



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
October 30, 2019 at 6:00PM
SPECIAL MEETING

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

Board of Directors

Greg Meyer exp. 3/22
Kristin Carpenter exp. 3/20
Linnea Ronnegard exp. 3/21
Gary Graham exp. 3/21
Chris Bolin exp. 3/20

CCMC CEO

Randall Draney

OPENING: Call to Order

Roll Call – Greg Meyer, Linnea Ronnegard, Kristin Carpenter, Gary Graham and Chris Bolin. 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).

D. BOARD DEVELOPMENT

1. Community Health Needs Assessment (CHNA) Survey

E. APPROVAL OF MINUTES

1. August 28, 2019 Regular Meeting Minutes Pgs 1-4
2. September 13, 2019 Special Meeting Minutes Pgs 5-6
3. September 26, 2019 Regular Meeting Minutes Pgs 7-9
4. October 9, 2019 Special Meeting Minutes Pg 10

F. REPORTS OF OFFICER and ADVISORS

1. Board Chair Report
2. CEO Report Pgs 11-16
3. Ancillary Services Report Pg 17
4. Business Office Report Pg 18
5. Nursing Report (Will present at the meeting)
6. Quality Improvement/Infection Control Report (Will present at the meeting)
7. Sound Alternatives Quarterly Report Pg 19
8. Medical Director's Quarterly Report Pg 20

G. CORRESPONDENCE

H. ACTION ITEMS

I. DISCUSSION ITEMS

1. ADM 802 Board Interactions with Hospital Staff Policy Pgs 21-22
2. ADM 300 Policy, Procedure and Guideline Development Pgs 23-26

J. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker)

Members of the public are given the opportunity to comment on matters which are within the subject matter jurisdiction of the Board and are appropriate for discussion in an open session.

K. BOARD MEMBERS COMMENTS

L. EXECUTIVE SESSION

M. ADJOURNMENT

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 28, 2018 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, Kristin Carpenter, Linnea Ronnegard and Gary Graham.**

A quorum was established. 4 members present.

CCMC staff present: Randall Draney, CEO; Kelly Kedzierski, CAH DON; and Kadee Goss, LTC DON; Keith Kroll, RN; and Barb Jewell, Behavioral Health Program Manager.

A. APPROVAL OF AGENDA

M/ Carpenter S/ Ronnegard “move to approve the Agenda.”

4 yeas, 0 nay

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. **Audience Participation** ~ None

2. **Guest Speaker**

a. Audit Findings by Dingus, Zarecor & Associates from Shaun Johnson.

Shaun is here to review and explain the December 2018 Audit with the Board.

Shaun started off by reviewing the Financial Statement highlighting inventories, receivables, capital assets, good will, and the current and noncurrent liabilities.

Shaun reviewed and explained the Financial Indicators to the Board. Hardcopies of the 2018 Audit findings have been put into the permanent file.

D. BOARD DEVELOPMENT

1. Business Office Update

E. APPROVAL OF MINUTES

M/ Carpenter S/ Ronnegard “I move to approve the May 30, 2019 Regular Meeting Minutes, and the June 26, 2019 Special Meeting Minutes.”

F. REPORTS OF OFFICERS and ADVISORS

1. **Board Chair– Greg Meyer** reported that he has been working with NVE and meeting weekly and we’re making some progress, nothing substantial yet. The majority of the time has been spent on PERS, and asking the City for \$1.1 million to pay the PERS debt and continue to give us \$87,500 per month. We should be receiving the \$535,000 reimbursement this week, when we get that I think I might make a trip to Juneau, Bert has offered to go with me and see if we can get some of the PERS interest reduced.
2. **CEO & CFO Reports – Randall Draney** stated that his reports are in the packet, some additional items to mention are that Randall asked know how the board would feel about him going out and seeing if any entities in town would be willing to donate funds to help us purchase much needed equipment. We’ve been putting together ¹a list

and one item we've chosen is \$5000. Another item to mention, we have identified about \$600,000 is self-pay that we haven't been trying to collect on. We'll be sending out letters and following up with phone calls attempting to recapture those debts.

3. **Ancillary Services Report – Tamara Russin** we're getting a lot of really good feedback about Laura Henneker, it's created a different kind of atmosphere having a provider consistently in the Clinic.
4. **Medical Director's Report – Dr. Sanders** report is in the packet for you.
5. **LTC Nursing – Kadee Goss** reported that her July and August reports are in the packet. She also wanted to give kudos to the Maintenance Department for the work they did in the dining room, it looks great. Our Speech Therapist came and is planning to come again. Chris Belgarde is our Activities Coordinator, she has been doing this job for many years and she does an amazing job. I was able to talk to the State and have her grandfathered in so she will be officially taking on the role as the Activities Director.
6. **CAH Nursing – Kelly Kedzierski** stated that her report is in the packet and she wanted to mention that the Census has changed, currently we have three swing beds rather than two. We continue to have meetings with the Unit Clerks to help them learn the system. We also have a couple of travel nurses that have given us letters of intent to stay on, they have to finish out two contracts first. So in November Jason and Roxanne will be CCMC employees.
7. **Quality Improvement/ Infection Control – Kelly Kedzierski** stated that her report is in the packet, she did want to mention that we had a Mock Survey and Carolyn found a couple of items, not many, but I think we did well. Most of the items were simple fixes and taken care of on the spot.
8. **Sound Alternatives Quarterly Update – Barb Jewell** reported that the January report is also in this packet. In addition to what is in the reports, our second therapist has arrived and he is fitting right in. As I had anticipated in the last several weeks we have had additional people come in and request services, and we continue to see an increase in emergency calls.

G. CORRESPONDENCE ~ None

H. ACTION ITEMS

1. Delineation of Privileges for Alaska Regional Hospital Telemedicine Providers

M/ Carpenter S/ Graham "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for the Alaska Regional Hospital Telemedicine providers as presented."

4 yeas, 0 nay Motion passed

2. Delineation of Privileges for Robert Ledda, MD

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

4 yeas, 0 nay Motion passed

3. CCMC Authority Board of Director's Letter of Interest

M/ Ronnegard S/ Graham "I move that the CCMC Authority Board of Directors accept the letter of interest from Chris Bolin to fill the vacant Board of Director's seat until the March election."

