvement Project (MBQIP) program. This program focusses on improving the quality of care provided in CAHs, by increasing quality data reporting by CAHs and then driving quality improvement activities based on the data. By Participating in MBQIP, CCMC receives a small annual grant that can be used towards our overall Quality program. We have also started work towards meeting Quality reporting requirements for the Physician Quality Reporting System (PQRS). PQRS gives participating providers the opportunity to assess the quality of care they provide to their patients, helping to ensure that patients get the right care at the right time. Participation in PQRS is mandated by CMS and failure to participate will result in negative payment adjustments. Generally speaking, these types of reporting requirements are continually morphing and present somewhat of a moving target. For example, PQRS will be replaced by the Merit-based Incentive Payment System (MIPS) in 2017. MIPS is a new program that combines parts of PQRS with other Quality measures and serves as an incentive program where providers will be measured on Quality, resource use, clinical practice improvement, and meaningful use of certified EHR technology. MIPS is a big step in moving away from cost-based reimbursement to quality-based reimbursement in healthcare.

Quality Projects

Below is a list and brief description of the ongoing QI projects in each department:

- **Nursing:**
    - Medication errors – monitoring and reducing errors in medication administration.
    - Falls – reduction of frequency of patient falls and associated injuries.
    - Nursing documentation – ensuring accurate, thorough and timely documentation in patient charts.
- **Facilities:** Hospital laundry – monitoring and optimizing the amount usage of supplies and staff time while doing laundry.
- **Laboratory:**
    - Patient test turnaround times – ensuring timely test completion and results reporting to providers.
    - Results in medical record – ensuring accurate and timely inclusion of lab results in patient charts.
- **Radiology:** CT and x-ray study turnaround times – ensuring timely completion of radiologic studies.
- **Sterile Processing:** Routine maintenance of equipment – ensuring sterilization equipment is maintained per regulations and manufacturer's instructions.
- **Rehabilitation Services:** Progress updates – ensure that 100% of PT/OT patients have progress updates as required by CMS.

- **Materials Management:**
    - STAT orders – monitoring/reducing frequency and costs associated with STAT orders for materials and pharmaceuticals.
    - Unsecured sharps and pharmaceuticals – ensuring safe storage of materials in all areas of care.
- **Dietary:**
    - Patient food temperatures – ensuring patient food is served at appropriate temperatures.
    - Senior program home meals – ensuring practice and policy are in alignment when qualifying seniors for home meal delivery.
- **Human Resources:**
    - Employee Turnover – monitoring and reducing employee turnover and associated costs.
    - Nursing licensure and credentials – ensuring all nursing staff licensing, certifications and credentials are current.
    - HealthStream – ensuring all employees are current with training required by federal and state regulations.
- **Finance:** Billing integrity – ensuring all charges associated with care are properly billed.
- **Administration:**
    - Housing – monitoring usage and costs of employee housing.
    - Policies and procedures – monitoring completion of P&P review and revision per regulatory requirements.
- **Medical Staff:** Core measures – covered in Medical Director's report.

Quality Data

Many of the projects described above are just getting underway with little to no data available at this time. Below is a brief synopsis of QI data that is currently available.

Laboratory:

- Patient test turnaround times – ensuring timely test completion and results reporting to providers.

*All statistics are year to date	Delayed Results	Total Tests	Percent of Goal
100% of STAT labs resulted ≤ 1 hour	2	750	99.7%
100% of ASAP labs resulted ≤ 2 hours	0	109	100%
100% of Routine labs resulted ≤ 4 hours	3	1,027	99.7%
100% of Send Out labs resulted ≤ 10 days	2	606	99.7%

- Results in medical record – ensuring accurate and timely inclusion of lab results in patient charts.

  This study began in May 2016 and is ongoing. The goal is that 100% of lab results will be included in the patient chart. The goal has been achieved at 100% for May-September 2016.

Rehabilitation Services

Progress updates – The goal is that 100% of PT/OT patients have progress updates as required by CMS. Year to date we are at 100% of our goal.

Human Resources

- Employee Turnover – monitoring and reducing employee turnover and associated costs.

  In 2015 about one-third of the CCMC employees changed. This amount does include temporary staff. Through the end of September of this year, we are running at around 29% turnover rate. This is a fairly high rate, which has cost the hospital a significant amount of money for recruiting and training replacements. This cost is one of the key reasons for striving for more stability in our staffing.

Administration:

- Housing – monitoring usage for employee housing.

