



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
ZOOM MEETING OR TELECONFERENCE
OCTOBER 29th 2020 at 6:00PM
REGULAR MEETING

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

Board of Directors

Greg Meyer exp. 3/22
Kelsey Hayden exp. 3/23
Linnea Ronnegard exp. 3/21
Gary Graham exp. 3/21
Craig Kuntz exp. 3/21

CEO

Hannah Sanders, M.D.

OPENING: Call to Order

Roll Call – Greg Meyer, Linnea Ronnegard, Gary Graham, Kelsey Hayden and Craig Kuntz.
Establishment of a Quorum

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

(Speaker must give name and agenda item to which they are addressing.)

1. Audience Comments (limited to 3 minutes per speaker).
2. Guest Speaker

D. APPROVAL OF MINUTES

1. August 27, 2020 Regular Meeting Minutes PGS 1-3
2. September 24, 2020 Regular Meeting Minutes PGS 4-6

E. BOARD DEVELOPMENT – Board role in Credentialing

PGS 7-8

F. REPORTS OF OFFICERS OR ADVISORS

1. Board Chair Report
2. CEO Report PGS 9-10
3. Medical Director Quarterly Report PG 11
4. CFO Report PGS 12-14
5. CNO Report
6. Ancillary Service Quarterly Report PG 15
7. Sound Alternatives Quarterly Report PGS 16-17

G. DISCUSSION ITEMS

1. Schedule a Worksession – Board involvement for development of Drug and Alcohol Rehab.

H. ACTION ITEMS

1. Delineation of Privileges for Daniel Davignon Jr., DO PG 18
2. Delineation of Privileges for William Patton Perry, MD PG 19
3. Approval of updated CCMC Med Staff Bylaws PG 20-51
4. Approval of Long Term Care Van purchase PG 52-54
5. Approval of Call System repair PG 55
6. Approval of updated HVAC repair PG 56

I. 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.

J. BOARD MEMBERS COMMENTS

K. EXECUTIVE SESSION - None

L. ADJOURNMENT

Due to COVID-19, we ask that you not come to CCMC to attend Board meetings in person.

This meeting will be via ZOOM: <https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09>

Meeting ID: 467 570 1050; Passcode: 379187

To call in: 1-253-215-8782

Meeting ID: 467 570 1050; Passcode: 379187

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

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

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
August 27, 2020 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Greg Meyer called the Board Meeting to order at 6:00pm.

Board members present: **Greg Meyer, Gary Graham, Craig Kuntz, and Kelsey Hayden.**

A quorum was established. 4 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Kelly Kedzierski, CNO; Eric Price, CFO; Tamara Russin, Director of Ancillary Services; Barb Jewell, Behavioral Health Program Manager, and Faith Wheeler-Jeppson, Executive Assistant to the CEO.

A. APPROVAL OF AGENDA

M/Kuntz S/Hayden "I move to approve the Agenda as amended."

To move the letter from Barb Jewell from C. #3 on the Agenda to G. #1 under Discussion Item.

Meyer - yea, Kuntz - yea, Graham - yea, Hayden - absent, Ronnegard – absent
4 yeas, 0 nay, 1 absent; Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Comments ~ None
2. Guest Speaker ~ None

D. APPROVAL OF MINUTES

1. 6-25-2020 Regular Meeting Minutes

M/Kuntz S/Hayden "I move to approve the June 25th, 2020 Regular Meeting Minutes as presented."

Meyer - yea, Kuntz - yea, Graham - yea, Hayden - absent, Ronnegard – absent
4 yeas, 0 nay, 1 absent; Motion passed.

2. 7-30-2020 Regular Meeting Minutes

M/Kuntz S/Hayden "I move to approve the July 30th, 2020 Regular Meeting Minutes."

Meyer - yea, Kuntz - yea, Graham - yea, Hayden - absent, Ronnegard – absent
4 yeas, 0 nay, 1 absent; Motion passed.

E. BOARD DEVELOPMENT ~ Meyer stated that after the audit, we would like to look at scheduling a work session meeting to discuss a drug and alcohol program at CCMC.

F. REPORTS OF OFFICERS and ADVISORS

1. **Board Chair report** – Greg stated that he doesn't have much to report, we should have the report from the Audit at the next meeting. If any board members want to see anything specific please get them to me and I'll pass it along to the auditors.

2. **CEO Report** – Dr. Sanders report is in the packet, a few items to mention are that we continue to work on the capital projects list that we brought to you in June. The leak in the basement is close to having that project completed, we currently have an RFP out for the Underground Storage Tank and at this point we have not had any bids come back. And, I continue to be impressed by the hard work and dedication by the team that we have at CCMC.

Gary Graham stated that he would like to come by and talk with Dr. Sanders about COVID when he gets back to town.

The board chair had a brief discussion with Dr. Sanders and Eric Price to clarify details in the RFP that was put out for the Underground Storage Tank.

3. **CFO Report** – Eric reported that we did move \$1,000,000 into a CD in August, so you'll see that reflected as a short term investment. **Revenues** are up a bit in the service area. The largest impact was some grants that Barb was able to get in. On the Income Statement you'll see a new line item called **Administrative Write-offs**, this is in response to some of the old accounts that are being carried forward that we had discussed. And on the **Expense** side we had about a \$250,000 difference between June and July in expenses some of that was COVID related, and a large portion of that was actually getting past-due accounts paid up. The biggest win I think is on the **Balance Sheet**, we went from approximately \$900,000 at the end of June, to just over \$400,000 at the end of July, and we are continuing to see a downward trend on our Accounts Payables. I believe that we are current with all of our vendors at this time.
4. **CNO Report** – Kelly stated that her reports are in the packet, we still have 10 Long Term Care residents, and currently zero Swing Beds occupied. We have 4 permanent Nursing Staff and 5 travelers. Greg Meyer asked Kelly what the difference was between Occupational and Physical Therapy. Kelly explained the difference between Physical Therapy and Occupational Therapy as, an occupational therapist treats injured, ill or disabled patients through the therapeutic use of everyday activities. They help these patients develop, recover, improve, as well as maintain the skills needed for daily living and working.