**Roll Call Vote: Meyer - yea, Carpenter - yea, Ronnegard - yea, Graham - yea
4 yeas; 0 nays; Motion passed**

4. Authorization to Provide Statistical and Financial Data to NVE

M/ Carpenter S/ Graham “I move that the CCMC Authority Board of Directors authorize Randall Draney, CEO to share Statistical and Financial data with The Native Village of Eyak.”

M/ Carpenter S/ Graham to withdraw the motion

5. CEO Contract

M/ Graham S/ Ronnegard “I move that the CCMC Authority Board of Directors approve the CEO contract for Randall Draney.”

**Roll Call Vote: Meyer - yea, Carpenter - yea, Ronnegard - yea, Graham - yea
4 yeas; 0 nays; Motion passed**

I. DISCUSSION ITEMS

1. 2019 Alaska State of Reform Health Policy Conference

The board reviewed the information on the Health Policy Conference that Greg Meyer had emailed on July 1, 2019 to be in the July packet for the Board. There was no July Board Meeting so the information was carried over to the August Meeting packet.

2. Small Group Meeting Update

Linnea asked whether the letter from ANTHC had come and if anyone had responded to it. Randall responded that he hasn't seen or heard anything yet. Kristin asked what the next step was with the small group, Greg responded that he felt that the point was to get the dialogue going and have it be two way, and open and we're there. I walk into Bert's office every other day, so I think it's going well. I don't know what's going to happen though we have to look at what the options are, we have to keep this place open.

3. PERS Update

Greg stated that he thought that we've pretty much covered that earlier, but we'll be going to see Kevin Worley with PERS in Juneau with a check in hand. We're looking into a PERS termination study, we may go to Sitka and see how that situation went.

4. 2019 Community Health Needs Assessment (CHNA)

Randall stated that this is a requirement every three years by the IRS to maintain our tax exempt status. We have to have this one done by the end of this year. Some of the basic reasons for this is to ensure that we are addressing the needs of our community. What I'm recommending is that we can do the basics, on a small scale and find out the information that we really need to know. The reason I am bringing it up is that I think this is an opportunity to work with NVE, the Public Health, Ilanka etc...and come up with something that we can all work on. I'd like to have us do it internally rather than pay tens of thousands of dollars to have someone else do it.

5. NVE/ CCMC Types of Relationships

Randall inquired as to whether there is any kind of direction that the Board is looking to take. **Greg** stated that in his talks with Bert, Ilanka has to get out of their building it is in horrible condition. So if we do something, a likely first step would be for

NVE/Ilanka to take over the Clinic and Behavioral Health in maybe in three or four months. And then the rest of the hospital in 8-10 months. That is the best case scenario if we decide to go that way.

Barb Jewell stated that she worries that we're making decisions without having accurate information and without understanding our revenue generating capacities. She said that she agrees with everyone, she don't think that the Council is going to give the hospital \$2 million dollars again, but she also don't think that we're going to be in a position to need \$2 million again. Not with the changes with Evident, and TruBridge. And bringing on Mariesa and Randall who have experience with Hospital Administration revenue cycles. Barb stated that she worries that we may be jumping the gun a little bit. Every assessment has said that we need better drug and alcohol treatment, and we have never been able to do it and frankly there hasn't been much attention put to it.

J. AUDIENCE PARTICIPATION

Keith Kroll – thank you for all of the work that you're doing, we need a hospital for the community.

K. BOARD MEMBERS COMMENTS

Carpenter – Thank you to Chris for stepping up, welcome to the board. And it's great to have staff here, thank you.

Meyer – Thank you everyone for coming, anytime you guys have questions just reach out and let me know.

Ronnegard – The goal is to keep this hospital open, but I do think that were a huge drain on our city, so we have to find a way to do that. And welcome Chris.

Graham – I just want to mention that I appreciate the expertise that you all bring to the table as board members. And I may or may not be out of town for the September meeting or the October meeting but I will do everything I can to be available telephonically.

L. EXECUTIVE SESSION

Board did not need and Executive Session

M. ADJOURNMENT

M/ Graham S/ Carpenter "I move to adjourn the meeting."

Meyer declared the meeting adjourned at 8:33pm

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
September 15, 2019 at 12:15pm
Special Meeting

CALL TO ORDER AND ROLL CALL –

Greg Meyer called the Board Meeting to order at 12:15pm.

Board members present: **Greg Meyer, Kristin Carpenter, Linnea Ronnegard, Gary Graham, and Chris Bolin.**

A quorum was established. 5 members present.

CCMC staff present: Randall Draney, CEO

- A. APPROVAL OF AGENDA ~ None**
- B. CONFLICT OF INTEREST ~ None**
- C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**
- D. AUDIENCE PARTICIPATION**

- E. DISCUSSION ITEMS**
 - a. Update on CCMC and NVE progress toward integration of health care services in Cordova**

Chairman Greg Meyer began the discussion, there being no action items listed on the agenda, the special meeting was run more casually, more like a work session of the board.

Below are some highlights in the discussion from the meeting

Clay Koplín stated that he has had current and former CCMC employees come to him regarding the PERS issue, and he has told them that City Council was not aware of the backlog and the magnitude of that backlog until very recently and it came to their attention as many of them were getting ready to go into their summer fishing season. They are very committed to making sure that the hospital runs like a business and meeting their obligations, and that is a priority going forward.

Keith Kroll asked if there is anything in place so this doesn't happen again where you guys get blindsided by this huge deficit.

Clay stated that there is a CCMC board that is bringing us that information. Clay said that from his understanding City Council has a little culpability there because they allowed the deferments and the reduced payments.

Gary Graham said that it was his understanding when the money comes from the City that that money catches up the PERS for the employees. With that being said, it should be pretty easy to keep an eye on this to make sure that it doesn't happen again. Gary said that the PERS number will be a priority for the Board to watch.

Kristin Carpenter stated that there was also some turnover at the PERS office, and Scot Mitchell had tried numerous times to get a number and they were unresponsive to his requests.

Randall Draney reported that CCMC has cut a check to PERS for \$503,000 and that was from our Medicare reimbursement. That was sent off about a week ago and that should take us up through September of 2018.