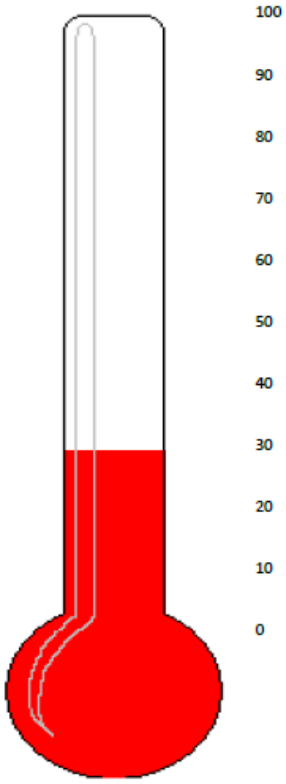
  CCMC rents 12 independent units for use by employees. These units are used primarily by traveling staff. However, some units are used by permanent employees on a short term basis while they transition into private housing. The 12 units have been at capacity for 91% of the time, year to date.

- Policies and procedures – monitoring completion of P&P review and revision per regulatory requirements.

  The table below shows the total number of P&P's for each department within the facility and the number and percentage of those policies that are categorized as "complete." Complete means they have been reviewed by the Department Manager, updated if necessary, and put through the approval process. It also indicates they are on the CCMC network for 24/7 access by staff. The thermometer shows facility-wide progress toward 100% completion of the P&P process.

CCMC Policy & Procedures 2016

Department	# Policies Completed	Total # of Policies	Percent Completed
Administration	24	31	77%
Clinic			
Compliance	8	8	100%
Dietary	29	32	91%
Employee Health	4	13	31%
Environmental Services	7	7	100%
Financial Services	10	16	63%
Fire Safety Disaster		25	0%
Health Information Management		37	0%
Human Resources	18	18	100%
Infection Control	3	46	7%
Laboratory		10	0%
Long Term Care	57	69	83%
Medical Staff	3	3	100%
Materials Management	15	15	100%
Management Information Committee		9	0%
Nursing		156	0%
Pharmacy & Therapeutics	2	2	100%
Pharmacy		54	0%
Physical Therapy		38	0%
Quality Improvement	1	1	100%
Quality Management Committee	2	2	100%
Radiology	17	17	100%
Sound Alternatives		117	0%
Senior Program		16	0%
Sterile Processing	15	15	100%
Utilization Review Committee		3	0%
Swing Bed	9	9	100%
TOTAL	224	769	29%



Community Health Services Board
Resolution

A RESOLUTION OF THE CORDOVA COMMUNITY HEALTH SERVICES BOARD OF THE CORDOVA COMMUNITY MEDICAL CENTER DESIGNATING THE RESPRESENTATIVES AUTHORIZED FOR SIGNING CHECKS, NON-CHECK PAYROLL TAX PAYMENT, AND CASH TRANSFERS FOR CORDOVA COMMUNITY MEDICAL CENTER.

WHEREAS, the Cordova Community Medical Center checking accounts for the general fund, payroll fund, grant fund and nursing home patient trust accounts, require two (2) signatures; and

WHEREAS, CCMC investment accounts, funded depreciation accounts, and malpractice trust accounts require the Administrator and one (1) Board Officer's original signatures, and

THERFORE, BE IT RESOLVED THAT,

1. All checks issued require two signatures; at least one (1) Health Service Board Officer's signature, and that non-check electronic payments and cash transfers from the general checking account to the payroll checking account should be signed off by at least one HSB officer and another authorized signer;

2. The Health Services Board authorizes the following individuals only to act as check signers on the above-mentioned accounts:

CEO	Scot Mitchell
Dir. Of Rehab Services	Randy Apodaca
Sound Alternatives	Stephen Sundby
HSB President	Tim Joyce
HSB Vice-President	Josh Hallquist
HSB Secretary	James Wiese

PASSED and approved this 13th day of October 2016.

Board Signature: _____ Date: _____

Cordova Community Medical Center
Policy

SUBJECT: Board Interactions with Hospital Staff **DEPARTMENT: Administration** **Original Approval Date:** October 13, 2016 **Approved by:** Scot Mitchell, CEO	ADM 802	
	☒ New ☐ Revised ☐ Reviewed	**Date:** 10/13/2016
	Page 1 of 2	

Policy:

It shall be the responsibility of each member of the Cordova Community Medical Center Board of Directors to only meet with individual employees or staff members of the Cordova Community Medical Center with the presence of the Chief Executive Officer or a person designated by the Chief Executive Officer. It shall also be the responsibility of employees of the Cordova Community Medical Center to insure that when meeting with a member of the Health Services Board (HSB) that the Chief Executive Officer or his designee is present. Failure to include the Chief Executive Officer when meeting with a HSB Member may result in disciplinary action up to dismissal from employment.