Chair Greg Meyer – wanted to give a special acknowledgement to Vivian for receiving the Front Line Staff Award.

G. DISCUSSION ITEMS

1. Letter from Barbara Jewell
Greg Meyer stated that he had done the work session meeting, and it was my intention was to have it on tribal health and have the discussion around the pros and cons of tribal health, and not specifically on NVE and CCMC's collaboration. I wanted to have an open forum and have people discuss and see what they knew about tribal health. I could then share what he has learned over the last year about it as well so we could expound on it. If we get closer to NVE or doing something like that, I wanted to have some discussion so we could all get educated, and informed, and then debate it and

figure out if that's where we want to go or no. I apologize for not having anything in writing or have it be formal, I wanted it to be informal.

Board Chair Meyer also wanted to clarify a comment that was made in response to Kelsey's question concerning what we can do as Board members. The letter stated my response as just being informed and aware. What I had said in the work session was not being passive about it and just being informed and aware. Be proactive, getting educated and learning as much as you can about healthcare, tribal health, NVE, City Council and talking with the public.

H. ACTION ITEMS

1. Delineation of Privileges for Hope Beatte, MD

M/Hayden S/Kuntz "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Hope Beatte, MD as presented."

Meyer - yea, Kuntz - yea, Graham - yea, Hayden - yea, Ronnegard - absent
4 yeas, 0 nay, 1 absent; Motion passed.

I. AUDIENCE PARTICIPATION

Barb Jewell 2.2 Mile Whitshed Road stated that she really appreciated you discussing my letter. The intent was to spark a discussion, and I am really grateful that you took that opportunity.

Tamara Russin commented that it is nice that we're able to look beyond ahead and beyond some of our intense covid preparation and work moments, so it's exciting to be at this place.

Kelly Kedzierski said that she appreciated everyone who took time out of their day to come to the meeting.

Eric Price wanted to clarify that the date on the RFP is the 4th of September and not the 31st of August as previously reported.

J. BOARD MEMBERS COMMENTS

Hayden ~ Congratulations to Vivian! I would love to see CCMC have some kind of Drug/Alcohol Program. Thank you everybody!

Graham ~ Asked about the current COVID case count.

Kuntz ~ Thank you, continued thanks everyone. Congratulations Vivian!

Meyer ~ I appreciate all of the staff. Congratulations to Vivian for her hard work.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

M/Hayden S/Kuntz "I move to adjourn"

Greg Meyer declared the meeting adjourned at 7:06pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
September 24, 2020 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Greg Meyer called the Board Meeting to order at 6:01pm.

Board members present: **Greg Meyer, Gary Graham, and Linnea Ronnegard.**

A quorum was established. 3 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Kelly Kedzierski, CNO; Eric Price, CFO; Tamara Russin, Director of Ancillary Services; Barb Jewell, Behavioral Health Program Manager, and Faith Wheeler-Jeppson, Executive Assistant to the CEO.

A. APPROVAL OF AGENDA

M/Ronnegard S/Graham “I move to approve the Agenda as amended.”

Meyer - yea, Graham - yea, Ronnegard – yea, Hayden - absent, Kuntz – absent.
3 yeas, 0 nay, 2 absent; Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Comments ~ None

2. Guest Speaker ~ Audit Findings presented by Shaun Johnson of Dingus, Zarecor & Associates PLLC.

Shaun Johnson presented the audit findings and this is a summary of that report. Balance Sheet is where we report your assets, liabilities and net position, also deferred inflows and outflows. Assets are what you own, liabilities are what you owe and net position is what's left over, that's the simplest way to break it down. The assets are split into two categories, current and non-current. Current means that it's more liquid in nature, like cash or collectible accounts receivable or closer to turning into cash. Non-current would be capital assets that you would not expect to convert to cash in the next year. On the current assets is the operating cash, the patient account receivable and that is a net number. Capital Assets, only about \$40,000 was added in capital assets, but there was a depreciation expense on the asset base which applied at a higher rate that's why it decreased. Deferred outflows of resources the good will is related to the purchase of the Cordova Drug Company, which is being amortized down over 10 years. The pension plan and the other post-employment benefits, these will show the hospitals proportionate share of the plans. Accounts Payables represented 67 days of operating expenses in 2019, and 74 days in 2018 so it did decrease a little. The Accrued Payroll is what you owed your employees for payroll that they had earned but not yet been paid. Health Insurance Liability there was a little bit of money that was owed to PERS for contribution towards the end of the year. The Operating Revenue, the biggest component of that is the Patient Service Revenue which did go up about \$400,000 from 2018 to 2019. The Inpatient volumes were a little lower in 2019 but your Outpatient volumes were quite a bit higher which caused a net increase. Under Operating Expenses – Salaries, Wages and Benefits being the biggest component, your Salaries represented 53 full time employees, compared to 51

in 2018. You did have a bit of a shift from Salaried Employees to Contract Employees as well. The increase in Employee Benefits was related to Health Insurance, from 33% to 38%. The COVID-19 pandemic after the year end had created economic uncertainties which may negatively impact the hospital's financial situation. Beginning March of 2020, the hospital began experiencing significant declines in revenues due to the State of Alaska temporarily suspending elective procedures and other preventative medicine visits. In addition, the hospital experienced declines in volumes of outpatient and ancillary services, such as radiology, laboratory, and emergency department. The ultimate effect on the hospital due to the COVID-19 pandemic is unknown at this time.

