



**AGENDA**  
**COMMUNITY HEALTH SERVICES BOARD**  
**Cordova Center - Community Rooms A & B**  
**November 18, 2015 at 5:15pm**  
**SPECIAL MEETING**

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

**President**

Kristin Carpenter  
term expires 4/16

**Vice-President**

Tim Joyce  
term expires 03/17

**Secretary**

David Reggiani  
term expires 03/16

**Board Members**

James Burton  
term expires 03/16  
Tom Bailer  
term expires 03/17  
Joshua Hallquist  
term expires 03/18  
Robert Beedle  
term expires 03/18

**CEO/Administrator**

Stephen Sundby

**A. OPENING**

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

**B. APPROVAL OF AGENDA**

**C. CONFLICT OF INTEREST**

**D. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**

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

**E. APPROVAL OF CONSENT CALENDAR**

1. QView – November 2015 Page 1
2. November 2015 Quorum Board Minutes Pgs 2-3
3. EH 008 – Bloodborne Pathogen Exposure Pgs 5-11

4. EH 007 – Tuberculosis Screening Guidelines Page 12
5. EH 005 – Physical Exam Page 13
6. EH 004 – Employee Health Responsibilities Page 14
7. EH 003 – Employee Health Program Page 15
8. EH 002 – Employee Medical Records Pgs 16-17
9. EH 001 - Tuberculin Skin Test Pgs 18-22
10. HR 204 – Credentialing/re-Credentialing Page 24
11. HR 203 – Aide Abuse Registry Page 25
12. HR 202 – Background Check Pgs 26-27
13. HR 201 – Renew and Maint. of Licensure Page 28
14. HR 108 – Applications/Resumes Page 29
15. HR 107 – Criminal Records Verification Pgs 30-31

**F. APPROVAL OF MINUTES**

1. Minutes from the September 16, 2015 Special Meeting Pgs 32-34
2. Minutes from the October 28, 2015 Special Joint Meeting Pgs 35-36

**G. REPORTS AND CORRESPONDENCE**

1. President's Report -

\*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.

- |  |           |
|--|-----------|
| 2. Administrator's Report – CCMC facility update | Page 37   |
| 3. Finance Report - September Financials         | Pgs 38-41 |
| 4. Medical Director's Report -                   |           |
| a. November Medical Director Report              | Page 42   |
| b. End of Year Medical Director's Report         | Pgs 43-45 |

**H. ACTION ITEMS**

- |  |         |
|--|---------|
| 1. Update the CCMC Check signers                     | Page 46 |
| 2. Recredentialing and Privileging of Curt Bejes, MD |         |

**I. DISCUSSION ITEMS**

1. QHR search for a CCMC Administrator: Developing a candidate profile

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

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

**K. BOARD MEMBERS COMMENTS**

**L. EXECUTIVE SESSION \*\*\*\***

1. CCMC Administrator Compensation

**M. ADJOURNMENT**

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# VIEW

NOVEMBER

2015

Quorum's Monthly Digest of the Business of Healthcare

## INSURED PATIENTS SKIPPING OUT ON CARE

### REFERENCES

Quotations in the text are drawn from the following sources:

**HealthLeaders Media:** Emergency Physicians: High-deductible plans delay care, Oct. 26, 2015  
<http://healthleadersmedia.com/page-1/HEP-322024/Emergency-Physicians-Highdeductible-Plans-Delay-Care##>

**Boston Business Journal:** ER docs say insurance trends will keep healthcare spending high, Oct. 26, 2015  
<http://www.bizjournals.com/boston/blog/health-care/2015/10/er-docs-say-insurance-trends-will-keep-health-care.html>

**Citizen-Times:** ER visits on the rise in Carolinas, US, May 26, 2015  
<http://www.citizen-times.com/story/news/local/2015/05/26/er-visits-rise-carolinas-us/27969051/>

**USA Today:** Dilemma over deductibles: Costs crippling middle class, Jan. 1, 2015  
<http://www.usatoday.com/story/news/nation/2015/01/01/middle-class-workers-struggle-to-pay-for-care-despite-insurance/19841235/>

**The Columbus Dispatch:** Too many people put off effective colorectal screenings, Oct. 25, 2015  
<http://www.dispatch.com/content/stories/local/2015/10/25/your-health/too-many-people-put-off-effective-colorectal-screenings.html>

While the Affordable Care Act (ACA) boasts free preventive care, if a problem is detected during such a visit, "consumers face out-of-pocket expenses," reported **The Columbus Dispatch**. According to **USA Today** under the ACA, "health insurance often requires workers to pay so much out-of-pocket that many skip doctor visits, put off medical procedures and avoid filling prescriptions—much as the uninsured have done."

A new survey from the American College of Emergency Physicians proves that this sentiment rings true throughout the U.S. According to **HealthLeaders Media**, the survey found that "70 percent of emergency physicians say they routinely see insured patients in the emergency department (ED) who have delayed care because they cannot afford high deductibles and copays." Finding a physician within a narrow network also makes it difficult for some consumers to get necessary care. In fact, "73 percent of emergency physicians are seeing increases in Medicaid patients who have delayed care because they cannot find a physician covered in their health plans," (**HealthLeaders Media**).

"What we are finding is patients are cutting back on necessary care. They are delaying things like their blood pressure medications, so they come in with a stroke," said Epstein, a spokesperson for the American College of Emergency Physicians and an emergency physician at Beth Israel Deaconess Medical Center (**Boston Business Journal**).

According to **USA Today**, "while out-of-pocket expenses play a role in decisions, experts say the driving factor is the deductible, which averages \$2,000 or more for single coverage and from \$2,000 to

\$4,500 for families, depending on the type of plan." The **Boston Business Journal** covered Kaiser Family Foundation's 2015 Employer Health Benefits report, which found that "deductibles for all workers have risen 67 percent, three times as fast as premiums and about seven times as fast as wages."

Greenville Health System in Greenville, SC is seeing firsthand how bypassing preventive treatments lands more consumers in the ED. "People don't go to their primary care physician because they are responsible for a larger portion of the payment. And they end up getting sicker and show up in the ED," Craig Lindsey, vice president of clinical services of the system told the **Citizen-Times**. Further evidence of patients skipping out on care is that "after a decade of steadily climbing, the U.S. rate of colorectal cancer screening among those 50-75 years old stalled between 2010 and 2013, according to the Centers for Disease Control and Prevention," reported **The Columbus Dispatch**.

Some healthcare providers hope the law changes. Oncologist Ezekial Emanuel, former advisor for healthcare policy to the Office of Management and Budget, told **USA Today**, "higher deductibles should apply to discretionary services, like knee replacements and low or no deductibles should be for more important treatment such as insulin or ophthalmologist visits."

According to the **Boston Business Journal**, "a possible solution could be more coordinated care, so people knowledgeable of the system can ensure patients are being cared for in the right space." Talk with your CEO about how to work with your local community to provide access to affordable preventive care.