1. Exceptions to this policy are as follows;
    a. HSB member meeting with the Chief Financial Officer or their designee for the purpose of signing checks.
    b. HSB member meeting with the Executive Assistant for the purpose of planning and/or preparing for an HSB meeting or official HSB business.
    c. HSB member being admitted to the Cordova Community Medical Center for medical purposes where the interaction with medical staff is necessary for proper medical care.
    d. Group social gatherings where Cordova Community Medical Center management and operations are not discussed.
2. In cases where a Cordova Community Medical Center employee suspects that the Chief Executive Officer is complicit in embezzlement or other wrong doing, the employee shall take those concerns to the City Manager.

Reference:

Cross – Reference:

Attachment:

QMC Approval Date:
HSB Approval Date: 10/13/2016

Review History:

- 10/13/2016: Original Policy Approval

Department Manager Signature _____ **Date** _____
CEO Signature _____ **Date** _____

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

SUBJECT: Reporting Suspected Crimes under the Elder Justice Act **DEPARTMENT: Long Term Care** **Original Approval Date:** October 2016 **Approved by:** Scot Mitchell, CEO	LTC 334	
	☒ New ☐ Revised ☐ Reviewed	**Date:** 10/13/2016
	Page 1 of 4	

POLICY:

It is Cordova Community Medical Center's policy to comply with the Elder Justice Act (EJA) about reporting a reasonable suspicion of a crime under Section 1150B of the Social Security Act, as established by the Patient Protection and Affordable Care Act (ACA), § 6703(b)(3). Specifically, it is CCMC's policy to:

a. Annually notify all "*covered individuals*" (as that term is defined under the EJA) of their reporting obligations under the EJA to report a suspicion of a crime to the state survey agency (SSA) and *local law enforcement* for the *political subdivision* in which CCMC is located;
b. Refrain from *retaliating against any employee* who reports a suspicion of a crime against an individual receiving care in CCMC:
c. Post a notice in a conspicuous location that informs all "*covered individuals*" of
    - their reporting obligation under the EJA to report a suspicion of a crime to the SSA and *local law enforcement*; and
    - their right to file a complaint with the state survey agency if they feel the CCMC has *retaliated against an employee* who reported a suspected crime under this statute;
d. Refrain from employing any individual who has been prohibited from working in a long term care facility because of failure to report a suspicion of a crime against a resident of a long term care facility; and
e. Facilities are not required to report to either SSA or *local law enforcement* under this act; only individuals are required to report. However, CCMC has adopted a policy that it will report a suspected crime against a resident to the SSA and one or more *local law enforcement* entities for the *political subdivision* in which the facility is located.

Statutory and CMS Policy References

- §1150B of the Social Security Act, as established by §6703(b)(3) of the Patient Protection and Affordable Care Act of 2010; and
- CMS S&C: 11-30-NH.

Definitions (from CMS S&C: 11-30-NH):

"*Covered Individual*" means each individual who is an owner, operator, employee, manager, agent, or contractor of a long-term care facility.

"*Suspicion of a Crime*" is defined by law of the applicable political subdivision where a LTC facility is located. Applicable facilities must coordinate with their state and local law enforcement entities to determine what actions are considered crimes within their political subdivision.

"*Political subdivision*" means a city, county, township or village.

LTC 334 Reporting Suspected Crimes under the Elder Justice Act

"*Local law enforcement*" means the full range of potential responders to elder abuse, neglect, and exploitation including: police, sheriffs, detectives, public safety officers, corrections personnel, prosecutors, medical examiners, investigators, and coroners.

"*Neglect*" is the failure of a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an elder or self-neglect.

"*Self-Neglect*" means an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; or managing one's own financial affairs.

"*Serious bodily injury*" is an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation. In the case of "criminal sexual abuse" which is defined as serious bodily injury/harm shall be considered to have occurred if the conduct causing the injury is relating to aggravated sexual abuse or relating to sexual abuse.

"*Retaliate against an employee*" is when the employer discharges, demotes, suspends, threatens, harasses, or denies a promotion or any other employment-related benefit to an employee, or in any other manner discriminates against an employee within the terms and conditions of employment because the employee has met their obligation to report a suspicion of a crime.

PROCEDURE:

A. Staff Reporting Requirements

1. When staff ("staff" herein refers to *covered individuals*) suspect a crime has occurred against a resident at CCMC, they must report the incident to SSA and local law enforcement.
2. Staff must report a *suspicion of a crime* to the state survey agency and at least one local law enforcement entity within a designated time frame by e-mail, fax or telephone. The individual does not need to determine which local law enforcement entity to report a suspicion of crime; but, must report to at least one local law enforcement entity. This will meet the individual's obligation to report.
3. Staff can use the facility form to report a *suspicion of a crime.* There is no requirement to use the form.
4. Staff can either report the same incident as a single complaint or multiple individuals may file a single report that includes information about the suspected crime from each staff person using the facility form.
5. If, after a report is made regarding a particular incident, the original report may be supplemented by additional staff who become aware of the same incident. The supplemental information may be added to the form and must include the name of the additional staff along with the date and time of their awareness of such incident or suspicion of a crime. However, in no way will a single or multiple person report preclude an individual from reporting separately. Either an individual or joint report will meet the individual's obligation to report.