D. APPROVAL OF MINUTES ~ None

E. BOARD DEVELOPMENT ~ None

F. REPORTS OF OFFICERS and ADVISORS

- 1. Board Chair report** – Greg stated that everyone had been very busy, so he doesn't have much.
- 2. CEO Report** – Dr. Sanders report is in the packet, a few additional items to highlight is that we have been updating a lot of those COVID expenditures that were approved. We have not yet ordered a call system, the cost for that system is more than what was approved. And it will require a complete rewire, so that along with trying to figure out how to permanently separate the Long Term Care from the rest of the hospital is a little bigger of a project. The HVAC system evaluation has been done, that's going to be a really big project, somewhere around \$1,000,000. We recognize the importance of updating our HVAC system to protecting the Long Term Care in the event of COVID or another respiratory illness or pandemic.
- 3. CFO Report** – Eric reported that once we completed the audit we discovered a few of those control issues that Shaun had talked about. Notably we had spent a lot of time on how we calculate our Allowance calculation. For this month when we get paid from Medicaid, Medicare, or Commercial payers we only booked what had actually had been taken. We did not do estimates for all of the other collectibles because we believe the account overall has been overstated. We may be engaging with DZA to reconcile that before the end of December. The other thing is we have received a new grant this month, a substance abuse grant. In August we didn't have any Swing Beds, which was a bit of an anomaly. Also in August our Repairs, Maintenance, Supplies and Minor Equipment was high. That was a reflection of those items that we had ordered in May, June, and July being received and making payment on those. One thing I do want to point out on the Balance Sheet for our Accounts Payable, this is the first time according to Ria that we've been below \$500,000 in any month of having accounts payable due. The majority of my work has been simply getting the Cash flow working as it normally should with a routine cycle so we can really start seeing what our future impact is.
- 4. CNO Report** – Kelly couldn't make it tonight, but her reports are in the packet, but she had said from an infection control standpoint she wanted everyone to read what she had put in the packet and make sure you get your Flu shots.

G. DISCUSSION ITEMS

1. Schedule a work session for board involvement for a Drug and Alcohol Rehab.

Dr. Sanders stated that sometime over the next month or two having a work session and trying to explore how our Board Members can be involved and help us grow that program would be something that we'd like to do. We don't want to let this fall by the wayside. An email will be sent out to the Board to see what date the Board would be available work for a work session.

2. Holiday Meeting Schedule

Dr. Sanders wanted to make sure the Board understood that we will be a month behind on the financials. Eric has been working hard to get those out as the meetings are currently scheduled. And if we move those dates up, it will make those timelines where it would be a month behind and then in January we would catch up.

Board Members attending the meeting discussed alternate dates for the upcoming Board Meetings through the holidays, and agreed to hold the November meeting on November 30th, and the December meeting on December 17th.

H. ACTION ITEMS

1. Delineation of Privileges for Yaima Alonso-Jeckell, MD

M/Ronnegard S/Graham "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Yaima Alonso-Jeckell, MD as presented."

Meyer - yea, Graham - yea, Ronnegard - yea, Kuntz - absent, Hayden – absent.

3 yeas, 0 nay, 2 absent; Motion passed.

I. AUDIENCE PARTICIPATION

J. BOARD MEMBERS COMMENTS

Ronnegard ~ I am curious if there is any update on the NVE negotiation? Secondly, the APEI letter that was sent to us, it mentioned a 2% discount on our premium if the Board attended a training. Does anyone have any additional information on this? (the email will be resent)

Graham ~ I wanted to talk with someone or get some feedback as to when the pandemic madness may stop.

Meyer ~ Greg responded to Linnea's question in regards to NVE and he said that they are supposed to have a meeting this week, and things are moving slowly, there's really nothing new. Thank you everyone for all of your hard work.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

M/Ronnegard S/Graham "I move to adjourn"

Greg Meyer declared the meeting adjourned at 7:32pm.

Prepared by: Faith Wheeler-Jeppson

The Board's Role in Credentialing Physicians

Physicians may be employed by the hospital or they may be independent contractors. Whether they are employed or independent practitioners, all physicians and other clinicians who deliver medical services to patients must be appointed to the medical staff before they are granted privileges to practice in the hospital. These activities are referred to as the “credentialing process.”

Credentialing of physicians and other clinicians is a process for which the board will have final authority. Depending on state law, this authority may be with the medical staff organization. Although state law will vary, both the medical staff organization and the board participate in the process of appointing physicians to the medical staff of the hospital, determining their privileges, and revoking, suspending and refusing the reappointment of physicians.

The duties and responsibilities of the board are detailed in the by-laws of the hospital and state corporate and licensing laws.

The Credentialing Process

The hospital, through its board, in collaboration with its medical staff, must exercise due care in the appointment and credentialing process. There must be an effective method of peer review, both initially and on an on-going basis. The failure to properly evaluate applicants exposes patients to harm and may result in hospital liability.

Applications for medical staff membership and privileges are subject to state law, Conditions of Participation in the Medicare Program, accreditation standards, medical staff by-laws and the corporate by-laws of the hospital, each of which articulates the due process to which the applicant is entitled.

Medical Staff By-Laws

In addition to the corporate by-laws of each hospital, each hospital must have an organized medical staff.

The medical staff will have its own by-laws, which will coordinate with the corporate by-laws. Depending on state law, approval of medical staff by-laws and amendments thereto is reserved to the hospital board (some state laws mandate a complex relationship between the board and the medical staff which should be carefully reviewed by legal counsel for compliance). While the details of medical staff by-laws are beyond the scope of this document, in general terms, the medical staff by-laws will cover such things as:

- The qualifications for appointment to the professional staff (the medical, dental, advance practice nursing, midwifery and other allied professionals) of the hospital—for example, license to practice and specialty certifications.
- The categories (e.g., active, associate, courtesy staff, etc.) and departments (e.g., surgery, emergency, pediatrics, etc.) of the hospital staff and the privileges and duties that attach to each category or department—for example, active staff members typically have the privilege of admitting patients to the hospital, whereas other categories may not have admitting privileges. Also, professional staff in certain categories or departments may have on-call responsibilities whereas others do not.
- The process for initial applications, annual or bi-annual reappointments, privileges and changes in privileges, and the process for summary suspension or termination.