Kelly Kedzierski said that her question is are you talking about NVE collaborating, merging or taking over? Because, I have heard all of the above and so, what is the vision? Is it like we're joined as one like a happy little blended family, or are you talking about they'll come in and take over ownership?

Greg responded that we just don't know that, a lot of that hinges on our cash situation, and Council's ability to help find our needs, and our ability to come up with more (inaudible), and at the same time state legislature has cut us another \$400,000. We have a number of options. The City can spend a million and a half to two million per year and we have full control moving forward, or the other one is to try to do something with Tribal Health and those are the only two options I see. And how those will play out we won't know until we hear from City Council and NVE. And that should all happen sooner than later.

Mariesa Woods Asked how can we better serve the community with little impact or no impact to the quality of care? This facility has two different systems that were currently working in, and if NVE comes in they have a totally different system and who is going to know where the things will be.

Darrel Olsen stated that he appreciates everyone being here, there has been a lot of really good discussion. As an NVE Tribal member, we're looking at figures, no decision has been made. As Tribal Council we have not even discussed when a decision will be made, because we cannot make an educated decision until we have all of the facts and figures. I think the key is to keep employees informed, they live here, this hospital is nothing without the employees and the excellent care we receive.

F. BOARD MEMBERS COMMENTS

Carpenter – None

Meyer – None

Ronnegard – None

Graham – None

Bolin – None

Kristin and Greg thanked everyone for coming and being willing participants in this discussion. Just a reminder that City Council meets twice a month and CCMC is discussed, the hospital board meets once a month, and we will try to have more meetings like this. As we get more information we can certainly look into having community meetings to get the input of the community members as well.

G. ADJOURNMENT

Chairman Meyer declared the meeting adjourned at 1:15pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
September 26, 2018 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Greg Meyer called the Board Meeting to order at 6:02pm.

Board members present: **Greg Meyer, Kristin Carpenter (telephonically), Linnea Ronnegard, Gary Graham and Chris Bolin.**

A quorum was established. 5 members present.

CCMC staff present: Randall Draney, CEO; Faith Wheeler-Jeppson, Executive Assistant to CEO; Tamara Russin, Director of Ancillary Services; Mariesa Woods, Business Office Manager; and Barb Jewell, Behavioral Health Program Manager.

A. APPROVAL OF AGENDA

M/ Ronnegard S/ Bolin “move to approve the Agenda.”

5 yeas, 0 nay

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. **Audience Participation** ~ None
2. **Guest Speaker** ~ None

D. BOARD DEVELOPMENT

1. Business Office Update

Mariesa Woods provided a written report of the progress that the Business Office has made in the past six months and reviewed that report with the Board. Some highlights from that report were that we continue to work with AVEC to get that straightened out. Staff attended a Medicare CAH Bootcamp in Petersburg in April. TruBridge clearinghouse claims went live in July, cash posting has been brought back in house. A new staff member was hired in August to help collect outstanding balances and to help in HIM. A couple of staff members attended a Coding Boot Camp in Denver in September.

E. APPROVAL OF MINUTES ~ None

F. REPORTS OF OFFICERS and ADVISORS

1. **Board Chair– Greg Meyer** reported that he spoke with City Council on Wednesday about the amount needed to continue to run CCMC the way it has been with annual financial aid from the City. Greg also mentioned that since currently there are preliminary negotiations with NVE they wanted to see what the numbers would be if NVE took over the clinic, clinics or whole facility.
2. **CEO – Randall Draney** reported that his written report is in the packet. Clay has a grant from the University of Minnesota to do an Energy Audit at CCMC, I’ll provide you an update on that as it becomes available. We had a mock survey and they came up

with a few items that we need to focus on. LTC DON Kadee Goss and her husband Andrew from Maintenance have resigned and will be going back down south, they will both be missed. I will also be working on our budget. An additional noteworthy item is that CCMC's Long Term Care unit has been awarded the Excellence in Quality award by Mountain-Pacific Quality Health at the 2019 ASHNHA Annual Meeting.

3. **Finance – Randall Draney** will provide the financials to you in the next week. I do want to let you know that CT's are up, and Prescriptions are up. And we will be having Kim Wilson change some of her efforts to focus more on Provider Enrollments, Credentialing and IT. Tamara, Faith and Randall will take on parts of the Human Resources that need to be done in-house.
4. **Ancillary Services Report** – Tamara reported that we have hired a permanent Radiology Tech, upcoming in October we have another Doctor who will be here for a week shift each month through December, then Doctor Sanders will be on site the 3rd week of October. Tamara mentioned that all of the providers have spoken with her personally and expressed their concern about the future, and she has reassured them that their services are needed. Tamara thinks at this point they're fine but they will want more information as it becomes available.
5. **LTC Nursing – Kadee Goss** LTC Nursing report is in the packet.
6. **CAH Nursing – Kelly Kedzierski** CAH Nursing report is in the packet.
7. **Quality Improvement/ Infection Control – Kelly Kedzierski** both the QI and Infection Control reports are in the packet.

G. CORRESPONDENCE ~ None

H. ACTION ITEMS ~ None

I. DISCUSSION ITEMS

1. **Community Health Needs Assessment (CHNA)**

Barb Jewell reported that this is another area that the hospital is looking to cut some costs. In the past we've paid outside organizations upwards of \$20,000 to do the CHNA. We felt that we could do it in-house with some help. We've contracted with Julie at HealthTechS3 to be a consultant. We had our first telephonic meeting on Tuesday, we're still refining the questions. Our plan is to survey 15-20 key stakeholders in Cordova, compile the data, get the report written, develop the action plan and post the results. This all has to be completed before the end of December.

2. **ADM 802 Board Interactions with Hospital Staff Policy**

The board asked that this policy be brought up for discussion. The question is whether this policy is too restrictive, and the board feels that it is not realistic as it is currently written. Greg offered to be the CEO's designee so that if there is an issue hospital employees would be able to go to Greg and discuss it in lieu of having the CEO present for every discussion between a Board Member and an employee.