# Quorum Board Minutes

*Addressing Changes in the Healthcare Landscape*

## The New Way Physicians Will be Paid

November 2015

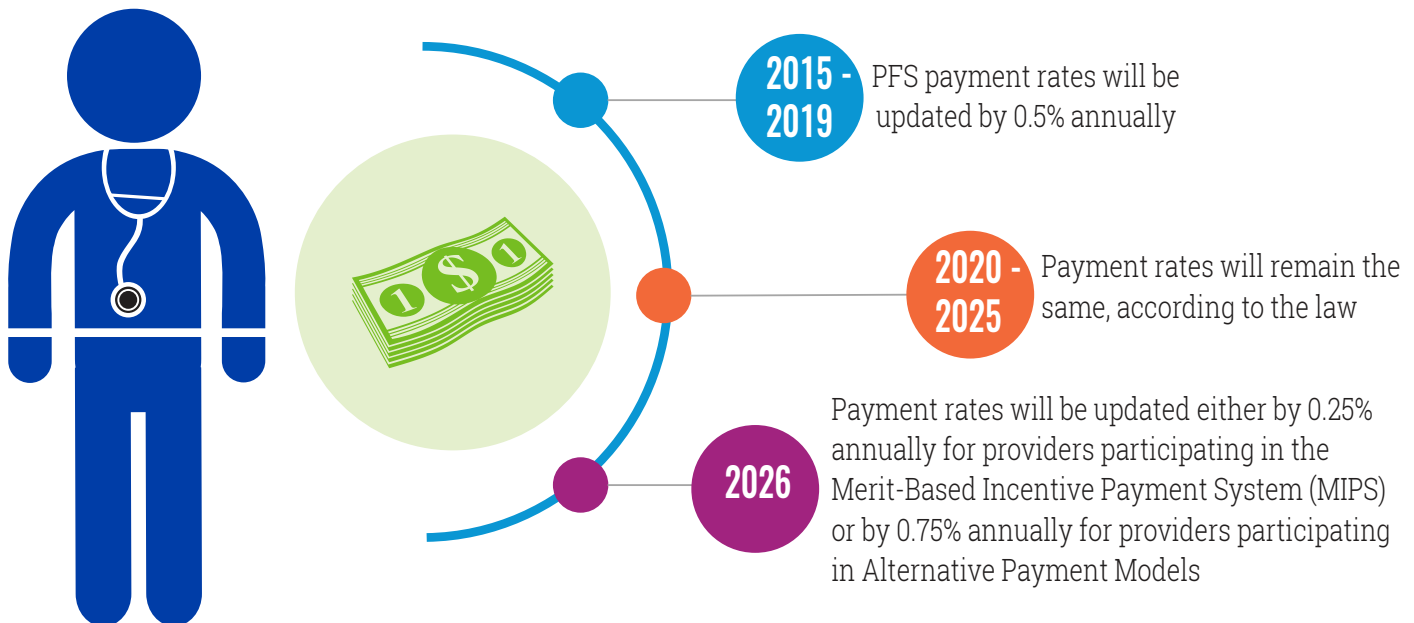
The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) extended a number of Medicare payment enhancement programs, repealed the Sustainable Growth Rate (SGR) formula and instituted a new value based purchasing/incentive payment system for physicians: Merit Based Incentive Payment System (MIPS).

### SGR Formula

The SGR formula was instituted with the Balanced Budget Act of 1997 and was intended to control the Medicare budget for physician services. The SGR formula did not adequately account for growing Medicare population and increasing service utilization, which resulted in CMS proposing physician fee schedule (PFS) payment reductions by 20 to 30 percent annually. Congress has postponed the reductions each year; this Act replaces the SGR formula.

### MACRA Sets Annual Payment Rate Increases

MACRA consolidates and expands pay-for-performance incentives within the Medicare physician fee-for-service system, creating the MIPS. Physicians, mid-level practitioners and other professionals who receive reimbursement under the Medicare PFS will be subject to MIPS.



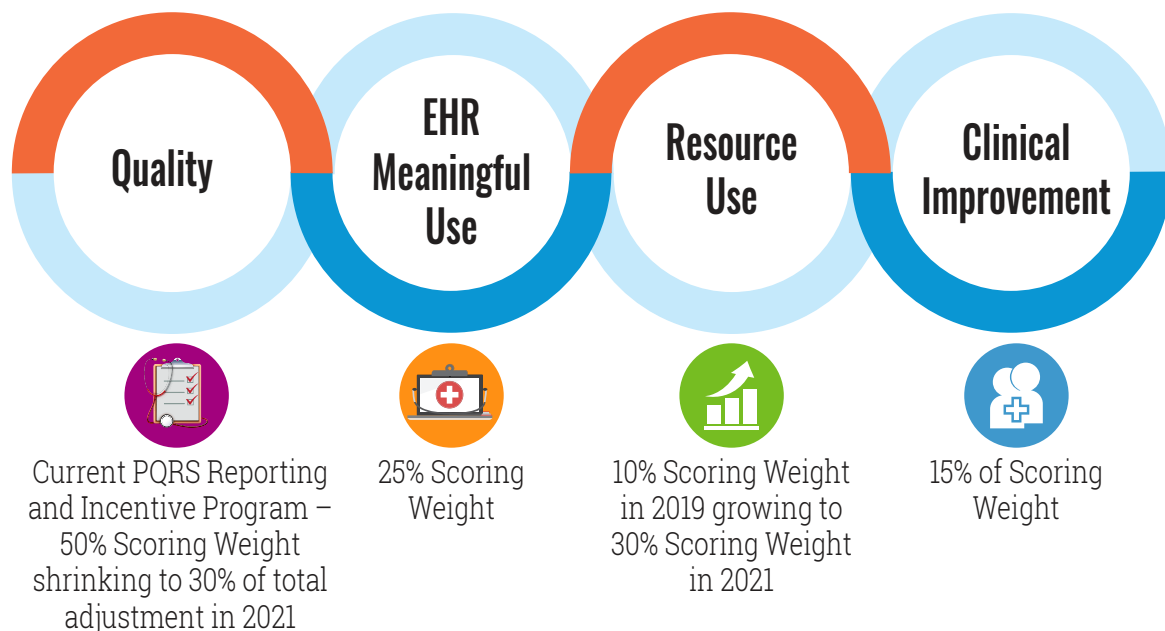
### Merit-Based Incentive Payment System

CMS is currently developing detailed regulations to implement MACRA and requested industry input on various aspects of MIPS including development, implementation, scoring methodology, etc. Under MIPS, **the current Physician Quality Reporting System (PQRS) and EHR Meaningful Use Program will be eliminated and rolled into the MIPS.** Similar to hospital value-based purchasing, physicians will receive annual increases or decreases to payment rates based on performance measures.

## The New Way Physicians Will be Paid (Continued)

MACRA creates four domains, each with yet undetermined measures that will be weighted to calculate an overall MIPS score for the physician (shown right).

Based on the weighted score, CMS will determine bonus payments or penalties for physician payments.



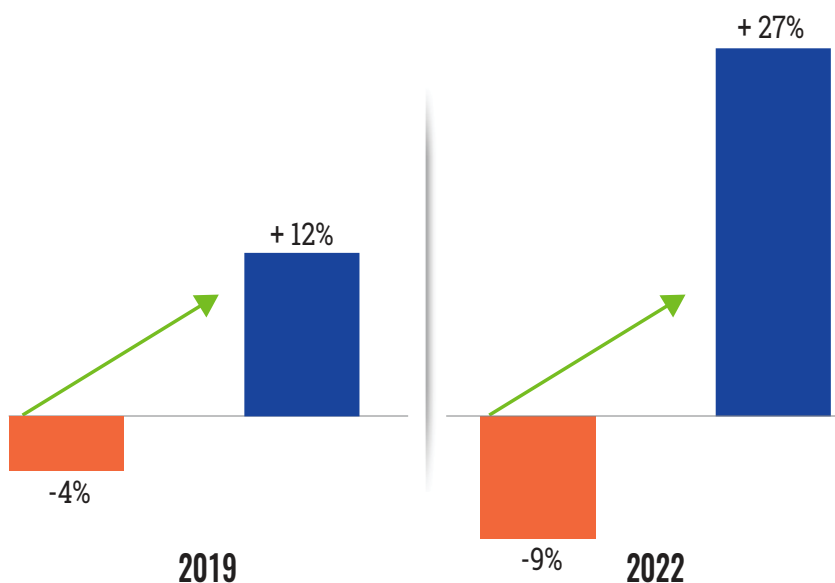
Physicians that participate in “Advanced Payment Models” will be exempt from the MIPS bonus payments or penalties. Instead they will receive a 5 percent incentive payment, for participating in the Advanced Payment Model, which provides another incentive to drive physicians into advanced payment models. Advanced payment models are similar to Accountable Care Organizations, Bundled Payment Demonstration projects and Medical Homes.