Coordination between the hospital board and the medical staff will be required in the appointment of health care professionals to the medical staff and the awarding of privileges to members of the medical staff.

Generally, a committee of the medical staff reviews the credentials of the applicant and makes a written recommendation to the board. The medical staff must give the applicant written notice of its recommendation, particularly if there is an adverse recommendation. The applicant is entitled to written reasons for the adverse recommendation and to request a hearing before a committee of the medical staff, if the by-laws so provide, or directly before the board. The board makes final decisions regarding medical staff membership and/or privileges.

Each appointment to the medical staff is for a fixed number of years, usually one or two. Physicians must therefore apply for renewal of privileges, following the same process.

The board may also summarily revoke or suspend a physician's privileges where it considers it necessary to protect the safety of patients. Any physician under summary suspension or termination is entitled to due process with ultimate review by the board.

Frequently Asked Questions

1. *How much information does the board usually receive about the physicians that it appoints?*

Typically, the board will receive a written recommendation from the medical staff. The recommendation will not contain significant detail about individual physicians and the board should not need to review all of the information upon which the medical staff makes its recommendation, provided the board is satisfied that the medical staff followed a fair and thorough process as set forth in the medical staff by-laws. Board questions to the medical staff should generally focus on process, rather than a substantive review of the application or the underlying facts of an adverse action.

2. *Are dentists, midwives and other health professionals entitled to the same procedural protection as physicians under the by-laws?*

The provisions of many by-laws may not apply equally to physicians and other health professionals. How and to what extent physicians are treated differently will be dictated by differences in state law. In any particular case, where there is a question about what particular procedural protection should be afforded to an individual applicant or group of applicants, the board should consult its own legal counsel.

3. *Should the appointment of physicians and other professional staff members be dealt with in an in-camera session of the board?*

Yes, as these decisions deal with personal matters relating to professional staff members, it is more appropriate to hold the meeting *in-camera*.

4. *Can the board appoint physicians for more than one year?*

Yes, if allowed by state law.

5. *Do all reappointments need to come up at the same time?*

In most hospitals, for administrative convenience, all reappointments or reappointments for particular departments are considered together, but they do not have to be. Each hospital can decide on the process that works best for it.

6. *Can anyone other than the board appoint a physician?*

Most hospital by-laws allow some officer of the hospital (e.g., the CEO) to temporarily appoint a physician to fill an immediate need, but this usually requires board confirmation at its next meeting.

7. *What if the board is considering not implementing the recommendation of the medical staff?*

If the board receives a recommendation from the medical staff that for some reason it is considering not implementing, it is recommended that the board receive specific legal advice before making its decision. The issue should be deferred to the next board meeting and legal counsel consulted by the board chair in the interim.

CEO Report Board Meeting October 2020

As we continue to adapt at lightning speed, our facility continues to grow and improve. This period has brought 10 years of decision and change into effect over several months. I am very proud of the team in Cordova.

Services:

LTC: Our LTC remains at capacity. We have completed our temporary wall project (see pictures). Residents and staff are feeling much better regarding the work arrangement. We have hired a new LTC DON, Heather Whorton. She will start in December.

ER/ Hospital: We continue to evaluate service lines and increased offerings. We have improved our infusion room and can provide non-chemotherapy infusions. We continue to recruit for an occupational therapist in an effort to increase our capacity for skilled nursing and rehabilitation services in our community.

Physical Therapy: With the covid pandemic there have been increased limitations to providing group services and to availability of the local gym for patients needing to continue therapy at home. We are working to expand the physical therapy area and equipment to provide a Covid safe therapy environment.

Clinic: Visit volumes are returning to baseline for this time of year. We will continue to offer both in clinic and tele-visits for new and established patients. We are encouraging patients to come in for covered wellness exams if they have not done so in the last year.

Sound Alternatives: We are monitoring changes to the Medicaid 1115 behavioral health waiver that the state is implementing. We are working to understand how this impacts our behavioral health medicaid services and billing for those services. The state's intent is to create a data-driven, integrated behavioral health system of care for Alaskans experiencing serious mental illness, severe emotional disturbance, substance use disorder (SUD), co-occurring substance use and mental illness, and at-risk families and children.

Quality:

CCMC has continuous quality improvement per our quality plan. Process improvement projects continue in each department. We have also had significant equipment and facility improvements over the last 6 months in an effort to improve our ability to respond to Covid19. Our massive response to this was identified by ASHNA and resulted in 3 awards for our facility. A patient safety award for our long term care, and quality award for Vivian Knopp and her leadership of our outstanding emergency response and a Physician Leadership Recognition for myself. I am very proud of the continued quality improvement that CCMC has achieved this year.

CCMC Covid Response Update:

- Telephone System: completed
- Mobile Computer

- Central Monitoring System: We received a grant from the Alaska Community Foundation for \$100,000 toward replacing our monitoring system. The Total Cost of the system is \$178,179. The board approved CCMC to spend \$136,000 on this item. Net cost to our facility will be \$78,179 with a project completion estimate by November.
- Nurse Call System: Pending
- HVAC system - Pending
- Wheelchair van: Pending

Facility Capital Maintenance Projects:

- Leak Repair in exterior walls - project is in process.
- UST - quotes pending, at this point we have invited three companies, only one company has come to complete a quote.

Medical Director Report 10/21/2020

This year has required extensive and diligent pandemic response planning. The hospital has gone from having the capacity to manage a small handful of respiratory patients at once, to being ready to manage all aspects of a potential pandemic outbreak in Cordova.

Very Brief overview of our Covid-19 Response

Testing – We continue to lobby for state testing support and adequate supply and continue to rely on state support as we are unable to get commercially available testing supplies due to supply chain limitations. To date Cordova Medical Response has conducted over five thousand tests in response to this emergency.

We continue to operate with a lean staff but have managed staff shortages with quarantine and isolation of staff.