LTC 334 Reporting Suspected Crimes under the Elder Justice Act

6. If the reportable event results in *serious bodily injury*, the staff member shall report the suspicion immediately, but not later than 2 hours after forming the suspicion.

7. If the reportable event does not result in *serious bodily injury*, the staff member shall report the suspicion not later than 24 hours after forming the suspicion.
8. Failure to report in the required time frames may result in disciplinary action, including up to termination.
9. Staff must report the suspicion of an incident to the Director of Nursing and the Chief Executive Officer immediately upon becoming aware of a suspicion of a crime.

B. Staff Notification

1. Staff (i.e., "*covered individual*") will annually receive a copy of their obligation to comply with the law and these policies and procedures. Staff will be required to sign an acknowledgment that they have received this information and agree to comply with the law and this policy and procedure.
2. All new staff, as part of their orientation to work at the facility, shall receive a copy of their obligation to comply with the law and this policy and procedure.

C. Posting Requirements

1. CCMC will post conspicuously in an appropriate location a sign specifying the rights of employees under the EJA. This sign shall include both
    a. The reporting requirements of each staff member; and
    b. A statement that an employee may file a complaint with the state survey agency against a long-term care facility that retaliates against an employee for filing, and information how to file such a complaint to the SSA.

D. Facility Reporting

1. CCMC will file a report to SSA and local law enforcement using the attached form or another appropriate mechanism when becoming aware of a suspicion of a crime.
2. CCMC on behalf of staff will file a report to SSA and local law enforcement using the attached form or another appropriate mechanism when staff becomes aware of a suspicion of a crime.
3. CCMC shall keep a record of these reports.

Reference:

Cross – Reference:

Attachment:
- Facility Suspected Crime Report Form

LTC 334 Reporting Suspected Crimes under the Elder Justice Act

QMC Approval Date:
HSB Approval Date: 10/13/2016

Review History:

- 10/13/2016: Original Policy Approval

Department Manager Signature _____	**Date _____**
CEO Signature _____	**Date _____**
Review Signature _____	**Date _____**
Review Signature _____	**Date _____**
Review Signature _____	**Date _____**
Review Signature _____	**Date _____**
Review Signature _____	**Date _____**

FACILITY SUSPECTED CRIME REPORT UNDER ELDER JUSTICE ACT
Cordova Community Medical Center

INSTRUCTIONS: Submit this completed form to local law enforcement and your state survey agency by fax or email within **2 hours** (if there is serious bodily injury) or **24 hours** (if there is not serious bodily injury) of forming a reasonable suspicion that a crime may have been committed against any individual who is a resident of, or is receiving care from Cordova Community Medical Center.

Cordova Community Medical Center: CEO – Scot Mitchell, FACHE 602 Chase Avenue/P.O. Box 160, Cordova, Alaska 99574 Phone: 907-424-8223 Fax: 907-424-8116 Email: SMitchell@cdvcmc.com	Reporting Individual: Name:_____ Title: _____ Phone: _____
Reported to State Survey Agency? Yes ☐ No ☐ Date Reported: / / Time:_____ Alaska Health Facilities Licensing and Certification 4501 Business Park Boulevard, Suite 24, Bldg. L Anchorage, Alaska 99503 Phone: 907-334-2483 Secure Fax: 907-334-2682 After Hours: 888-387-9587	Reported to the Local Law Enforcement? Yes ☐ No ☐ Date Reported: / / Time:_____ Cordova Police Department 610 Railroad Avenue/P.O. Box 1210 Cordova, Alaska 99574 Phone: 907-424-6100 Fax: 907-424-6120

SUMMARY OF SUSPECTED CRIME INVOLVING [RESIDENT NAME] and [DATE OF BIRTH], as well as a brief description of the location of the incident and, if available, the names of any individuals involved in the suspected crime. (Attach additional sheets if necessary. No. of pages attached ___)

Was there serious bodily injury? No___ YES___ (must be reported within 2 hours)

INDIVIDUAL[S] REPORTING

THIS REPORT IS MADE BY THE FACILITY ON BEHALF OF ALL COVERED INDIVDUALS LIST BELOW.

Name:	Date/time individual became aware of suspected crime
1.	Date: / / Time:_____
2.	Date: / / Time:_____
3.	Date: / / Time:_____
4.	Date: / / Time:_____
5.	Date: / / Time:_____
6.	Date: / / Time:_____
7.	Date: / / Time:_____
8.	Date: / / Time:_____

NOTE: This report is required by law where a suspicion of crime has occurred and is in no way an admission by the person[s] submitting the report that a crime has actually occurred.