The program is designed to be **budget neutral**, with total negative adjustments across all physicians will equal total positive adjustments across all providers. In addition, high performers are eligible to share in an additional bonus funds allocated by the law.

MIPS are still in the development stages and CMS is expected to issue proposed rules in the spring of 2016, with an anticipated MIPS implementation start date of Jan. 1, 2018. MIPS likely will be very complex and difficult to understand and implement by CMS due to the number of practitioners in the country, specialties and general nature of physician practices. Regardless, **physicians and other mid-level practitioners are well advised to become meaningful users of electronic health records and participate in the PQRS reporting system.**

To read more about MIPS please visit:  
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-10-06.html>.

### Range of MIPS Payment Adjustments Over Time



Policy #	Policy Name	New	Revised	No Change	Delete	Comments
EH 001	Tuberculin Skin Test			X		
EH 002	Employee Medical Records			X		
EH 003	Employee Health Program			X		
EH 004	Employee Health Responsibilities			X		
EH 005	Physical Exam		X			Clarity
EH 007	Tuberculosis Screening		X			Req for exposure
EH 008	Hepatitis Screening				X	ARCHIVED - included in EH 006
EH 009	Rubella Screening				X	ARCHIVED - included in EH 006
EH 010	Bloodborne Pathogen Exposure		X			Policies combined, change doc number to EH 008
EH 011	Tuberculin Screening				X	ARCHIVED - included in EH 006

**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health	EH - 008
<b>Subject:</b> Bloodborne Pathogen Exposure	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other
<b>Original Approval Date:</b>	Date: October 22, 2015
<b>Approved by:</b>	Page 1 of 7

**Policy:**

In accordance with Federal, State, and local regulations, Cordova Community Medical Center (CCMC) will provide evaluation, counseling, treatment, and post exposure follow-up free of charge for all employees and volunteers who sustain an exposure to bloodborne pathogens while carrying out the duties of their job.

**Definitions:**

1. **Blood** – Human blood, human blood components, and products made from human blood.
2. **Body Fluids** – Includes, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, any body fluid with visible blood. Saliva without visible blood on non-intact skin, mucous membrane, or by a percutaneous injury needs evaluation for Hepatitis but not HIV.
3. **Bloodborne Pathogens** – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV).
4. **Bloodborne Pathogen Exposure Incident** – a percutaneous injury (i.e.: needlestick or cut with a sharp object), contact of mucous membranes (includes eyes), or non-intact skin (i.e.: chapped, abraded or affected with dermatitis), contact with intact skin when duration of contact is prolonged (several or more minutes), or involves contact of an extensive area of intact skin with blood, tissue, or body fluids.

**Protocol:**

1. All employees sustaining an exposure to blood or body fluids should immediately wash the affected area. Wash skin with soap and water and flush eyes or mucous membranes copiously with water.
2. These employees will inform their supervisor immediately of the event. After an occupational exposure to patient body fluids, an employee should be evaluated immediately by the Emergency Department Nurse, and if appropriate, by a Medical Provider within one hour of the exposure. Evaluation and follow-up services are at no cost to employees. The employee must complete a “Work Related Injury or Illness Incident Report” and “Report of Occupational Injury or Illness” form.
3. Bloodborne Pathogen Exposure Envelopes are obtained from the Nurses Station and the flow sheets and algorithms found inside will be followed.

**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health	EH - 008						
<b>Subject:</b> Bloodborne Pathogen Exposure	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input type="checkbox"/> New</td><td style="width: 40%;">Date:</td></tr><tr><td><input checked="" type="checkbox"/> Revised</td><td>October 22, 2015</td></tr><tr><td><input type="checkbox"/> Other</td><td></td></tr></table>	<input type="checkbox"/> New	Date:	<input checked="" type="checkbox"/> Revised	October 22, 2015	<input type="checkbox"/> Other	
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<b>Original Approval Date:</b>							
<b>Approved by:</b>	Page 2 of 7						

4. In case of a bonafide bloodborne pathogen exposure (see definition in the policy), a Medical Provider must:
  - a. evaluate the exposure incident
  - b. arrange for testing of the employee and the source
  - c. provide counseling
  - d. provide post-exposure prophylaxis
5. Documentation of the occupational exposure must be recorded on the “Bloodborne Pathogen Exposure Report”.
6. Employees who do not initially consent to HIV or HBV testing must be offered the option of baseline blood collection and holding the sample for at least 90 days. The employee may elect any time within 90 days to have the sample tested. If any aspect of the post-exposure testing is refused, document on the Exposure Form and obtain the employee’s signature.
7. Use the “Consent or Denial for Prophylaxis HIV Treatment” form when prophylaxis is offered in accordance with the exposure protocol.
8. The Incident Report must be returned to your department supervisor within 24 hours of the exposure incident.
9. All forms except the original Incident Report and the “Report of Occupational Injury or Illness” form will be returned to the Employee Health Nurse or the Infection Control Coordinator if the Employee Health Nurse is unavailable, within 24 hours.
10. The Employee Health Nurse will assure that the employee is provided with a copy of the Post-Exposure Evaluation form, including Hepatitis B evaluation, prophylaxis given, results of evaluation, recommendations for follow-up and the source individual’s test results within fifteen (15) days of the exposure. The employee will be advised about laws and regulations concerning disclosure of the identity and infectious status of the source.

**AUTHORITY AND RESPONSIBILITIES:**

1. The Emergency Department Nurse and Medical Provider are responsible for examination of the employee with an occupational exposure and for recording information on the Post-Exposure Evaluation Form. The Emergency Department Nurse will:
  - a. Evaluate the exposure incident and need for Medical Provider referral.
  - b. Provide first aid and cleaning of exposed site as needed.



**Cordova Community Medical Center  
Policies and Procedures**

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- c. Provide Bloodborne Pathogen Exposure Envelope with contents and protocol to employee if definition of Bloodborne Pathogen Exposure Incident is met and it is determined that the employee needs evaluation.
  - d. Contact the attending Medical Provider for an evaluation of Health Care Worker (HCW). Evaluation should be completed within one (1) hour.
  - e. Assist the Medical Provider obtaining consents and completing test requirements.
  - f. Assure the Consent for Treatment is signed.
  - g. Assure that the employee incident report and “Report of Occupational Injury or Illness” form are completed.
  - h. Assist the employee in filling out the “Bloodborne Pathogen Exposure Report” form.
  - i. Provide post-prophylactic medication from the pharmacy as ordered by the Medical Provider.
  - j. Administer and document any ordered immunization after assuring that the employee has read the immunization information sheet and has had an opportunity to ask questions.
  - k. Make a copy of the completed incident report and place in the “Envelope”.
  - l. Send the employee incident report to the employee’s supervisor.
  - m. Forward the “Report of Occupational Injury or Illness” form to the Human Resources Department.
  - n. Return all completed forms, consents, lab tests, and checklists to the envelope and forward to the Employee Health Nurse. If the Employee Health Nurse is out of town or unavailable, forward to the Infection Control Coordinator after the Medical Provider has completed the evaluation and documentation.
  - o. ALL RECORDS, FORMS, AND TEST RESULTS ARE **CONFIDENTIAL** AND EXCEPT FOR THE ER CHARGE SHEET, WILL **NOT** BE FORWARDED TO THE BUSINESS OFFICE **OR** LEFT OUT FOR OTHERS TO VIEW.
2. When a Bloodborne Exposure occurs, the Attending Medical Provider will be responsible for immediately evaluating risks of exposure. He/she will:
- a. See HCW within one hour for treatment and perform a risk evaluation for Post-Exposure Prophylaxis.
  - b. Evaluate the source. Counsel the source, obtain consents and order testing for HIV, Hepatitis B, and Hepatitis C if the source consents.
  - c. Counsel employee, obtain consents, and order tests for HIV, Hepatitis B, and Hepatitis C.
  - d. Treat injury as needed.
  - e. Complete the forms found in the Post-Exposure Envelope and listed on the flow sheet found inside the envelope.
  - f. Order lab tests as appropriate (follow algorithm).
  - g. Order appropriate immunizations such as Hepatitis B or Td.
  - h. Counsel the employee about risks and precautions to take to prevent potential spread of blood-borne pathogens.