Temporary Physical walls completed to separate LTC from hospital.

Respiratory support supplies including ventilators, high flow nasal cannula, increased oxygen.

Phone and Computer upgrade that enable remote work for non clinical staff.

Grant and Covid19 funding opportunities closely monitored and successfully applied for

Volumes

Continue to trend lower than previous years, likely due to fewer respiratory illness from social distancing and mask wearing. Additionally as more people are home we see fewer emergencies. We continue to encourage visits as we have many safety measures in place.

Medical Staff:

Over the previous quarter the medical staff has reviewed and recommended changes to the bylaws. The medical staff voted to approve the updated bylaws 10/14/2020. Previous bylaws were published with a significant number of typos and grammatical errors. These have been removed from the document. The only other change to the bylaws include changing the term for provider credentials from 2 to 3 years. This change is in accordance with the National Committee for Quality Assurance Standards and Guidelines, and will help alleviate provider and staff paperwork burden.

**CORDOVA COMMUNITY MEDICAL CENTER
INCOME STATEMENT - PRELIMINARY
COMPARISON TO BUDGET
FOR THE MONTH OF SEPTEMBER AND YTD, 2020**

CURRENT MONTH				YTD		
ACTUAL	BUDGET	VARIANCE Over / (Under)		ACTUAL	BUDGET	VARIANCE Over / (Under)
			SERVICE REVENUE			
\$ 53,975	\$ 48,784	\$ 5,192	Inpatients	\$ 342,761	\$ 445,559	\$ (102,798)
36,324	130,435	(94,112)	Swing Bed	995,917	1,191,310	(195,393)
382,575	380,143	2,432	Long Term Care	3,500,881	3,471,970	28,912
64,603	58,133	6,471	Clinic	461,174	530,944	(69,770)
382,306	415,213	(32,908)	Outpatients	2,772,502	3,333,165	(560,663)
28,147	21,743	6,404	Behavioral Health	276,386	198,584	77,802
100,983	119,351	(18,369)	Retail Pharmacy	902,469	1,002,452	(99,983)
1,048,913	1,173,802	(124,889)	Total Service Revenue	9,252,091	10,173,986	(921,894)
			OTHER REVENUE			
227	2,089	(1,862)	Grants	771,591	366,171	405,420
19,766	17,100	2,666	In-kind Contributions - City/T1	124,363	154,231	(29,869)
14,810	7,135	7,674	Other Revenue	94,450	65,169	29,281
34,803	26,325	8,479	Total Other Revenue	990,404	585,571	404,833
			DEDUCTIONS FROM REVENUE			
214,088	216,056	(1,968)	Contractual Adjustments	1,651,876	1,909,204	(257,328)
6,046	11,382	(5,336)	Charity	28,535	95,168	(66,633)
8,055	460	7,595	Administrative Adjustments	59,214	3,846	55,368
75,000	75,255	(255)	Bad Debt	771,971	629,201	142,769
303,189	303,153	35	Total Deductions	2,511,596	2,637,420	(125,824)
\$ 780,528	\$ 896,973	\$ (116,446)	Total Net Revenue	\$ 7,730,900	\$ 8,122,137	\$ (391,237)
			EXPENSES			
\$ 321,272	\$ 323,632	\$ (2,360)	Wages	\$ 3,070,677	\$ 2,945,263	\$ 125,413
213,513	193,226	20,287	Employee benefits	1,797,109	1,764,055	33,054
248,645	204,427	44,217	Professional Fees	2,135,945	1,896,993	238,952
94,270	129,482	(35,212)	Supplies	943,647	1,110,119	(166,471)
19,085	1,679	17,406	Minor Equipment	60,078	15,338	44,740
30,147	10,490	19,657	Repairs and Maintenance	201,808	95,805	106,003
15,653	8,239	7,414	Rents and Leases	83,278	74,148	9,129
50,479	52,398	(1,919)	Utilities	389,120	476,829	(87,708)
2,650	8,822	(6,172)	Travel and Training	41,630	80,573	(38,943)
14,951	13,508	1,443	Insurance	122,646	121,580	1,066
9,175	1,456	7,719	Recruiting and Relocation	23,728	13,297	10,431
47,764	54,364	(6,600)	Depreciation and Amortization	569,782	489,276	80,506
82,954	18,605	64,349	Other Expenses	263,158	173,236	89,921
\$ 1,150,558	\$ 1,020,328	\$ 130,230	Total Expenses	\$ 9,702,607	\$ 9,256,513	\$ 446,094
\$ (370,030)	\$ (123,355)	\$ (246,675)	Net Income	\$ (1,971,707)	\$ (1,134,376)	\$ (837,331)

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET - UNAUDITED
AS OF SEPTEMBER 30, 2020