Further discussion continued and the Board agreed that Greg will be the CEO's designee referenced in the ADM 802 policy. Furthermore, policy ADM 802 will be on the Agenda for the October Board meeting at which time the board will look at amending the policy to be less restrictive.

3. **NVE Integration**

J. AUDIENCE PARTICIPATION ~ None

K. BOARD MEMBERS COMMENTS

Carpenter –

Meyer –

Ronnegard –

Graham –

Bolin – Thank you for your time.

L. EXECUTIVE SESSION ~ None

M. ADJOURNMENT

M/ Graham S/ Bolin “I move to adjourn the meeting.”

Meyer declared the meeting adjourned at 8:06pm

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
October 9, 2019 at 12:00pm
Special Meeting

CALL TO ORDER AND ROLL CALL –

Greg Meyer called the Board Meeting to order at 11:59am.

Board members present: **Greg Meyer, Kristin Carpenter, Linnea Ronnegard, Gary Graham, and Chris Bolin.**

A quorum was established. 5 members present.

CCMC staff present: Randall Draney, CEO; and Faith Wheeler-Jeppson, Executive Assistant to CEO.

A. APPROVAL OF AGENDA

M/ Carpenter S/ “move to approve the Agenda.”

5 yeas. 0 nay. Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Participation ~ None

2. Guest Speaker ~ None

D. EXECUTIVE SESSION

M/ Carpenter S/ Graham “I move that the CCMC Authority Board of Directors goes into Executive Session for matters of immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity, specifically CEC/CFO Discussion and CCMC/NVE Facility Negotiations and we have invited Randall Draney, CEO to stay.”

At 12:02pm the Board entered into Executive Session, at 1:04pm the Board came back into regular session.

E. AUDIENCE PARTICIPATION ~ None

F. BOARD MEMBERS COMMENTS

Carpenter – None

Meyer – None

Ronnegard – None

Graham – None

Bolin – None

G. ADJOURNMENT

M/ Carpenter S/ Ronnegard “I move to adjourn the meeting.”

Meyer declared the meeting adjourned at 1:05pm.

FINANCIAL REPORT TO THE BOARD
Randall Draney, CEO
October 30, 2019 Board Meeting

Open meeting laws education

Holly Wells, one of our (and the City's) attorneys, contacted me about the topic of open meeting laws. I expressed interest in getting better educated and we discussed having her put together a training class for us as well as the City and new City Manager. Apparently she owes a visit to Cordova so she will put together a proposal.

Nursing organization

Dr Sanders, Kelly and I recently met to discuss staffing for the hospital. The result is that to preserve the improvements we have made and to continue improving, Kelly will need help, specifically with Medical Data Set (MDS) management and LTC coordination. We therefore are bringing in a traveler (she has helped us before and is excellent) to assist Kelly. In the longer term we will be recruiting for this function. This person will not be replacing Kadee as a Director of Nursing (DON) but will be a staff support for Kelly.

Nursing home administrator

I have been approved as provisional administrator for a six month period. I am in the process of studying for the required exam.

PERS

We have a meeting set up on Friday with the payroll folks at PERS to determine how to proceed. Basically, we have the payroll data in the system, the City apparently is ready to fund some amount, so we need PERS guidance regarding the particulars.

Financial Statements

The September financial statements are included in the packet.

Accounting assistance

Lee Bennett is on site this week assisting with the Dietary grant reporting that is due at the end of the month. When that is completed he will start on the 2020 budget. Cory will be here the first week in November and focus on our cash and receivables systems.

Billing and Collections

I have asked Mariesa to provide a separate report to the Board and it will be included in the packet.

NVE building assessment

The firm of Benteh EEIS with approximately 9 staff is here Wed and Thursday to do an assessment of the hospital. The team is composed of various types of engineers and architect and photographer. Engineers include electrical, mechanical, civil, and a hazardous materials specialist. They have interviewed our maintenance staff and will apparently analyze every nook and cranny in the hospital, top to bottom. It is an impressive group and I would expect the results to be very thorough.

**CORDOVA COMMUNITY MEDICAL CENTER
INCOME STATEMENT
COMPARISON TO BUDGET
FOR THE MONTH OF SEPTEMBER AND YTD, 2019**

CURRENT MONTH			YEAR TO DATE			
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
			REVENUE			
\$ 48,030	\$ 91,029	\$ (42,999)	Inpatients	\$ 425,909	\$ 897,270	\$ (471,361)
309,655	279,928	29,727	Swing Bed	1,241,656	2,543,098	(1,301,442)
387,413	390,246	(2,833)	Long Term Care	3,482,873	3,551,242	(68,369)
56,768	147,903	(91,135)	Clinic	519,907	958,612	(438,705)
402,327	261,336	140,991	Outpatients	3,283,498	2,259,652	1,023,846
25,401	25,379	22	Behavioral Health	185,669	265,738	(80,069)
122,308	64,680	57,628	Retail Pharmacy	874,231	294,941	579,290
94,396	24,657	69,739	Grants	355,656	224,383	131,273
14,749	85,799	(71,050)	In-kind Contributions - City/T1	159,453	772,438	(612,985)
2,672	63,111	(60,439)	Other Revenue	63,060	574,313	(511,253)
<u>1,463,719</u>	<u>1,434,068</u>	<u>29,651</u>	Total Gross Revenue	<u>10,591,912</u>	<u>12,341,687</u>	<u>(1,749,775)</u>
			DEDUCTIONS FROM REVENUE			
445,352	374,764	(70,588)	Contractual Adjustments	2,261,603	3,292,261	1,030,658
136	2,246	2,110	Charity	118,350	20,441	(97,909)
<u>(11,422)</u>	<u>29,468</u>	<u>40,890</u>	Bad Debt	<u>528,739</u>	<u>257,114</u>	<u>(271,625)</u>
434,066	406,478	(27,588)	Total Deductions	<u>2,908,692</u>	<u>3,569,816</u>	<u>661,124</u>
<u>1,029,653</u>	<u>1,027,590</u>	<u>2,063</u>	Total Net Revenue	<u>7,683,220</u>	<u>8,771,871</u>	<u>(1,088,651)</u>
			EXPENSES			
320,969	349,124	28,155	Wages	2,826,797	3,181,832	355,035
131,334	146,755	15,421	Employee benefits	1,151,294	1,433,992	282,698
211,367	127,643	(83,724)	Professional Fees	2,370,485	1,208,958	(1,161,527)
122,230	52,307	(69,923)	Supplies	1,007,931	454,339	(553,592)
7,001	4,109	(2,892)	Minor Equipment	32,943	37,397	4,454
8,964	8,219	(745)	Repairs and Maintenance	98,145	74,794	(23,351)
5,246	10,684	5,438	Rents and Leases	73,764	97,232	23,468
55,238	106,849	51,611	Utilities	468,067	972,328	504,261
4,660	5,342	682	Travel and Training	82,041	48,616	(33,425)
7,740	16,667	8,927	Insurance	114,473	150,003	35,530
8,497	4,109	(4,388)	Recruiting and Relocation	22,242	37,397	15,155
53,122	49,584	(3,538)	Depreciation and Amortization	465,732	446,256	(19,476)
22,348	12,400	(9,948)	Other Expenses	<u>239,755</u>	<u>111,600</u>	<u>(128,155)</u>
<u>958,716</u>	<u>893,792</u>	<u>(64,924)</u>	Total Expenses	<u>8,953,669</u>	<u>8,254,744</u>	<u>(698,925)</u>
<u>70,937</u>	<u>133,798</u>	<u>(62,861)</u>	Net Income Before PERS	<u>(1,270,449)</u>	<u>517,127</u>	<u>(1,787,576)</u>
<u>(73,367)</u>	<u>(73,367)</u>	<u>-</u>	PERS Benefits Expense	<u>(564,371)</u>	<u>(564,371)</u>	<u>-</u>
<u>\$ (2,430)</u>	<u>\$ 60,431</u>	<u>\$ (62,861)</u>	Net Income	<u>\$ (1,834,820)</u>	<u>\$ (47,244)</u>	<u>\$ (1,787,576)</u>

**CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
AS OF SEPTEMBER 30, 2019**

	<u>CURRENT MONTH</u>	<u>PRIOR MONTH</u>	<u>DEC 31 2018</u>
ASSETS			
CURRENT ASSETS			
Cash	\$ 646,119	\$ 1,024,952	\$ 398,104
Cash Savings	20,001	20,000	126,503
Net Patient Receivables	1,688,422	1,687,344	2,164,023
Grant Receivable	101,482	101,482	101,482
Other Receivables	201,121	(119,344)	9,892
Prepaid Expenses	-	-	46,661
Inventory	322,068	322,422	306,886
Total Current Assets	<u>2,979,213</u>	<u>3,036,856</u>	<u>3,153,551</u>
PROPERTY PLANT & EQUIPMENT			
Land	122,010	122,010	122,010
Buildings	7,664,341	7,664,341	7,664,341
Equipment	8,010,311	8,000,576	7,984,264
Construction in Progress	9,521	9,521	9,521
Total PP&E	<u>15,806,183</u>	<u>15,796,448</u>	<u>15,780,136</u>
Less Accumulated Depreciation	(11,880,268)	(11,828,396)	(11,425,784)
Net Property Plant & Equipment	<u>3,925,915</u>	<u>3,968,052</u>	<u>4,354,352</u>
OTHER ASSETS			
Goodwill - Pharmacy	150,000	150,000	150,000
Goodwill - Amortization	(26,250)	(25,000)	(15,000)
PERS Deferred Outflow	1,233,358	1,233,358	1,233,359
Total Other Assets	<u>1,357,108</u>	<u>1,358,358</u>	<u>1,368,359</u>
Total Assets	<u>\$ 8,262,236</u>	<u>\$ 8,363,266</u>	<u>\$ 8,876,262</u>
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
Accounts Payable	\$ 1,748,965	\$ 1,476,229	\$ 1,447,483
Payroll & Related Liabilities	383,445	337,026	251,983
PERS Payable	1,380,401	1,797,991	1,099,805
Cost Report Payable	-	-	-
Interest and Other Payables	(3,914)	(3,844)	4,461
City Short Term Debt	4,193,127	4,193,127	3,668,127
Other Current Liabilities	543,906	543,906	553,278
Total Current Liabilities	<u>8,245,930</u>	<u>8,344,435</u>	<u>7,025,137</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	(5,033,793)	(5,033,793)	(5,033,794)
Tempory Restricted Fund Balance	13,035	13,035	13,035
Net Income - Current Year	(1,834,820)	(1,832,295)	-
Total Fund Balance	<u>(6,855,578)</u>	<u>(6,853,053)</u>	<u>(5,020,759)</u>
Total Liabilities and Fund Balance	<u>\$ 8,262,236</u>	<u>\$ 8,363,266</u>	<u>\$ 8,876,262</u>

CORDOVA COMMUNITY MEDICAL CENTER
STATEMENT OF CASH FLOWS
FOR THE MONTH OF SEPTEMBER AND YTD, 2019

	Current Mo.	YTD
<i>Cash Flows From Operating Activities:</i>		
Net Income (Loss)	\$ (2,430)	\$ (1,834,820)
Adjustments to Reconcile Net Income to Net Cash:		
Depreciation and Amortization	53,122	465,732
Changes In:		
Net Patient Receivables	(1,078)	475,601
Grant Receivables	-	-
Other Receivables	(320,465)	(191,229)
Inventories	354	(15,182)
Prepaid Expenses	-	46,661
Accounts Payable	272,736	301,482
Payroll & Related Liabilities	46,419	131,462
PERS Payable	(417,590)	280,596
Cost Report Payable	-	-
Interest and Other Payables	(165)	(8,375)
Other Current Liabilities	-	(9,368)
Net Cash Provided (Used) By Operating Activities	(369,097)	(357,440)
<i>Cash Flows From Financing Activities:</i>		
City Short-Term Debt	-	525,000
Net Cash Provided (Used) By Financing Activities	-	525,000
<i>Cash Flows From Investing Activities:</i>		
Purchases of Property, Plant & Equipment	(9,735)	(26,047)
Net Cash Provided (Used) By Investing Activities	(9,735)	(26,047)
Net Increase (Decrease) in Cash	(378,832)	141,513
Cash at Beginning of Period	1,044,952	524,607
Cash at End of Period	\$ 666,120	\$ 666,120