SUBJECT: Abuse Prevention, Recognition and Reporting **DEPARTMENT:** Long Term Care (LTC) **Original Approval Date:** March 24, 2005 **Approved By:** Scot Mitchell, CEO	**POLICY #** LTC 301 ☐ New ☒ Revised ☐ Reviewed — **Date:** 10/13/2016 **Page 1 of 5**

Policy:

It is the practice of Cordova Community Medical Center (CCMC) that all alleged violations involving mistreatment, neglect, and abuse, including injuries of unknown sources and misappropriation of resident property be reported immediately to the director of nurses and to state officials in accordance with state laws through established procedures including the state survey and certification agency. (42 CFR 483.13 OBRA Regulations) Names, addresses and telephone numbers of pertinent client advocacy groups such as the State survey and certification agency, the State licensure office, the Long Term Care Ombudsman and the Medicaid Fraud Unit, and a statement that the resident may file a complaint with any listed agency will be posted prominently throughout the facility.

Definitions:

1. **Abuse:** Willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. This also includes the deprivation by an individual, including a caretaker, of goods or service that are necessary to attain or maintain physical, mental and psychosocial well-being. (Reference LTC F223)

2. **Verbal Abuse:** Use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again. (Reference LTC F223)

3. **Sexual Abuse:** Includes but is not limited to: indecent exposure, inappropriate touch, sexual comments.

4. **Physical Abuse:** Includes but is not limited to hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.

5. **Mental Abuse**: Includes, but is not limited to: humiliation, harassment, and threats of punishment or deprivation.

6. **Involuntary Seclusion:** Separation of a resident from other residents or from her/his room or confinement to his/her room (with or without roommates) against the resident's will, or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

7. **Neglect:** Failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. (Reference LTC 42 CFR 483.13 (c))

LTC 301 – Abuse Prevention, Recognition and Reporting

8. **Misappropriation of Resident Property:** Deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent. (Reference LTC 42 CFR 483.13 (c))

9. **Injury of Unknown Source:** An injury of unknown source shall be classified as such when BOTH of the following conditions are met: The source of the injury was not observed by any person OR the source of the injury could not be explained by the resident AND the injury is suspicious because of the extent of the injury OR the location of the injury OR the number of injuries observed at one particular time OR the incidences of injuries over time. Examples of minor injuries include, but are not limited to: small abrasions, lacerations, bruises limited to the surface of the skin, or injuries occurring in areas generally vulnerable to trauma such as hands, forearms, and shins. Substantial injuries may include, but are not limited to: moderate to large abrasions, burns, deep lacerations, bruises of deep color and depth, or those occurring in areas such as the back, face, head, neck, chest, breasts, groin, inner thigh, buttocks, genital or anal area and ALL fractures.

Report: Any verbal or written report of abuse or neglect that states:
1. What has happened
2. To whom it happened
3. When it happened
4. Where it happened
5. Who did the abusing or who was responsible for the neglect.

Mandated to Report: Any employee of CCMC who has knowledge of the abuse or neglect of a resident, has reasonable cause that a resident is being or has been abused or neglected, or who has knowledge that a resident has sustained a physical injury that is not reasonably explained by the history of the injuries provided by those involved with the care of a resident.

Procedure:

1. **Screening:** All candidates for employment to CCMC will be screened, by contacting the appropriate state licensing registry and/or the previous employer, to ensure that candidates have not been convicted of abusing, neglecting, or mistreating residents by a court of law. Appropriate state registries will be contacted to determine if the candidates have had a finding entered with regards to abuse, neglect, and mistreatment of residents or misappropriation of resident's property. These steps will be documented and maintained in their personnel file in Human Resources.

2. **Training:** All new employees will be required to review the abuse and neglect policy during their orientation process. This review will be documented on their orientation checklist and kept in their personnel file in Human Resources. All current employees will have on going sessions on issues related to abuse practices, i.e. appropriate interventions to deal with aggressive and/or catastrophic reactions of residents; how staff should report their knowledge related to allegations without fear of reprisal; how to recognize signs of burnout, frustration and stress that may lead to abuse; what constitutes abuse, neglect and misappropriation of resident property. These sessions will be conducted at least annually, or more often as deemed necessary. These sessions will be documented and kept in the employee's personnel file. (Reference LTC 42 CFR 483.74 (c))