	<u>CURRENT MONTH</u>	<u>AUG 31, 2020</u>	<u>DEC 31, 2019</u>
ASSETS			
CURRENT ASSETS			
Cash	\$ 3,084,418	\$ 3,659,073	\$ 161,684
Net Patient Receivables	648,088	574,305	1,890,942
Other Receivables	462	-	21,527
Allowance accounts	233,833	233,526	(100,604)
Prepaid Expenses	94,614	97,900	48,262
Inventory	476,165	462,642	340,183
Total Current Assets	<u>4,537,579</u>	<u>5,027,448</u>	<u>2,361,994</u>
PROPERTY PLANT & EQUIPMENT			
Land	122,010	122,010	122,009
Buildings	7,664,341	7,664,341	7,664,341
Equipment	8,396,830	8,269,307	8,033,683
Construction in Progress	-	-	-
Total PP&E	<u>16,183,181</u>	<u>16,055,659</u>	<u>15,820,033</u>
Less Accumulated Depreciation	<u>(12,744,027)</u>	<u>(12,697,513)</u>	<u>(12,185,495)</u>
Net Property Plant & Equipment	<u>3,439,153</u>	<u>3,358,145</u>	<u>3,634,538</u>
OTHER ASSETS			
Goodwill - Pharmacy	150,000	150,000	150,000
Goodwill - Amortization	(41,250)	(40,000)	(30,000)
PERS Deferred Outflow	1,233,359	1,233,359	1,233,359
Total Other Assets	<u>1,342,109</u>	<u>1,343,359</u>	<u>1,353,359</u>
			-
Total Assets	<u>\$ 9,318,842</u>	<u>\$ 9,728,952</u>	<u>\$ 7,349,891</u>
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
Accounts Payable	\$ 447,979	\$ 379,932	\$ 1,253,053
Payroll & Related Liabilities	543,549	641,067	696,387
PPP Loan	1,113,148	1,113,148	-
Unearned Revenue	3,621,785	3,621,785	-
Interest and Other Payables	(13,134)	(13,145)	(9,598)
City Short Term Debt	5,466,459	5,466,459	5,216,459
Other Current Liabilities	347,006	356,895	425,245
Total Current Assets	<u>11,526,792</u>	<u>11,566,141</u>	<u>7,581,546</u>
LONG TERM LIABILITIES			
Net PERS Liability	5,175,441	5,175,441	5,175,441
PERS Deferred Inflow	1,696,443	1,696,443	1,696,443
Total LTD	<u>6,871,884</u>	<u>6,871,884</u>	<u>6,871,884</u>
FUND BALANCE			
Unrestricted Fund Balance	(5,038,241)	(5,038,241)	(5,038,241)
Tempory Restricted Fund Balance	18,514	18,514	18,514
Net Income - Current Year	<u>(4,060,107)</u>	<u>(3,689,345)</u>	<u>(2,083,812)</u>
Total Fund Balance	<u>(9,079,835)</u>	<u>(8,709,073)</u>	<u>(7,103,539)</u>
			-
Total Liabilities and Fund Balance	<u>\$ 9,318,842</u>	<u>\$ 9,728,952</u>	<u>\$ 7,349,891</u>

**CORDOVA COMMUNITY MEDICAL CENTER
STATEMENT OF CASH FLOWS
FOR THE MONTH OF SEPTEMBER 2020, AND YTD**

	<u>Current Mo.</u>	<u>YTD</u>
<i>Cash Flows From Operating Activities:</i>		
Net Income (Loss)	\$ (370,030)	\$ (1,971,707)
Adjustments to Reconcile Net Income to Net Cash:		
Depreciation and Amortization	47,764	569,782
Changes In:		
Net Patient Receivables	(73,783)	1,242,854
Grant Receivables	(462)	21,065
Clearing Accounts	(306)	(334,437)
Inventories	(13,522)	(135,982)
Prepaid Expenses	3,287	(46,352)
Accounts Payable	67,120	(805,074)
Payroll & Related Liabilities	(97,518)	(152,838)
PERS Payable	-	-
Cost Report Payable	-	-
Interest and Other Payables	11	(3,536)
Other Current Liabilities	(9,694)	(82,827)
Net Cash Provided (Used) By Operating Activities	<u>(447,133)</u>	<u>(1,699,051)</u>
<i>Cash Flows From Financing Activities:</i>		
New PPP loan	-	1,154,520
Unearned Revenue	-	3,621,785
Payments (convert to revenue) on PPP loan		(41,372)
City Short-Term Debt	-	250,000
Net Cash Provided (Used) By Financing Activities	<u>-</u>	<u>4,984,933</u>
<i>Cash Flows From Investing Activities:</i>		
Purchases of Property, Plant & Equipment	(127,522)	(363,148)
Net Cash Provided (Used) By Investing Activities	<u>(127,522)</u>	<u>(363,148)</u>
Net Increase (Decrease) in Cash	(574,656)	2,922,735
Cash at Beginning of Period	<u>3,659,073</u>	<u>161,684</u>
Cash at End of Period	<u>\$ 3,084,418</u>	<u>\$ 3,084,419</u>

Clinic

Clinic visits continue to be down compared to previous years, fluctuating with need and active covid cases in the community. Patients have resumed scheduling regular visits as needed for chronic conditions and preventative maintenance. CCMC has provided several flu clinics the past few weeks and will continue to provide them as demand dictates. Keeping everyone up-to-date on immunizations, particularly children and the elderly, remains a priority and one way of helping patients be proactive throughout the pandemic.

Dr. Paul Gloe began seeing patients in September and we are happy to welcome him and his family to Cordova! Dr. Gloe and Dr. Woelk see Clinic patients on the days they cover the ED with Laura Henneker remaining full time in the Clinic. The three providers can offer a wide range of services and provide consistent care for the community in a way that hasn't been possible in a couple of years. It's a great time to establish with a primary care provider at CCMC.

Other services such as audiology and CPAP set ups have resumed as well. Dr. Owen resumed regular audiology clinics in September and will be in Cordova every month for the rest of the year. She sees LTC patients as needed as well as community members. CPAP set up is being done via video platform. This service makes it more convenient for patients (set up when they need it) and cost effective (no travel costs for technician) and will likely continue throughout the pandemic and beyond.

Dr. Gifford, the pediatrician, has resumed in-person quarterly visits. He was most recently in clinic October 16 and will be back in January.

Lab/Radiology/PT

Radiology services have fully transitioned to digital platform and the radiology group Alaska Imaging. The local radiology technician, Jeff Bailey, has returned following the fishing season and will help provide coverage throughout the fall and winter.

Covid testing remains a large part of lab work at CCMC. AMHS testing will continue as long as the ferry services Prince William Sound, but other large scale testing such as for the canneries is complete. Walk through testing remains available and replaced airport testing as of September 21. Walk through testing is Tuesdays, Wednesdays, and Thursdays, 9:00 – 9:30 with Ilanka providing testing Mondays, Fridays, and Saturdays. Testing is done in the lab or sent out, depending on reason for testing and availability of testing supplies as well as new testing restrictions on rapid testing samples.