**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health  <b>Subject:</b> Bloodborne Pathogen Exposure  <b>Original Approval Date:</b>  <b>Approved by:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 5px;">EH - 008</td> </tr> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> New  <input checked="" type="checkbox"/> Revised  <input type="checkbox"/> Other         </td> <td style="width: 40%; padding: 5px;"> <b>Date:</b>           October 22, 2015       </td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;">Page 4 of 7</td> </tr> </table>	EH - 008		<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	<b>Date:</b>  October 22, 2015	Page 4 of 7	
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- i. Order post-prophylactic medications (follow algorithm) as appropriate. Medications for HIV should be started within two (2) hours to be most effective.
  - j. The Medical Provider is encouraged to contact the National Clinicians' Post-Exposure Prophylaxis Hotline (the telephone number is 1-888-448-4911) for assistance if needed to appropriately prescribe prophylactic HIV medication.
  - k. Complete "Bloodborne Pathogen Exposure" form.
  - l. Complete forms found in the envelope.
  - m. Provide written opinion within fifteen (15) days.
  - n. Follow the employee's health and lab results for six (6) months. Respond accordingly.
  - o. Complete the six (6) month evaluation form.
  - p. Release the employee from further surveillance or continue to follow if appropriate.
  - q. Only the Medical Provider can provide the results of the HIV and Hepatitis tests to the employee. Counseling must be provided with that report.
3. The employee is responsible for seeking treatment and evaluation immediately after any "on the job exposure or injury". The employee will complete an employee incident report and the employee's section of the Worker's Compensation form relating to the exposure. He/she is responsible for complying with protective measures and all applicable laws concerning disclosure of the identity and infectious status of the source.

**All information and test results from the patient source which are released to the employee are confidential and may not be shared with others except the attending Medical Provider and the Employee Health Nurse or Infection Control Coordinator.**

4. The Employee Health Nurse assures all records are completed by the appropriate personnel within the designated time frame. The Employee Health Nurse:
- a. Assures that the records are kept confidential.
  - b. Assures that the records are maintained in the employees file.
  - c. Sends the employee's job description to the Medical Provider if requested.
  - d. Provides health records such as immunization history and screening questionnaires completed by the employee at time of hire.
  - e. Tracks and assures the fifteen (15) day written opinion is completed by the Medical Provider and sent to the employee and employer.
  - f. Tracks and assures employee testing is performed at six (6) weeks, twelve (12) weeks, and six (6) months for HIV and Hepatitis. Reports any failure to comply to the employee's supervisor, Medical Provider and the infection control coordinator.
  - g. Assures that all protocol is followed as outlined on the Bloodborne Pathogen Exposure Flow Chart. Consults with the Infection Control Physician as needed.
  - h. Assures the employee receives any necessary immunizations at the appropriate time.

**Cordova Community Medical Center  
Policies and Procedures**

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- i. The Employee Health Nurse maintains these records until the health care worker is no longer an employee plus thirty (30) years.
  
5. The Laboratory Personnel are responsible for collection and testing of blood samples from the source, the employee, and any devices as indicated on the Laboratory Requisition form. The employee may elect to have baseline blood drawn and held for ninety (90) days after the exposure incident and then have the blood tested for HIV and Hepatitis at any time. HIV tests will be sent by the lab for testing with an identifying number only. Lab personnel will submit results of the test to the Medical Provider in a sealed envelope. These results will then be given to the Employee Health Nurse or the Infection Control Coordinator if the Employee Health Nurse is unavailable. Test results will be placed in the employee's health file and will be kept locked for confidentiality purposes. The Medical Provider will notify the employee of the test results and counsel appropriately.
  
6. The Employer is required to provide at no cost:
  - a. HIV/HBV Education
  - b. HBV vaccination
  - c. Post-exposure prophylaxis after exposure if indicated
  - d. Post-exposure follow-up care
  - e. Training and medical record keeping
  - f. If the baseline HCV, HBV, or HIV test is positive, the employee will be referred to their personal Medical Provider for follow-up treatment at the employee's expense.
  
7. Bloodborne Pathogen Exposure Prevention education and review of the Exposure Control Plan will be provided at least annually.
  
8. The Exposure Control Plan which includes a copy of the current OSHA regulations will be kept in each department for easy access. The Exposure Control Plan includes a rating or risk category for all positions at CCMC. A list of tasks which are likely to create exposure protection are also found in the plan. The plan also contains a list of work practice and engineering controls practiced at CCMC to reduce likelihood of bloodborne pathogen exposure. Work practice control details are also explained in the Policy and Procedure "Standard Precautions and Transmission Based Isolation".
  
9. Record Keeping:
  - a. Occupational related Employee Health Medical Records will be maintained in the locked Employee Health files in the Employee Health Nurses office.
  - b. Medical Records are confidential and can be released only with signed consent of the employee.
  - c. Access to the Employee Health Records are limited to the employee, Employee Health Nurse, Infection Control Coordinator, the Infection Control Physician, and the Medical Provider who evaluates and treats the employee for a bloodborne pathogen exposure.

**Cordova Community Medical Center  
Policies and Procedures**

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- d. Exposure records will be available to OSHA upon request as required by law.
- e. The source's records regarding the incident of employee exposure to bloodborne pathogens are released only to the ordering Medical Provider, the Employee Health Nurse/Infection Control Coordinator, and the employee. These records are not placed in the patient's chart or kept with other medical records. The Employee Health Nurse maintains these test result records. The source may, with specific written consent, have these records released to himself, his personal Medical Provider, or others as he/she desires.
- f. Exposure records will be kept for the duration of employment plus thirty (30) years.
- g. When the health care worker is no longer an employee, those employee health records are sent to the Medical Records Department where they are kept separate in a secured confidential file.

10. Envelope contents and disposition of each after completion (see attachment):

- a. "Bloodborne Pathogen Exposure Flow Chart" – envelope
- b. Algorithm for "Post-Exposure Hepatitis B Prophylaxis" – envelope
- c. Algorithm for "Post-Exposure HIV Prophylaxis" – envelope
- d. "Bloodborne Pathogen Exposure Report" – envelope
- e. "Work Related Injury or Illness Incident Report" – department supervisor after copy is made and placed in envelope.
- f. Worker's Compensation forms:
  - "Report of Occupational Injury or Illness" – Human Resources Director
- g. "Physician's Checklist for Exposure" – envelope
- h. "Now That You've Been Exposed" – employee
- i. "Post-Exposure Medical Questionnaire" – envelope
- j. "Consent from the Source Patient for HIV Test due to Possible Employee Exposure" – envelope
- k. "Bloodborne Pathogen Post-Exposure Follow-up Consent for Treatment" – envelope
- l. "Hepatitis B Vaccine and Hepatitis B Immune Globulin Information Sheet" – employee
- m. "Consent or Declination for Post-Exposure Hepatitis B Prophylaxis" form – envelope
- n. "Employee Consent/Declination for Hepatitis B Vaccination" form – envelope
- o. Employee "HIV Test Consent/Declination" form – envelope
- p. "Post-Exposure Prophylactic Medications" – envelope
- q. "Consent or Declination for Prophylactic HIV Medications" – envelope
- r. Lab requisition – laboratory
- s. Booklet titled "Occupational Exposure to HIV" – employee
- t. OSHA's Statutes on Bloodborne Pathogen Exposure – employee
- u. "15 Day Follow-up Report" – envelope and employee
- v. "Six Month Follow-up Completion of Exposure Evaluation" – envelope and employee

**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health  <b>Subject:</b> Bloodborne Pathogen Exposure  <b>Original Approval Date:</b>  <b>Approved by:</b>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">EH - 008</div> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</td><td style="padding: 2px;"><b>Date:</b> October 22, 2015</td></tr></table> <div style="text-align: right; padding-top: 20px;">Page 7 of 7</div>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	<b>Date:</b> October 22, 2015
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**Reference:**