LTC 301 – Abuse Prevention, Recognition and Reporting

3. **Prevention:**
   a. Residents, their family members and staff will have information provided to them on how and to whom they may report concerns, incidents and grievances without the fear of retribution, and provide feedback regarding the concerns that have been expressed. (Reference LTC 483.10 (f))
   b. Staff will be able to identify, correct and intervene in situations in which abuse, neglect and/or misappropriation of resident property is more likely to occur.
   c. Analyze the features of the physical environment that may make abuse and/or neglect more likely to occur, such as secluded areas of the facility.
   d. Adequate staffing on each shift to meet the needs of the residents and assure that the staff assigned has knowledge of the individual resident's care needs.
   e. Supervision of staff to identify inappropriate behaviors, such as using derogatory language, rough handling, ignoring residents while giving care, directing residents who need toileting assistance to urinate or defecate in their beds.
   f. Assessment, care planning and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of aggressive behaviors. (Reference LTC 483.13 (b) and 483.13 (c))

4. **Identification:** Staff will be able to identify events, such as suspicious bruising of residents, occurrences, patterns, and trends that may constitute abuse, and to determine the direction of the investigation. (Reference LTC 483.13 (c) (2))

5. **Investigation:** The Director of Nursing and/or Chief Executive Officer will investigate the different types of incidents and identify the staff member responsible for the initial reporting, investigation of all violations and reporting the results to the proper authorities. (Reference LTC 483.13 (c) (2), (3), (4)) Facility staff will cooperate fully with those assigned to investigate the suspected abuse and/or neglect.

6. **Protection:** The resident will be protected from harm during an abuse investigation. (Reference LTC 483.13 (c) (3)) All reports, reviews and investigations will be held in strictest confidence, per the CCMC confidentiality policy. The person reporting the suspected abuse and/or neglect will be protected from retaliatory action.

7. **Reporting:**
   a. External Reporting:
      1. In accordance with state law, all suspected cases of abuse and/or neglect will be reported as outlined below: (Reference LTC 42CFR 483.13(b)(c))

	Health Facilities Licensing & Certification (HFL&C)		**Division of Social Services**		**Administrator**	
	HOW	**TIME**	**HOW**	**TIME**	**HOW**	**TIME**
Initial reporting of incident	Fax/Phone	24 hours	Phone/written	24 hours	Written	Immediately
Results of Investigation	Written	5 days	N/A	N/A	Written	5 days

Health Facilities Licensing & Certification: Phone – 907-334-2483
Secure Fax - 907-334-2682
After Hours – 1-888-387-9387
Division of Senior Services: Phone – 1-800-478-9996

2. The report should include documentation of the date and time of the incident, resident(s)/staff involved description of the incident, observations and initial actions taken by the facility to protect/treat the resident involved and to protect other residents.

b. Internal Reporting

1. The individual reporting the suspected abuse and/or neglect informs the manager of that department.
2. The individual reporting the suspected abuse completes the facilities Incident Report Form.
3. The department manager informs the facility CEO, the Director of Nursing and Human Resources of the suspected abuse and/or neglect.
4. The department manager conducts an immediate investigation.
5. The department manager notifies the attending Medical Provider and the resident's guardian and/or family members.
6. The facility CEO and/or Director of Nursing submit a report to the appropriate state agencies according to the Alaska Statutes.
7. All reports, reviews and investigations are kept in the strictest confidence.
8. An individual who is mandated to report suspected abuse and/or neglect and who intentionally fails to report will be dealt with according to Alaska statutes and is liable for damage caused by the failure to report.
9. The CEO and/or Director of Nursing will analyze the occurrence to determine what changes are needed, if any, to policies and procedures to prevent further occurrences. All incidents require investigation, and many will require some type of intervention by the facility. Not all of these incidents, however, will meet the criteria for reporting. A few examples of these types of incidents are as follows:
   a. A resident ran into a wall hitting his forehead;
   b. A resident was walking with a candy bar, lost his balance, and sat on the floor. No injuries were noted and the resident stated that he was not hurt.
   c. A resident was found sitting on the floor beside the bed. The resident stated that she fell.
   d. A resident was picking at her lips and a small amount of blood was present on her lips and fingernails.
   e. A C.N.A. found a resident sitting beside the bed in her room. The resident states that she sat down on the floor.
   f. A resident slid out of his wheelchair. No injuries were noted.

8. **Disciplinary Action:** CCMC will follow the guidelines set up in the personnel handbook when there is reasonable cause to believe that a staff member has willfully engaged in abuse and/or neglect.