Physical Therapy is picking back up in numbers and providing in-person appointments with all patients. Angela is exploring several avenues for expanding services as well as working on improvements in equipment and space for physical distancing while providing therapy supervision.

October Board Report (7/1/2020-9/30/2020)

Sound Alternatives Behavioral Health and Developmental Disabilities Services

Barb Jewell-Director of Community Services

Behavioral Health

We served 39 individual clients during this time, a decrease of 30% from the previous quarter. Referrals have started to increase just recently. We have also seen an increase in acuity in the individuals seeking services and or being referred. The number of services decreased 18% for the quarter. The decreases can be primarily attributed to the loss of a full time clinician. We did bring on a temporary clinician, Leah Bradley, MSW, who will stay with us through mid-December but a significant number of clients have told us that they are not willing to see someone who is here only temporarily. We have continued to provide services primarily through telehealth but have been able to provide in person services to the clients who need this with use of mitigation strategies. Clients who did not have access to devices or private space for telehealth continue to be screened for symptoms and travel, and then allowed to use Sound Alternatives equipment for video visits with their clinician. During this quarter we had 3 requests for emergency services which is consistent with our five year average.

In line with community needs assessments and CCMC priorities, the behavioral health team has been working on increasing services related to addiction. Our goal is to complement other services already offered in the community. Ruby Vincent, LCSW, will begin facilitating a support group for families and friend of those experiencing addiction at the end of October. This group will be open to the community. Starting the first week of November, Leah Bradley, MSW and Liz King will offer an 8 week Women's Wellness group to enrolled clients focused on recovery and healthy living.

Following guidance from CMS, the State of Alaska and the Division of Behavioral Health have substantially rewritten regulations governing the provision of behavioral health services. Discussions have been ongoing for the last two years but the regulations have all just finally been implemented and the related manuals finalized. These changes will significantly change some of the ways we deliver services, and offer some opportunities for expansion. There is also the potential for Medicaid reimbursements to significantly decrease.

Developmental Disabilities:

We still have 4 participants. Lifeskill classes are on hold due to participant schedules but we continue to provide individual services. We hired two new Direct Service providers and anticipate that will begin providing services shortly.

Community Programs

This was the first quarter for our new Community Initiative Matching grant; the Cordova Safe Housing project (C-SHP). In collaboration with CFRC we provided short term shelter and case management services to 8 homeless individuals or households during the quarter. This level of service was higher than anticipated. While we were successful in providing short term shelter and linking individuals to resources, we have not been as successful in assisting participants in obtaining permanent housing which is the ultimate goal. A lack of affordable housing and stringent housing guidelines have been barriers.

Due to Covid, we were unable to complete some grant activities aimed at preventing child abuse and promoting resiliency through a grant from Alaska Children's Trust earlier in the year. The Trust allowed

us to roll the funds over to this year and NVE added funds. We will be hosting a second Annual Child & Family Wellness Fair at the request of the community. Planning is almost complete for a week of activities aimed at promoting child and family well-being.



Memorandum

To: CCMC Authority Board of Directors

From: Hannah Sanders, MD CCMC CEO

Subject: Approval of Delineation of Privileges for Daniel Davignon Jr., DO

Date: 10/22/2020

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for David Davignon Jr., DO as presented.”



Memorandum

To: CCMC Authority Board of Directors

From: Hannah Sanders, MD CCMC CEO

Subject: Approval of Delineation of Privileges for William Patton Perry, MD

Date: 10/22/2020

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for William Patton Perry, MD as presented.”



Memorandum

To: CCMC Authority Board of Directors
From: Hannah Sanders, MD CCMC CEO
Subject: Approval of updated Med Staff Bylaws
Date: 10/22/2020

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the updated Med Staff Bylaws as presented.”

Cordova Community Medical Center Medical Staff Bylaws

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 at 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 (1st) day of January and ends on the thirty-first (31st) 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 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:

- Their specific relevant experience, background, training, and demonstrated current competence, with training being verified with the primary source;
- Adherence to the ethics of their profession;
- Good character and professionalism;
- Their ability to work harmoniously with others;
- 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.
- Professional liability claim history;
- 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;
- That they carry professional liability insurance carrier qualified to do business in the State of Alaska; current valid licensure and outcome of any (1) state licensing or regulatory disciplinary complaints or proceedings, or (2) 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 three (3) years or until the end of the Medical Staff three (3) year period. Before the end of the Medical Staff three (3) year period, the Medical Director shall submit to the Governing

Cordova Community Medical Center Medical Staff Bylaws

Body, through Medical Staff Services Committee, the recommendation for reappointment of a member to the Medical Staff for an additional three-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 exemption of the applicant's physical or psychiatric status.

Cordova Community Medical Center Medical Staff Bylaws

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 Governing Body shall make a final decision therein. In the event the Governing Body's decision is contrary to the recommendations of the Medical Staff, the Governing Body 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 three 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

Cordova Community Medical Center Medical Staff Bylaws

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 be 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 (2) 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.

Cordova Community Medical Center

Medical Staff Bylaws

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 three years.

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

- 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;

Professional review actions based on:

- Any professional competence or professional conduct that adversely affects the privileges of a provider or dentist for a period longer than 30 days; and
- 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
- 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 at 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 policy 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 attend 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.

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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 real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and patient. Telemedicine includes ICU, 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 1) 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.

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 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 judgment.
- (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 privileges according to accreditation body standards, the HCPC, 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 successor is elected. Election shall be by open voting of active staff members.

1. 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.

2. 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 - 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 - 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

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, 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 because 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 3 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) (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 with compliance activities.