OSHA's Bloodborne Pathogen Standard 1910, 1030, March 6, 1992  
OSHA's Occupational Exposure to Bloodborne Pathogens – Section 9 -  
IX Summary and Explanation of the Standard (WWW Site: [http://  
www.osha-slc.gov:80/Preamble/Blood\\_data/Blood\\_100010.html](http://www.osha-slc.gov:80/Preamble/Blood_data/Blood_100010.html))  
retrieved from website 12/9/1998

**Cross – Reference:**

EH 105 Bloodborne Pathogen Exposure

**Attachment:**

EH 105Aa Contents of Bloodborne Pathogen Exposure Envelope

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Manager \_\_\_\_\_ Date \_\_\_\_\_

Committee Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Cordova Community Medical Center Policies and Procedures

<b>Department:</b> Employee Health  <b>Subject:</b> Tuberculosis Screening Guidelines  <b>Original Approval Date:</b>  <b>Approved by:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 5px;">EH - 007</td> </tr> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> New  <input checked="" type="checkbox"/> Revised  <input type="checkbox"/> Other             </td> <td style="width: 40%; padding: 5px;"> <b>Date:</b>                  October 22, 2015             </td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;">Page 1 of 1</td> </tr> </table>	EH - 007		<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	<b>Date:</b> October 22, 2015	Page 1 of 1	
EH - 007							
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## **Policy:**

Cordova Community Medical Center will perform TB screening on all employees. All volunteers who work inside the building or perform patient care will also be screened.

## **Procedure:**

1. In persons who have never had a positive reaction, but have received a TB vaccination within the last year, a PPD will be administered within 14 days of hire
2. If the employee / volunteer is known, previously documented to be PPD positive, he/she will be instructed to complete the Employee Health program surveillance for TB and obtain a chest X-ray as a baseline. A Mantoux test will not be administered.
3. Employees are skin tested for Tuberculosis (TB) annually unless they have tested positive in the past, have a known allergy to the serum, or have possibly been exposed.
4. Employees who have tested positive in the past must have documentation of a completed chest x-ray that is negative (clear of signs/symptoms of tuberculosis) and will be evaluated annually by completing the "Tuberculosis Screening" questionnaire that evaluates signs and symptoms of tuberculosis on an annual basis.

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Manager \_\_\_\_\_ Date \_\_\_\_\_

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**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health	EH - 005						
<b>Subject:</b> Physical Exam	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input type="checkbox"/> New</td><td style="width: 40%;">Date:</td></tr><tr><td><input checked="" type="checkbox"/> Revised</td><td>October 22, 2015</td></tr><tr><td><input type="checkbox"/> Other</td><td></td></tr></table>	<input type="checkbox"/> New	Date:	<input checked="" type="checkbox"/> Revised	October 22, 2015	<input type="checkbox"/> Other	
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**Policy:**

**A. Physical Examination**

1. Upon hire, each employee will complete a “Health Evaluation History” form that will be reviewed by the Employee Health Nurse and the Employee Health Provider to determine if a physical exam is indicated. The purpose of the exam is to determine any limitations in the workplace.
2. According to the “Americans with Disabilities Act”, employees may be asked about their ability to perform specific job functions (i.e. able to lift 50 pounds), but may not be asked about the existence, nature or severity of a disability.
3. If a physical exam is indicated and completed, the employee, their supervisor, and the human resources director will be notified in writing if there are any work restrictions.
4. The results of the exam will be kept in the individual’s Employee Health Record, not their personal Medical Record. The results of any test or exam may be provided to the employee or their personal physician if the employee follows the procedure and protocol for a release of information.

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Manager \_\_\_\_\_ Date \_\_\_\_\_

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**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health  <b>Subject:</b> Employee Health Responsibilities  <b>Original Approval Date:</b>  <b>Approved by:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 5px;">EH - 004</td> </tr> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> New  <input checked="" type="checkbox"/> Revised  <input type="checkbox"/> Other             </td> <td style="width: 40%; padding: 5px;"> <b>Date:</b>                   October 22, 2015             </td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;">Page 1 of 1</td> </tr> </table>	EH - 004		<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	<b>Date:</b>  October 22, 2015	Page 1 of 1	
EH - 004							
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**Policy:**

1. The Employee Health Nurse, or designee will:
  - A. Provide the employee with necessary testing forms for employment screening after he/she has reviewed the completed screening and health evaluation forms.
  - B. Direct the employee to the lab for blood titers if necessary.
  - C. Collect all necessary paperwork, review the lab test results, and provide all immunizations and TB screenings required for employment.
  - D. Have the Employee Health Physician/Designee review the "Health Evaluation History" form to determine if a physical exam is indicated.
  - E. Contact the employee and instruct him/her to set up an appointment for the physical if the Physician indicates it is necessary.
  - F. Inform the Human Resources Director, in writing, if there are work restrictions for the employee.
  - G. Assure that all employees, contracted individuals and volunteers have completed all screening required for employment prior to start date. If he/she is unable to complete the screening process due to lack of compliance, the employee's supervisor shall be notified and will be responsible for ensuring the employee completes the required screening and vaccinations.
  - H. Notify the Department Managers when their employees are due for annual Influenza vaccination and TB screenings.
  - I. Notify employees when they are due for voluntary immunizations.
  
2. The Employee will:
  - A. Provide the facility with a complete health survey regarding health and infectious disease history as well as immunizations before being assigned patient care duties.
  - B. Be screened for TB infection and immunity to Rubella, Varicella and Hepatitis B.
  - C. Read the appropriate immunization fact sheet prior to receiving any immunization.
  - D. Comply with annual employee health requirements including annual health review form, fit testing, TB skin testing and immunizations.

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Manager \_\_\_\_\_ Date \_\_\_\_\_

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# Cordova Community Medical Center Policies and Procedures

<b>Department:</b> Employee Health  <b>Subject:</b> Employee Health Program  <b>Original Approval Date:</b>  <b>Approved by:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 5px;">EH - 003</td> </tr> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> New  <input checked="" type="checkbox"/> Revised  <input type="checkbox"/> Other             </td> <td style="width: 40%; padding: 5px;"> <b>Date:</b>                  October 22, 2015             </td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;">Page 1 of 1</td> </tr> </table>	EH - 003		<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	<b>Date:</b> October 22, 2015	Page 1 of 1	
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## **Policy:**

Cordova Community Medical Center (CCMC) will maintain an Employee Health Program, which includes health screening, immunizations, education, prevention and follow-up care for any work related injury or illness. In addition, all employees will be provided with information concerning employee health services established by this organization upon hire.

## **Procedure:**

1. The Employee Health Program applies to all CCMC employees, contracted individuals and volunteers.
2. The Infection Control Coordinator, the Employee Health Nurse, the Employee Health Provider and the Human Resources Director are responsible for ensuring that the Employee Health Program complies with the rules and regulations of the state, federal and local health departments along with the policies and procedures of CCMC.
3. CCMC will comply with the “Americans with Disability Act” by making “reasonable accommodation” to allow an individual to perform the essential functions of his/her job.
4. Refusal by an employee to comply with the facility’s employee health program may result in disciplinary action, as defined by the “Employee Handbook”.

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Manager \_\_\_\_\_ Date \_\_\_\_\_

Committee Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health	EH - 002						
<b>Subject:</b> Employee Medical Records	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input type="checkbox"/> New</td><td style="width: 40%;"><b>Date:</b></td></tr><tr><td><input checked="" type="checkbox"/> Revised</td><td>October 22, 2015</td></tr><tr><td><input type="checkbox"/> Other</td><td></td></tr></table>	<input type="checkbox"/> New	<b>Date:</b>	<input checked="" type="checkbox"/> Revised	October 22, 2015	<input type="checkbox"/> Other	
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**Policy:**

Employee Health Medical Records (EHMR) for all employees will be maintained on a current basis and in accordance with Federal and State laws. These records will be kept confidential and retained for the duration of employment plus thirty (30) years.