Cordova Community Medical Center Statistics

SEPTEMBER, 2019

31 Jan 31 Feb 31 Mar 31 Apr 31 May 31 Jun 31 Jul 31 Aug 31 Sep 31 Oct 31 Nov 31 Dec 31

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Total	Monthly Average
Hosp Acute+SWB Avg. Census														
FY 2019	3.5	1.6	1.2	1.4	1.2	1.1	2.4	3.3	3.3				19.0	2.1
FY 2018	6.4	4.4	4.6	2.8	1.1	1.8	2.1	1.5	2.1	2.0	2.3	2.6	33.6	2.8
FY 2017	3.1	3.8	4.5	4.5	4.5	3.1	5.3	4.4	4.5	5.6	5.6	5.8	54.6	4.6
Acute Admits														
FY 2019	6	0	2	4	2	1	3	6	4				28	3.1
FY 2018	12	4	5	4	1	4	5	3	2	0	4	3	47	3.9
FY 2017	9	7	7	5	4	1	10	6	6	8	2	4	69	5.8
Acute Patient Days														
FY 2019	33	0	6	12	7	4	13	10	12				97	10.8
FY 2018	32	8	18	9	2	10	16	6	5	0	8	11	125	10.4
FY 2017	34	23	29	17	10	2	27	13	16	18	6	10	205	17.1
SWB Admits														
FY 2019	2	2	0	0	0	0	3	0	0				7	0.8
FY 2018	2	1	0	0	0	3	1	1	1	0	0	1	10	0.8
FY 2017	5	3	2	1	2	0	1	0	0	3	1	1	19	1.6
SWB Patient Days														
FY 2019	75	44	31	30	31	30	61	93	86				481	53
FY 2018	166	116	124	75	31	43	50	41	57	62	60	70	895	75
FY 2017	64	84	109	111	111	90	114	124	120	157	163	171	1,418	118
CCMC LTC Admits														
FY 2019	2	1	1	0	0	0	0	0	0				4	0.4
FY 2018	2	0	0	2	0	0	1	0	0	0	0	1	6	0.5
FY 2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
CCMC LTC Resident Days														
FY 2019	299	278	308	300	310	300	280	310	300				2,685	298
FY 2018	303	278	310	295	310	286	309	310	300	310	300	304	3,615	301
FY 2017	310	280	310	300	310	300	310	310	300	310	300	310	3,650	304
CCMC LTC Avg. Census														
FY 2019	9.6	9.9	9.9	10.0	10.0	10.0	9.0	10.0	10.0				88.5	9.8
FY 2018	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	120.0	10.0
FY 2017	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	120.0	10.0
ER Visits														
FY 2019	31	41	47	54	60	55	68	81	64				501	56
FY 2018	46	43	60	46	54	57	78	54	52	33	38	30	591	49
FY 2017	49	35	47	49	53	55	75	68	53	43	42	35	604	50

Cordova Community Medical Center Statistics

	31	28	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	Cumulative Monthly	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec							
Outpatient Registrations w/ER																			
FY 2019	144	168	170	374	254	202	241	263	206									2,022	224.7
FY 2018	162	158	213	301	235	176	204	198	152	159	147	128						2,233	186
FY 2017	120	111	138	293	136	146	177	168	145	106	110	94						1,744	145
PT Procedures																			
FY 2019	443	386	438	440	381	358	305	352	294									3,397	377
FY 2018	370	221	184	215	295	281	271	408	334	400	424	333						3,736	311
FY 2017	416	322	497	399	327	296	343	136	206	373	270	178						3,763	314
Lab Tests																			
FY 2019	330	356	198	361	423	244	366	473	378									3,129	348
FY 2018	352	290	339	208	269	244	358	269	215	236	285	267						3,332	278
FY 2017	298	322	284	304	318	283	435	410	337	280	278	305						3,854	321
X-Ray Procedures																			
FY 2019	44	52	83	88	86	98	94	79	77									701	78
FY 2018	67	36	58	29	50	59	71	63	39	53	30	30						585	49
FY 2017	47	43	37	29	42	63	72	57	43	34	41	33						541	45
CT Procedures																			
FY 2019	13	12	13	15	26	11	24	35	21									170	19
FY 2018	14	7	16	7	7	14	18	21	9	8	0	0						121	10
FY 2017	7	7	13	14	12	14	22	15	12	9	8	5						138	12
CCMC Clinic Visits																			
FY 2019	162	161	144	178	250	205	247	252	207									1,806	201
FY 2018	206	183	203	176	219	190	170	236	241	270	201	152						2,447	204
FY 2017	212	175	197	188	248	239	217	284	356	283	199	177						2,775	231
Behavioral Hlth Visits																			
FY 2019	62	98	69	60	89	86	82	61	101									708	79
FY 2018	111	98	127	114	112	99	126	111	35	84	95	64						1,176	98
FY 2017	70	98	71	90	88	100	85	109	72	85	84	97						1,049	87
Retail Pharmacy Scripts																			
FY 2019	1,047	956	1,198	1,135	1,184	1,142	1,270	1,232	1,218									10,382	1,154
FY 2018	864	752	969	1,002	1,072	1,020	1,093	1,047	869	1,150	984	1,048						11,870	989

CCMC Authority Board of Director's September 2019 Report
October 23, 2019
Clinic & Ancillary Services
Tamara Russin

Clinic

Dr. Gifford, the pediatrician, was here October 15 and 16. He continues to see a mix of new and returning patients for both well visits and ongoing conditions.

All of the flu vaccines finally arrived! Most of our employees and many patients have been vaccinated. As usual, the Clinic nurse went to several places in Cordova to give flu shots: the USCG ship, the Cordova Center for city employees, and the US Forest service. The Clinic maintains a supply of vaccines through the flu season and all community members are encouraged to get one.

Lab/Radiology/PT

The full time radiology technician decided not to come to Cordova in light of the lack of ferry service this winter. A current technician is interested in a permanent position which will be possible after an additional placement through her agency. Jeff Bailey will be getting further CT training at Alaska Regional and will be able to take call and back up the full time technician this winter.