ARTICLE VIII FAIR HEARING PLAN

SECTION 1. DEFINITIONS:

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

- (a) 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 Governing Body.
- (b) Hearing Committee means the committee appointed under this plan to hear a request for an evidentiary hearing properly filed and pursued by a practitioner.
- (c) 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.
- (d) Practitioner means the applicant or Staff member against whom an adverse action has been recommended or taken.
- (e) Special Notice means written notification sent by certified or registered mail, return receipt request, or by personal delivery.
- (f) 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 adverse 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 written 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 Staffs 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 Staffs 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 Section 2.4, 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, 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; provided suspension then in effect must be held as soon as

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the arrangements may reasonably 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.

(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 examine a witness.

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(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 witnesses
- (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 reporter or an electronic recording unit if the practitioner does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination.

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 a 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.

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i) 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 the 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 informed 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 connection with credentials matters. If any official notice of something after submission of the matter for decision is taken, the practitioner has one (1) week to refute the matter of the official notice.

j) 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 challenging 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.

k) 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 done by the requesting party.

l) 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.

m) 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.

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n) 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 reverses 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 be from 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 written request for an appellate review before the Board. The request must be delivered to the administration 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.

Cordova Community Medical Center

Medical Staff Bylaws

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 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.

Cordova Community Medical Center

Medical Staff Bylaws

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.

Cordova Community Medical Center

Medical Staff Bylaws

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.

Cordova Community Medical Center Medical Staff Bylaws

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

Board Chairman

Date

Provider Signature of Acceptance

Date

Printed Provider Name



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

Purchase Approval Request Letter

October 22, 2020

Greg Meyer,
Chair, Hospital Authority Board
Cordova Community Medical Center
Cordova, AK 99574

Dear Mr. Meyer and members of the Hospital Authority Board:

Pursuant with CCMC policy requiring board approval for all purchases greater than \$25,000, I am writing to request approval. The decision to purchase this equipment was based on the need to provide emergency pandemic response to protect the community.

Item Name: **Wheel Chair Van**

Cost: \$ 69,661

Estimated Useful life (in years):

Description/Purpose:

CCMC currently has one wheelchair accessible van that is utilized for multiple purposes. Prior to Covid-19 CCMC provided transportation to seniors and individuals living with a disability, home delivered meals to homebound seniors and provided dine in meals to seniors able to come to the facility. Since the emergency pandemic, CCMC has moved to home delivery of meals for all eligible seniors as a safety precaution for our elders, our community and our facility. This was done utilizing a wheelchair bus and accessible van. The bus was older and increased use wore it to the point of being permanently removed from service.

Many disabled and elderly members of our community continue to be in need of ride services, but we are unable to meet the need due to lack of vehicle availability. CCMC determined the most safe transportation option would be to utilize multiple wheelchair accessible vans, rather than pursue replacing the larger wheelchair bus. Barb Jewel submitted a grant for this item and secured funding for a new wheelchair van in the form of \$68,161 from the Alaska Community Foundation.

Comment: Thanks to the grant the cost to CCMC for this item will be \$1,500

Item Name: **Nurse Call System**

Cost: \$147,619.68

Estimated Useful life (in years): 10 years

Description/Purpose:

Board original approval for \$130,000. Quotes received and evaluated. After careful evaluation, Hill-Rom nurse call system has been selected. This quote is competitive, and meets regulatory requirements. It will also work with existing headboards and beds. The hospital's current call system does not work and has antiquated devices and wiring that are no longer serviceable. This project requires a rewire to have a working nurse call system.

Comment: This request is increase approval amount.

Item Name: **HVAC survey, repair and upgrade to improve hospital infection prevention**

Phase 1 Expense: \$590,000 (includes \$35000 engineering fee)

Estimated Useful life (in years): 20 years

Description/Purpose: CCMC HVAC system is original with the building. Over the years the hospital has not had funding to complete more than basic maintenance and short term fixes for HVAC issues. Due to the emergency pandemic there is an urgent need to address the HVAC issues. To bring CCMC in line with the CDC, EPA, and ASHRAE Epidemic Taskforce guidelines, we intend to replace existing control system with Direct Digital Controls and upgrade valve bodies throughout the HVAC system. This project is being divided into 2 phases. The initial phase will be completed rapidly to provide significant rapid improvements to our HVAC system to assist in our covid19 urgent response. The second phase can be completed area by area in the as funding allows for continued repair of the HVAC system. CCMC has applied for a state CARES grant to fund phase 1 of this project. We feel it is imperative that we get this work done to protect our workforce and the LTC residents. If we do not secure grant funding for this, we intend to utilize federal CARES funding that has already been received. The HVAC repair quote we have received is consistent with pricing quoted in the engineering facility evaluation completed by NVE in 2019. We are requesting board approval for \$590,000 for phase 1 of this project. Due to the urgent need to respond to the emergency pandemic, we have selected Siemens Inc. to complete this work. The bid from Siemens includes GSA pricing. This company is familiar with our facility and has done repair work for us in the past. They are able to meet our rigorous timeline. In addition, there is a significant need to protect our long term care and not bring more than absolutely essential people into our facility.

If you have any questions, please don't hesitate to contact Eric Price, or myself.

Sincerely,

Hannah Sanders, MD
Chief Executive Officer



Memorandum

To: CCMC Authority Board of Directors
From: Hannah Sanders, MD CCMC CEO
Subject: Long Term Care van
Date: 10/22/2020

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the purchase of a Long Term Care van.”



Memorandum

To: CCMC Authority Board of Directors
From: Hannah Sanders, MD CCMC CEO
Subject: Approval for the Call System
Date: 10/22/2020

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the updated proposal for the Call System repair.”



Memorandum

To: CCMC Authority Board of Directors
From: Hannah Sanders, MD CCMC CEO
Subject: HVAC
Date: 10/22/2020

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the amended repairs to the HVAC system at CCMC.”

November 2020						
◀ October					December ▶	
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Daylight Saving Time Ends	2	3 Election Day	4	5	6	7
8	9	10	11 Veterans Day	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26 Thanksgiving Day CCMC Offices Closed	27 CCMC Offices Closed	28
29	30 Board of Director's Meeting 6PM					