Reference:

- Cordova Community Medical Center Employee Handbook
- American Health Care Association, The Long Term Care Survey Manual, July 2003
- LTC Tag number F223, pp-47.2
- LTC Regulation 42 CFR 483.13 (c), pp-51
- LTC Regulation 483.13 (c) (1) (ii) (A) & (B). pp-51

LTC 301 – Abuse Prevention, Recognition and Reporting

- LTC Regulation 42CFR483.74 (c), pp-51
- LTC Regulation 483.13 (b) and (c), pp-52
- LTC Regulation 483.13 (c) (2), pp-52
- LTC Regulation 483.13 (c) (2), (3), (4), pp-52.1
- LTC Regulation 483.13 (b) (c), pp-52

Cross – Reference:

- LTC 306 Residents Rights
- HIM 109 Confidentially of Patient Information
- HIM 109A Confidentially of Patient Information
- HR
- FSD 103 Incident Reports

Attachment:

- LTC 301a Notice of Contact Numbers
- FSD 103c Facility Incident Report form

Revision History:

- 10/13/2016: Updated the contact telephone & fax numbers
- 10/27/2015: Updates
- 03/24/2005: Original policy

Department Manager Signature _____ **Date** _____
CEO Signature _____ **Date** _____

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

Cordova Community Medical Center
Budget Narrative
Fiscal Year 2017

The budget process this year has been challenging to say the least. Being really new to the organization and being a part time CFO has posed its issues as well. As part of this process I have tried to identify and correct accounting and reimbursement issues that will improve the financial reporting and reimbursement to the Hospital. This has required me to reassign expenses that have been recorded in the wrong department, wrong account or wrong time period. Hopefully taking the time to do this review will allow for more accurate financial reporting and increased reimbursement which all benefits the Hospital.

There were a couple of one time occurrences that impact the Hospital in the current fiscal year that will not occur in 2017. The largest being the receipt of the Meaningful Use monies from Medicare and the forgiveness of debt by Providence.

Fiscal 2017 will be the first full year the Hospital will have its own two full time employed physicians. This has a few impacts on the budget. The first being their practices are maturing. Utilization of the clinic and therefore Hospital services have increased from 2014 to 2015 to 2016. Even though Cordova has a confined population citizens are utilizing more services as the physicians become more known. The budget anticipates a 5% increase in utilization in 2017 over 2016. This is less that the increase from the previous 2 years. The one area that will vary from this is in Rehab due to the retirement of one of the physicians from the native clinic who has been an excellent referral source for Rehab. Another area of impact will be in the reduced need for locums physicians to cover the clinic and Hospital. Locums physicians will not go away as they will be necessary when our physicians take vacation or are away for continuing education but will usually only be needed for Emergency Room coverage. Another impact is the continuity of care that we can now provide to our patients by having permanent physicians and the working environment within the hospital as the nursing and ancillary staff can work with physicians who will be here.

As most are aware the hospital has had to use locums/travelers for many of its licensed and administrative staff. Another huge change that will impact the budget and the future operations of the Hospital that occurred in 2016 are the following: hired a permanent CEO/Nursing Home Administrator, hired a permanent CFO, hired a permanent DON, hired 3 permanent RNs, and hired a permanent lab technician. This will provide the first full permanent administrative team since early in 2014 or so it appears. This will provide consistency and continuity at the administrative level which is sorely needed here. This will reduce traveler costs and hopefully some apartment and utility costs as well while increasing salaries and benefits. There will be some savings but it will be marginal.

Revenue will be impacted by the anticipated increase in utilization of approximately 5% and an 8% overall increase in rates. I realize citizens probably think our charges are too high now however our cost based payors being Medicare and Medicaid as well as our financial auditors would like to see our total patient revenues exceed our total operating expenses. Is a good business practice as well.

Deductions are one of the big variables in the budget. If the Medicaid expansion works as it is intended there would be a reduction in Charity and Bad Debt. Unfortunately it is not working as well as intended. The other variable is in what Medicare and Medicaid will pay the Hospital. As this is being written there

is a Medicaid audit going on that will set the Medicaid rates for the next 4 years and a Medicare mid-year rate review which can impact current year and early next year Medicare payments. While there is a general idea of what those payments might be small differences in the payment rates can make large differences in the contractual allowance accounts especially in the outpatient areas and in Long Term Care. It would be great to finalize the audit and review before this budget is presented but would doubt that will occur. If the payment rates end up substantially different than anticipated it could have a large impact on the budget numbers.

Cost Recoveries will be less due to the one time receipts listed above. Grants should remain about the same. In-Kind Contributions should also remain close with USAC and PERS continuing their funding and the City continuing to cover the water/sewer bills. The unknown is if there will be any City in kind for any equipment needs or if there is a change in how the City wants to record financial support provided to the Hospital. Other Revenue will be considerably less due to the receipt of the meaningful use funds in 2016 and the Providence forgiveness of debt.

Expenses will vary department by department due to many of the changes identified above. Since the last actual wage increase was in 2012 there is a 3% wage increase built into the budget. Salaries have increased due to the hiring of permanent staff. Benefits are also increased due to more employed staff. Traveler's expenses have decreased for the same reason. Staffing patterns remain mostly consistent with some reduction in 2 departments. The rest of the expenses pretty much follow operations.