**Procedure:**

1. A confidential EHMR will be maintained for each employee. This record will contain, at a minimum:
  - a. Employee identification information (e.g., name, DOB, etc.)
  - b. A medical screening and history of immunization status
  - c. Tuberculosis summary record (PPD test results as well as any ordered chest x-ray and questionnaire if history of positive PPD)
  - d. Signed Notice of Reportable Bloodborne Pathogens and Illness Exposure
  - e. Hepatitis B vaccination consent form for employees with direct patient contact
  - f. Dates of all hepatitis B, MMR, and Varicella vaccinations and titer results
  - g. Medical records relative to the employee's ability to receive vaccination
  - h. A copy of all results of examinations, medical testing and follow-up procedures
  - i. Treatments administered by CCMC
  - j. Pertinent medical information deemed appropriate or necessary
  - k. All documentation will be maintained in the Employee Health record
2. All medical information will be kept confidential and released only in accordance with established policies and current laws and regulations governing the release of medical information for employees. Should an employee leave our employment he/she may obtain a copy of his/her EHMR upon submitting a written request to the Employee Health Nurse.
3. Employees may release information from their EHMR. A signed request form (ROI) from the employee must be completed for the release of medical information per HIM policy and procedures.
4. EHMR are maintained by the Employee Health Nurse and are located in a locked cabinet in her/his office. These records are not combined or shared with the employee's personal medical records maintained by HIM.

**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health  <b>Subject:</b> Employee Medical Records  <b>Original Approval Date:</b>  <b>Approved by:</b>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">EH - 002</div> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; border-right: 1px solid black; padding: 5px;"><input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other</td><td style="padding: 5px;"><b>Date:</b> October 22, 2015</td></tr></table> <div style="border-top: 1px solid black; height: 40px; text-align: right; padding-top: 5px;">Page 2 of 2</div>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	<b>Date:</b> October 22, 2015
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**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health	EH - 001						
<b>Subject:</b> Tuberculin Skin Test	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><input type="checkbox"/> New</td><td style="width: 40%;"><b>Date:</b></td></tr><tr><td><input checked="" type="checkbox"/> Revised</td><td>October 22, 2015</td></tr><tr><td><input type="checkbox"/> Other</td><td></td></tr></table>	<input type="checkbox"/> New	<b>Date:</b>	<input checked="" type="checkbox"/> Revised	October 22, 2015	<input type="checkbox"/> Other	
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**Policy:**

**Protocol:**

**1. Administering the Mantoux (PPD) Test:**

Upon employment, the employee/volunteer will be directed to the Employee Health Nurse to receive a Mantoux Tuberculosis Skin Test. TB skin test screening will be performed at the same time or prior to a measles immunization if an employee/volunteer requires both. If a day or more has elapsed after a measles or MMR vaccination, the skin test must be delayed four to six weeks.

- A. The employee will receive 0.1 ml of 5 Tuberculin Units of Purified Protein Derivative Standard (PPD) intradermally on the forearm.
- B. If a wheal does not appear, the PPD may be injected too deeply and the test results may be false negative. If a wheal is not seen and/or if a large amount of solution leaks from the site, then repeat the procedure at another site two (2) inches from the original injection site.
- C. Gently blot the injection site with gauze, circle the site with a pen if desired and place an adhesive bandage loosely over it, if desired. Do not massage the area.
- D. Inform the person of the following:
  - The wheal will resolve in a few hours;
  - Do not apply pressure to or rub the site;
  - Some redness is normal but is not indicative of a positive reaction;
  - May bathe or shower as usual;
  - If any questions or concerns arise, call the Employee Health Nurse;
  - Return in 48 to 72 hours for interpretation;
- E. Document on the TB Skin Test Documentation Form. Include the following:
  - Person's name;
  - Date;
  - Administrator of the test;
  - The lot number;
  - The brand;
  - The expiration date;
  - The facility name where the test was administered;
  - When the site is due to be read;

**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health  <b>Subject:</b> Tuberculin Skin Test  <b>Original Approval Date:</b>  <b>Approved by:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 5px;">EH - 001</td> </tr> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> New  <input checked="" type="checkbox"/> Revised  <input type="checkbox"/> Other         </td> <td style="width: 40%; padding: 5px; vertical-align: top;"> <b>Date:</b>            October 22, 2015         </td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;">Page 2 of 5</td> </tr> </table>	EH - 001		<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	<b>Date:</b> October 22, 2015	Page 2 of 5	
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**2. Two Step Mantoux Testing**

- A. In some people who are infected with M. Tuberculosis, delayed type hypersensitivity to Tuberculin may wane over the years. When these people are skin tested many years after reaction, they may have a negative reaction. However, this skin test may stimulate (boost) their ability to react to Tuberculin, causing a positive reaction to subsequent tests. This boosted reaction may be misinterpreted as a new infection.
  
- B. Two-step Testing is used to distinguish between boosted reactions and reactions due to new infection. If the reaction to the first test is negative, a second test should be done one to three weeks later (usually repeat the test one week later). A positive reaction to a second test probably re-presents a boosted reaction. On the basis of this second skin test result, the person should be classified as previously infected and cared for accordingly.
  
- C. If the reaction to the second test is also negative, the person should be classified as uninfected. In these persons, a positive reaction to any subsequent test is likely to represent a new infection of Tuberculosis.
  
- D. If the first test is positive, the person would be considered as a new infection and a second test would not be done. Refer for evaluation and treatment.
  
- E. Two Step Testing should be used for the initial skin testing for adults who will be tested periodically, i.e. health care workers if that person has no history of a prior positive reaction and has not had a skin test within the last twelve months.
  
- F. Criteria for persons needing Two Step Testing are:
  - Person must be 18 years or older;
  - No history of a prior positive skin test;
  - Never tested; or
  - Does not have a documented negative skin test within the previous 12 months.
  
- G. The protocol for Two Step Testing is the same as for One Step Testing.

**3. Reading and Interpreting the Mantoux Tests**

- A. Locate injection site on the forearm.
  
- B. The area of induration (palpable swelling or hardness) around the site is the reaction to tuberculin. The diameter of the indurated area should be measured against the forearm (perpendicular to the long axis). Erythema (redness) should not be measured. The measurement should be done with a flexible ruler.

**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health  <b>Subject:</b> Tuberculin Skin Test  <b>Original Approval Date:</b>  <b>Approved by:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 5px;">EH - 001</td> </tr> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> New  <input checked="" type="checkbox"/> Revised  <input type="checkbox"/> Other         </td> <td style="width: 40%; padding: 5px;"> <b>Date:</b>          October 22, 2015       </td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;">Page 3 of 5</td> </tr> </table>	EH - 001		<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	<b>Date:</b> October 22, 2015	Page 3 of 5	
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- C. All reactions should be recorded in millimeters of induration, even those classified as negative. If no induration is found, “0mm” should be recorded.
- D. Documentation of the test results should be recorded on the T.B. Skin Test Documentation Form. The form will be given to the Employee Health Nurse.
- E. The test may not be read prior to 48 hours or after 72 hours. If the test was not read at the appropriate time, it must be readministered.
- F. The following criteria will be used regardless of previous administration of BCG vaccine:
- Negative – less than 5 mm.
  - Positive – 5 mm or greater induration. Classified as positive in the following groups:
    - a) Immunocompromised persons;
    - b) Persons known to have or suspected of having HIV infections;
    - c) Close contacts of a person with infectious TB;
    - d) Persons who have chest radiographic findings suggestive of previous TB and who have received inadequate or no treatment.
    - e) Persons who are intravenous drug users of unknown HIV status.
  - Positive – greater than 10 mm. Considered positive in everyone.
4. **PPD Positive Employees/Volunteers**
- A. If the employee/volunteer proves to be or is known to be PPD positive, he/she will be instructed to obtain a chest x-ray.
- B. Employees/volunteers must report the following symptoms to the Employee Health Nurse or the Infection Control Coordinator, especially if they occur in combination. NOTE: THESE SYMPTOMS MAY BE INDICATIVE OF ACTIVE TUBERCULOSIS AND WILL REQUIRE MEDICAL EVALUATION AND TREATMENT.
- Fatigue;
  - Fever;
  - Weight loss;
  - Night sweats;
  - Cough or hemoptysis.
- C. Should an employee report or exhibit any of the symptoms above or convert their PPD status, a chest x-ray will be obtained and the employee will be required to seek a medical evaluation. If the skin test and chest x-ray are significant, the employee will be requested to submit three (3) negative sputum smears for AFB before being allowed to work.