Laura continues to do a great job in the lab. We are currently working on hiring technicians to cover the winter schedule. Michelle remains willing to help in the lab when needed and provide back up as required. We hope to find a more permanent solution to lab coverage but it is challenging to recruit and hire long term employees.

The new PT equipment has arrived! Angela and her patients are excited to begin utilizing everything...

CCMC Authority Board of Director's October 2019 Report
October 23, 2019
Business Office
Mariesa Woods

The business office is currently working on collecting on as many older accounts within the newer Evident system as well as keeping up with the current AR. The team is working closely with our 3rd party AR management vendor to ensure they are cleaning up older accounts prior to year's end. We have weekly calls to discuss issues we/they identify.

The revenue cycle staff continues to have a weekly meeting to discuss internal/systematic/account processing issues. This meeting also serves as a weekly communication that is opened up to other departments, as necessary, to discuss registration, ancillary departments and clinical that effects the billing.

Early September, Medicare placed a hold on our payments, the minor issue was identified and fixed quickly. As of October 18th we received a nice sized check (\$225k) to pay for all the claims processed within this time period. We are currently back to receiving regular payments.

September's receivables were low due to the Medicare issue (\$428,905.94). October is inflated due to the Medicare check received and back pay on a LTC patient for approximately 7 months of service. As of Oct 23rd our receivables are \$872,381 with 6 days to go in the month.

October Board Report

Sound Alternatives Behavioral Health and Developmental Disabilities Services

Barb Jewell-Behavioral Health Program Manager

Behavioral Health

As reported in the July Board report, we have hired a second permanent clinician, Dennis Manson. Dennis came on board at the end of August and is quickly getting up to speed and building his case load. His experience as a veteran and with VA services will serve our community well. The state of Alaska continues to be very slow to respond to license applications so although he applied even before he arrived in the state, he is still waiting for his Alaska Licensure to come through which limits the clients he can see.

Client numbers have continued to increase slowly. We provided services to 18 new clients since July. We are improving our connections within the organization and are seeing increasing numbers of referrals from the clinic and occasionally the ER. Requests for emergency services continue to be higher than previous years. We provided 12 emergency services in the past quarter compared to 2 in the previous year. I attribute this increase not only in increased need, but also better coordination of care within the organization and stable staffing.

Sound Alternatives hosted the first Annual Child & Family Wellness Fair at the Cordova Center on October. This was one of the projects funded by the grant from the Alaska Children's Trust. It was held in partnership with the Cordova Coalition for a Healthy Community and CFRC. 68 children between the ages of 1-17 participated, 30 families attended, and 28 individuals volunteered for the event. We have been asked to repeat the event next year and NVE has dedicated \$1000 already to help support it.

We did receive approval of our grant in mid-September. We sustained a cut of 15%. The final grant award was \$285,093 compared to our request of \$337,000. We have been successful at capturing more billing revenue and are on track to earn the billing revenues predicted needed to cover our budget.

As you are aware, over the past couple of weeks the community has experienced some significant losses and emergencies. The Fire Department, the School District and Alaska Airlines requested Sound Alternatives assistance in addressing these emergencies. Staff provided the support, information and referral to individuals and groups impacted by these events.

Developmental Disabilities:

We still have 4 participants with a 5th on the State's waitlist for services. Lifeskill classes continue to be offered twice a week, as well as ongoing individual services. We continue to have difficulty recruiting and retaining staff for these challenging positions. We currently have one applicant and have a minimum of two positions available.



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P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

CCMC Authority Board of Director's
Q3 Medical Director Report
October 23, 2019

The hospital continues to show its resilience as it weathers many staff changes and losses. The front line clinical staff at CCMC are top notch. I continue to be impressed with the commitment to patient care the CNAs and nursing staff demonstrate on a daily bases. As is well known, we have had many key administrative staff changes. As these changes occur our nursing director, nursing staff, CNAs, dietary staff, and housekeeping have continued to remain vigilant and focused on our primary mission: to provide quality patient care to every patient every time. I am in awe of their commitment. That being said, we are actively recruiting to fill some of the key administrative positions. The regulatory environment in which hospitals operate requires extensive knowledge of regulation, as well as an individual having a clinical understanding of patient care. The expertise required to fill these positions can be challenging for rural facilities. I am amazed at how well Kelly along with her permanent and traveling staff, have stepped up to support these roles while we look to fill the positions. Over this time of transition, the hospital has increased its Swing bed patient volume and improved revenue.

Clinic continues to be stable and steady. Tamara continues to be invaluable to the operation of clinic and hospital ancillary services. As is common in rural hospitals, keeping the laboratory and radiology staffed with individuals that have the expertise to operate independently in the remote hospital setting is a challenge. She is working hard to keep these departments running smoothly.

In my conversation with staff throughout my recent visit, I heard the concern of uncertain with the future for our hospital. I continue to be reassured that the quality of care we give is top notch. We continue to work to provide 24/7 healthcare to the Community. I also reassure staff that their skill is not simply replaceable. They are dedicated and talented. Their willingness to serve the community hospital will be appreciated by any managing entity. I hear throughout the hospital that the employees are supportive and want to be a part the planning and implementation for any future changes in the hospital. I am certainly hopefully that the quality care improvements that have been made will continue to be improved upon as we work with the entire community to develop a sustainable healthcare system for Cordova.

**Cordova Community Medical Center
Policy**

SUBJECT: Board Interactions with Hospital Staff DEPARTMENT: Administration Original Approval Date: October 13, 2016 Approved by: Scot Mitchell, CEO	ADM 802
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Date: 3/27/2017
Page 1 of 2	

Policy:

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

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

Reference:

Cross – Reference:

Attachment:

QMC Approval Date:

HSB Approval Date: 10/13/2016

Review History:

03/27/2017 Minor Revisions

10/13/2016 Original Policy Approval

Department Manager Signature _____

Date _____

CEO Signature _____

Date _____

Review Signature _____

Date _____

Review Signature _____

Date _____

Review Signature _____

Date _____

Review Signature _____

Date _____

Review Signature _____

Date _____

CORDOVA COMMUNITY MEDICAL CENTER	POLICY # ADM 300
SUBJECT/TITLE: Policies, Procedures, and Guideline Development and Review	PAGE: 1 OF: 4
	EFFECTIVE: 1/24/2006
DEPARTMENT/SCOPE: Administration	REVISED: 2/21/2018

Purpose and/or Policy Statement:

Definitions:

Policy: This is a statement that says what is done and in some cases, why it is done. Policy statements may or may not have a procedure, guideline, form, or other attachment.