Department Managers were involved in the budget process and I would like to thank them for their involvement and help.

In its current configuration the Fiscal Year 2017 Budget is reflecting a $485,586 net Loss.

Given the above Budgeted loss, the cost of the Priority 1 Capital requests and a buffer for unanticipated cash needs the Hospital is requesting funding from the City in the amount of $75,000 per month.

Cordova Community Medical Center
2017 Budget

	2016 Budget	2016 Annualized	2017 Budget
Revenue			
Acute	-1,474,607	-1,403,386	-1,564,015
Long Term Care	-4,156,537	-4,096,798	-4,096,798
Clinic	-759,517	-966,104	-1,014,409
Outpatients - Other	-2,262,238	-2,874,286	-3,198,427
Behavioral Health	-579,053	-599,106	-676,990
Patient Services Total	-9,231,952	-9,939,680	-10,550,639
Deductions			
Charity	250,643	273,020	150,000
Contractual Adjustments	1,132,620	2,074,261	1,525,110
Bad Debt	222,907	354,847	312,500
Deductions Total	1,606,170	2,702,128	1,987,610
Cost Recoveries			
Grants	-489,695	-196,007	-487,671
In-Kind Contributions	-1,217,444	-1,086,524	-1,109,695
Other Revenue	-770,451	-151,148	-156,600
Cost Recoveries Total	-2,477,590	-1,433,679	-1,753,966
Net Revenue	-10,103,372	-8,671,231	-10,316,995
Expenses			
Wages	3,521,668	3,394,731	4,183,042
Taxes & Benefits	2,425,108	1,871,302	2,160,365
Professional Services	2,180,831	2,359,294	1,540,815
Minor Equipment	21,074	49,859	27,700
Supplies	431,230	440,353	415,884
Repairs & Maintenance	105,574	45,503	67,272
Rents & Leases	122,365	169,730	106,000
Utilities	564,282	1,327,339	1,349,354
Travel & Training	49,392	52,377	48,800
Insurances	206,649	121,443	187,808
Recruitment & Relocation	94,060	93,315	50,000
Depreciation	268,331	510,617	525,000
Other Expenses	112,808	181,128	140,540

Total Expenses	10,103,372	10,616,991	10,802,580
Net Loss	0	1,945,760	485,586

Cordova Community Medical Center
Budget Statistics
FY 2017

	2015	Annualized 2016	Budget 2017
Acute Days	77	204	220
Swing Bed	375	321	347
Observatic	732	1,449	1,550
LTC Days	3,646	3,626	3,626
Clinic Visits	2,182	2,396	2,516
ER Visits	715	747	784
Behavioral	943	993	1,043
PT Units	3,208	4,125	4,125
OT Units	988	954	954
Lab Proced	4,505	4,137	4,344
Xray/CT Ex	648	758	831
Out Patien	88	48	50
Total	18,107	19,758	20,390

Capital Equipment List 2017

Priority	
1	Really Need to purchase
2	If not 2017 then 2018 - will need to replace
3	May go for a few more years but eventually will need to replace
4	Would be nice to have

Priority	Department	Description	Cost	Justification
1	ED	ER Stretcher	$10,500	Replace older model that is not adjustable
1	Imaging	UPS backup for CT Scanner	$105,166	Protect CT scanner from power surges/outages.
1	Nursing	Mobile Computer Cart	$6,250	Nurses use in patient care
1	Dietary	Replace/Repair Walkin Freezer Door	$15,000	Insulation/seal broken, door rusting out, increased electricity usage, food preservation
1	Lab	Blood Bank Refrigerator with alarm	$16,000	replace old refrigerator with faulty alarm systyem
1	Nursing/ED	IV Pumps	$16,500	replace old pumps that have broken
		Total Priority 1	$169,416	
2	Plant Ops	Used 3/4 ton Truck - with plow	$20,000	Multiple uses including snow removal and morgue duties
2	Laundry	2 washers & 2 dryers	$51,000	old equipment / more energy efficient
		Total Priority 2	$71,000	
3	Dietary	freezer, refrigerator, condensers	$135,000	old equipment / more energy efficient
3	Plant Ops	Replace Generators	$150,000	Need both running to run hospital in outage with new can run one and one as backup
3	Plant Ops	Fire Sprinkler System Upgrade	$250,000	Replace the black iron piping currently in the sprinkler system
3	Plant Ops	Exterior Lighting Project	$25,000	Replace parking lot lighting
3	Plant Ops	Replace Underground Storage Tank	$150,000	Will eventually leak - replace prior to the leak occuring if possible
		Total Priority 3	$710,000	
4	Plant Ops	O2 generation station	$27,900	Reduce shipping costs of refilled tanks - possible additional revenue
		Total Priority 4	$27,900	