**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health  <b>Subject:</b> Tuberculin Skin Test  <b>Original Approval Date:</b>  <b>Approved by:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 5px;">EH - 001</td> </tr> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> New  <input checked="" type="checkbox"/> Revised  <input type="checkbox"/> Other         </td> <td style="width: 40%; padding: 5px;"> <b>Date:</b>          October 22, 2015       </td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 5px;">Page 4 of 5</td> </tr> </table>	EH - 001		<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	<b>Date:</b> October 22, 2015	Page 4 of 5	
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D. The physician will notify the Public Health Department (see attached algorithm).

**5. Exposure to Active Tuberculosis**

A. The Employee Health Nurse will follow these guidelines when employees are believed or known to be exposed to a patient with TB.

- 1) Consult with the Infection Control Physician when the source patient is identified to be culture positive and has a history of cough or hemoptysis;
- 2) Inform the employee by a written letter of his/her potential exposure to pulmonary tuberculosis;
- 3) When deemed necessary by the Infection Control Physician, screen the exposed employee as follows:
  - If not contraindicated, the employee will undergo Mantoux (PPD) test ten to twelve weeks after the exposure.
  - If the test result is equivocal (i.e., between 5-10 mm induration), a test will be conducted using the other arm.
  - If the test results are positive (i.e., greater than 10 mm induration, or shows an increase on re-testing), the employee will be instructed to obtain a chest X-ray. NOTE: INFORM THE EMPLOYEE NOT TO RECEIVE THE PPD SKIN TEST IN THE FUTURE AS IT WILL HAVE LOST ITS DIAGNOSTIC VALUE AND WILL REMAIN POSITIVE. Should any further exposure occur, a chest x-ray will be required for follow up. No subsequent x-rays will be required unless further exposure occurs or employee reports signs or symptoms of tuberculosis.
  - All skin test convertors will be recorded on the OSHA 200 Log and will be reported to the public health department of the State of Alaska. The Employee Health nurse will instruct the employee to complete an incident report and notify Human Resources of a work related disease transmission.
  - Offer a chest x-ray to an employee with a history of positive skin test. NOTE: the employee/volunteer will be referred to his/her private physician, or to the Health Department, if the chest x-ray is abnormal.
  - If the chest x-ray is normal, instruct the employee/volunteer to watch for, and report any signs and symptoms of tuberculosis, i.e. fatigue, fever, weight loss, night sweats, cough or hemoptysis (see attachment "Employee Health Program Surveillance for Tuberculosis").
  - Obtain a sputum specimen for acid-fast bacilli (AFB) from an employee/volunteer whose chest x-ray is abnormal or who is a new convertor.
  - Inform the Infection Control Coordinator and the Health Department of abnormal chest x-rays or new converts.
  - The employee will complete an incident report and the "Report of Occupational Injury or Illness" form and forward to the Human Resource Department.

**Cordova Community Medical Center  
Policies and Procedures**

<b>Department:</b> Employee Health  <b>Subject:</b> Tuberculin Skin Test  <b>Original Approval Date:</b>  <b>Approved by:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 5px;">EH - 001</td> </tr> <tr> <td style="width: 60%; padding: 5px;"> <input type="checkbox"/> New  <input checked="" type="checkbox"/> Revised  <input type="checkbox"/> Other             </td> <td style="width: 40%; padding: 5px;"> <b>Date:</b>                  October 22, 2015             </td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;">Page 5 of 5</td> </tr> </table>	EH - 001		<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	<b>Date:</b> October 22, 2015	Page 5 of 5	
EH - 001							
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other	<b>Date:</b> October 22, 2015						
Page 5 of 5							

6. The facility will provide employees and volunteers annual testing. CCMC will provide care for any employee who converts or acquires TB as a result of an on the job exposure.
  
7. A copy of all documentation pertaining to tuberculosis testing and for screening process, as well as reports of findings, **MUST BE FILED IN THE EMPLOYEE’S HEALTH FILE.**

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Manager \_\_\_\_\_ Date \_\_\_\_\_

Committee Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Review Signature \_\_\_\_\_ Date \_\_\_\_\_

Review Signature \_\_\_\_\_ Date \_\_\_\_\_

Review Signature \_\_\_\_\_ Date \_\_\_\_\_



# HSB Review of CCMC Policies and Procedures

HSB Review of CCMC Policies and Procedures						Human Resources
						Oct. 15, 2015
Policy #	Policy Name	New	Revised	No Changes	Comments	
HR 001	Incident Report Work Related Injury Illness work			x		
HR 002	OSHA 300 Log and Sharps Injury Work Log			x		
HR 003	Name Badges			x		
HR 004	Employee Orientation		x		added the Orientation checklist	
HR 005	Report Change Operations Officers			x		
HR 006	Employee Personal Files			x		
HR 101	Equal Opportunity Employer			x		
HR 102	Smoke Free Designated Areas		x		Delete policy from HR, duplicate in Admin	
HR 103	PTO Donation			x		
HR 103b	Individual PTO Donation Form			x		
HR 104	In Kind Care for Employees			x		
HR 105	Employment and Hiring			x		
HR 106	Verification of Licensure			x		
HR 107	Criminal Record Verification			x		
HR 108	Applications/Resumes			x		
HR 201	Renew and Maint of Licesure			x		
HR 202	Background Checks			x		
HR 203	Nurse and Aide Abuse Registry			x		
HR 204	Credential			x		
HR 204a	Credential/re-Credentialing				Approved by HSB 10/7/2015	

**Policy:**

All Physicians and Allied Health Professionals requesting privileges at Cordova Community Medical Center (CCMC) are subject to approval by the Administrator and will be credentialed upon that approval.

**Procedure:**

Physicians and Allied Health Professionals will provide their name, address, phone number and type of privileges requested at CCMC to the Administrator. The HR Director/Administrative Assistant or the Health Information Manager will contact CCMC's credentialing service, upon direction from the administrator, to mail out a credentialing packet.

**Reference:**

Employee Handbook \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cross – Reference:**

HR 202 Background Checks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attachment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Policy:**

The Nurse Aide Abuse Registry will be checked before an offer of employment is made at Cordova Community Medical Center (CCMC) Long Term Care Unit as a Certified Nursing Assistant (CNA).

**Procedure:**

1. The HR Director or the Director of Nursing (DON) will contact the State of Alaska Nurse Aide Program Manager via e-mail and request that the registry be checked for the specific CNA
2. If the CNA is not listed on the Registry, they may be offered employment as long as they meet all other qualifications deemed necessary by the DON.
3. A copy of the request and the Registry's response concerning the CNA will be placed in that CNA's HR/Employee Personnel record for verification that the Registry was checked.
4. If the CNA is listed on the Abuse Registry, the potential CNA will be contacted to inform them of the results. An offer of employment will not be made to the CNA.

**Reference:**

Federal Regulations for Long Term Care 483.75 (e) (6), Tag No. F496

\_\_\_\_\_  
\_\_\_\_\_

**Cross – Reference:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attachment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Administrator Signature</b> _____	<b>Date</b> _____
<b>Dept. Mgr/Committee Chair Signature</b> _____	<b>Date</b> _____
<b>Review Signature</b> _____	<b>Date</b> _____
<b>Review Signature</b> _____	<b>Date</b> _____
<b>Review Signature</b> _____	<b>Date</b> _____
<b>Review Signature</b> _____	<b>Date</b> _____

**Policy:**

Cordova Community Medical Center (CCMC) requires background checks on all employees.