Procedure: This information will state what is done to accomplish the policy statement; this may include who will do it, where it will be done, and when it will be done. The procedural steps can be general information. Procedures must have an associated policy statement.

Guideline: This states step by step how to accomplish a task. The steps are comprised of specific information and details. Guidelines stand on their own and do not reference a policy. Guidelines may include attached forms or other documents that are required in performing the steps of the guideline.

Policy:

Policies, Procedures, and Guidelines establish standards of consistent practice within and throughout the departments and committees of Cordova Community Medical Center (CCMC). These documents are written for any task that should remain consistent regardless of who is performing it.

Cordova Community Medical Center (CCMC) Authority Board of Directors (Board) has overall governance and authority in relation to policies, procedures and guidelines (PPG) of CCMC. Where appropriate, the Board delegates PPG Development and Review authority to the CEO who then delegates to the appropriate Committee/Group/Individual (e.g.: Executive Leadership Team, Quality Management Committee (QMC), Directors and Department Head etc.) or the appropriate person as indicated in the table below or designated by the CEO. The Board delegates Final Approval of the PPG's to the CEO, with the exception of the PPG's that must be Final Approved by the Board as noted in the table below. PPG's have no effect until Final Approval, and signed by the CEO.

The QMC will review and recommend final approval of policies, procedures, and guidelines, as well as any forms used at CCMC. In limited critical situations the CEO may provide Final Approval to PPG's prior to QMC recommendation. Paper copies of approved documents will be stored in specifically-designated policy binders in Administration and listed in an index for each policy department. The paper copies will include the CEO signature in the signature section of the footer, and the Compliance Officer will update the binder with a new printed and signed document any time there is a revision to the document. Electronic copies of all policies, procedures, guidelines, and associated forms or other attachments will be stored in an online database on CCMC's network server, accessible to all staff through the facility's internal home page.

CORDOVA COMMUNITY MEDICAL CENTER	POLICY # ADM 300
SUBJECT/TITLE: Policies, Procedures, and Guideline Development and Review	PAGE: 2 OF: 4
	EFFECTIVE: 1/24/2006
DEPARTMENT/SCOPE: Administration	REVISED: 2/21/2018

Content	PPG Examples	Initial Body Approval	Final Approval Body (New/Major Revisions)	Final Approval Body (Minor Revisions)
Mission, Vision, Values, Goals, Bylaws, Rules and Regulations. Delegation of Signing Authorities And Financial Controls Any Policies having direct application to the Board. Policies required to go to the Board by regulations.	Board Bylaws Conflict of Interest Board of Directors Code of Conduct and Confidentiality QI Plan	CEO QMC	Board of Directors	Board of Directors
Controversial policies Policies that could potentially affect CCMC's reputation High Resources Impact Policies	Restrictions on Foundation Fundraising Complimentary Health Practices Physician Assisted Suicide	CEO QMC	Board of Directors	CEO
Administrative Policies	Personal Health Information Act	CEO QMC	CEO	CEO
Non-Clinical Policies	Respectful Workplace Occupational Health and Safety Rights and Responsibilities	Department Head Or Appropriate Committee QMC	CEO	CEO
Clinical Policies (Interprofessional or discipline specific)	Organ & Tissue and Donation Code Blue	Medical Staff Department Head	CEO	CEO

CORDOVA COMMUNITY MEDICAL CENTER		POLICY # ADM 300
SUBJECT/TITLE: Policies, Procedures, and Guideline Development and Review		PAGE: 3 OF: 4
		EFFECTIVE: 1/24/2006
DEPARTMENT/SCOPE: Administration		REVISED: 2/21/2018

Includes policies addressing specific standards of practice	Least Restraint	CEO QMC		
Research	Research Ethics Board Research Agreements	Medical Staff CEO QMC	CEO	CEO
Infection Prevention and Control	Outbreak Management Management of Patient Exposures Blood or Body Fluids Personal Pet Visitation	Chief Nursing Officer Infection Control Committee QMC	CEO	CEO
Care/Medical Directives	Suturing	Medical Staff	CEO	CEO
Delegated Medical Functions	Flu Immunization Champions	QMC		
Policies Addressing Medication Practices	Medical Marijuana Medication Orders Chemotherapy	Department Head Medical Staff QMC	CEO	CEO
Program based and Department based Policies (Diagnostic Imaging, Laboratory, Pharmacy, Housekeeping, etc.)	Environmental Cleaning and Disinfection	Department Head QMC	CEO	CEO

Policies and procedures should be reviewed annually, to be completed by the respective department manager. Once the PPG's have been reviewed by the department manager, they should be presented to the QMC for review. The QMC should document the review of all presented PPG's. Individual PPG's that are reviewed and do not require revision should be signed and dated by the department manager in the signature section of the footer. This review should be completed between January 1st and September 30th of each calendar year, according to the chart below.

CORDOVA COMMUNITY MEDICAL CENTER	POLICY # ADM 300
SUBJECT/TITLE: Policies, Procedures, and Guideline Development and Review	PAGE: 4
	OF: 4
DEPARTMENT/SCOPE: Administration	EFFECTIVE: 1/24/2006
	REVISED: 2/21/2018

First Quarter	Administration Corporate Compliance Employee Health Environmental Services Long Term Care Materials Management Radiology Social Services Sound Alternatives Sterile Processing
Second Quarter	Finance Fire, Safety, Disaster Health Information Management Laboratory Services Nursing Quality Improvement Quality Management Committee Rehabilitation Services Senior Services
Third Quarter	Clinic Dietary Human Resources Infection Control Medical Staff Pharmacy Pharmacy and Therapeutics Utilization Review

Procedure:

None

Documentation:

None

References:

ADM 300a Policy, Procedure and Guideline Development
ADM 300b Policy & Procedure Annual Review