**Procedure:**

1. Criminal background checks will be conducted on all new employees, in compliance with applicable state and federal law.
  - A. A background check on contract employees will be obtained from their employers.
2. Education verification:
  - A. Will be done for all professional positions.
  - B. The HR or Department Manager will complete the education verification form and send to the appropriate institution, via fax, email or U.S. Postal Service.
3. Nurse Aide Abuse Registry:
  - A. Director of Nursing or HR Director will perform a check on the Nurse Aide Abuse Registry on all CNA's prior to making an Offer of Employment.
4. Licensure verification:
  - A. Will be performed on all professional positions
  - B. HR or Department Manager will contact the issuing agency for written documentation.
5. Credentialing:
  - A. Will be performed on all physicians and Medical Providers by the HIM department.
6. Work History:
  - A. Will be verified by checking references from past employers listed on application.

**Reference:**

Employee Handbook \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cross – Reference:**

HR 203 Nurse Aide Abuse Registry \_\_\_\_\_

HR 204 Credentialing \_\_\_\_\_

\_\_\_\_\_

**Attachment:**

HR 202b Reference Check form \_\_\_\_\_

HR 202c Application for Background Check \_\_\_\_\_

HR 202d Release of Information Authorization \_\_\_\_\_

<b>Administrator Signature</b> _____	<b>Date</b> _____
<b>Dept. Mgr/Committee Chair Signature</b> _____	<b>Date</b> _____
<b>Review Signature</b> _____	<b>Date</b> _____
<b>Review Signature</b> _____	<b>Date</b> _____
<b>Review Signature</b> _____	<b>Date</b> _____
<b>Review Signature</b> _____	<b>Date</b> _____
<b>Review Signature</b> _____	<b>Date</b> _____

**Policy:**

It is the employee's responsibility to renew their respective licenses and certifications unless otherwise determined by Cordova Community Medical Center (CCMC)

**Procedure:**

1. Any employee in a licensure or certified position is required to have their license or certification renewed prior to the documents' expiration.
2. The employee must furnish CCMC's HR department and their supervisor with a copy of the new license or certificate prior to the documents' expiration.
3. All copies will be maintained in the HR/Employee Personnel record of the employee.

**Reference:**

HR/Employee Handbook

**Cross – Reference:**

**Attachment:**

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

**Policy:**

Cordova Community Medical Center will retain resumes/curriculum vitae (CV) and or employment applications for at least one year.

**Definitions:**

Resume: A brief written account of personal, educational, and professional qualifications and experience prepared by an applicant for a job

Curriculum Vitae (CV): Same as resume, commonly used in medical field

**Procedures:**

All applicants/resumes will be forwarded to the Human Resources Department for appropriate follow-up and storage.

All solicited resumes and application forms not received from agencies will receive a personal response.

Resumes will be stored alphabetically in applicant files in the Human Resources Department grouped by position/technical qualifications.

**Reference:**

None at this time

**Cross – Reference:**

**Attachment:**

None at this time \_\_\_\_\_

Administrator Approved _____	Date _____
Dept. Mgr/Committee Chair Approved _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

**Policy:**

Federal regulations (42 CFR 483.13) 8 (1) (ii) prohibit nursing facilities from “employing individuals who have been convicted of abusing, neglecting, or mistreating residents or patients in a health care related setting.”

These regulations also prohibit the employment of individuals who have had a finding entered into the State Nursing Aide Registry of abuse, neglect, or mistreatment of residents/patients or misappropriation of property. This provision applies to both prospective and current employees, so that at the point such a finding is placed on the registry, Cordova Community Medical Center must terminate the employment of the individual.

In order to comply with federal regulations, Cordova Community Medical Center must make reasonable efforts to ensure that we do not employ such individuals. Therefore, the Cordova Community Medical Center will not hire and will suspend from employment any person who is the subject of a pending charge and/or has been convicted of “abusing, neglecting, or mistreating residents or patients in a health care setting.” This also applies to the individual who has pleaded “nolo contendere” (no contest) to any of the prohibited activities. All current and prospective employees will be required to complete an “Individual Criminal Record Verification” form. These forms then will be maintained in a separate file in the Human Resources Department. Employees who refuse to cooperate with the record check will be terminated. Applicants who refuse to cooperate will be rejected as viable candidates for employment at Cordova Community Medical Center.

In addition, an inquiry will be made to the State Nurse Aide Registry for all applicants who have education or experience as a nursing assistant. The intent of the inquiry will be to determine the presence or absence of a finding of resident/patient abuse, neglect, mistreatment or misappropriation of property.

This policy pertains to persons who are treated as employees for payroll purposes as well as independent contractors and employees from a temporary employment agency. All individuals who are potential candidates for a position must have approval of the Chief Executive Officer prior to hiring.



**References:**

Employee Handbook

**Attachments:**

HR 107a Criminal Record Verification

Administrator Approved _____	Date _____
Dept. Mgr/Committee Chair Approved _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

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

**I. CALL TO ORDER AND ROLL CALL –**

**Kristin Carpenter** called the HSB special meeting to order at 6:30 pm. Board members present: **Kristin Carpenter, Tim Joyce, Tom Bailer, James Burton and Josh Hallquist** (Hallquist arrived at 6:38pm)

A quorum was established.

CCMC staff present: Stephen Sundby, CEO; Tiffany Varnadoe, CFO; Kim Wilson, HR Coordinator; Rebecca Carnell, Director of Nursing; and Randy Apodaca, Rehab Director.

**II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**

- **Guest Speakers ~ None**
- **Audience Comments ~ None**

**III. CONFLICT OF INTEREST ~ None**

**IV. APPROVAL OF AGENDA**

**M/ Bailer S/ Burton** “move to approve the agenda.”

**Upon voice vote, Motion passed 4-0**

**V. APPROVAL OF CONSENT CALENDAR ~ None**

**VI. REPORTS AND CORRESPONDENCE**

**Administrator’s Report ~ Critical Access Hospital Survey**

**Stephen Sundby** introduced Rebecca Carnell, RN our new Director of Nursing. So originally why I had asked for this was because during our survey they hit on our Governance a lot. They actually came back this morning to do an extended survey, at 4:30pm today they met with us and gave us two immediate jeopardies. One was dealing with Emergency Services, Nurses not having training, basically dealing with competency. It dealt with the Blood refrigerator in the Lab, they believe that you can’t hear the alarm from the Nurse’s Station. The second dealt with the sterilization of equipment they use in the ER. And the second was also on sterilization, they watched as someone who was using the autoclave and used it improperly. Our team has already met and it will be abated by tomorrow, so those will be removed by then. The surveyors will be here until Friday, they are also going to look at Dietary and a few other departments. Our last Long Term Care survey did not have any IJ’s. **Carpenter** asked what an Immediate Jeopardy is. **Sundby** responded that it is something that would be a threat to the immediate health care of a patient. **Carpenter** spoke to the meeting that she, Robert Beedle and Tom Bailer attended at the behest of the Surveyor. She really was concerned about sterilization, she said that practices were not current. She talked about governance, which was a big one. And then there were things like they couldn’t identify the paperwork that said that the sprinkler head had been replaced, when you look up you could see that there was, but the documentation was readily available. **Sundby** stated that the facility is out of compliance a little in all of the categories. Some of the things that they have accepted in the past, they want more detail on. There are some physical Plant issues, Sterilization and Governance, those are the main areas. In 10 working days they will send out a notification of the deficiencies, we will have 10 calendar days to return our Plan of Correction. But one of the things that they have hit really hard on and they keep asking questions on is Governance. Since you all are looking to make decisions about how that’s going to happen, I wanted to make sure that you are aware of what’s in that. Also, so that we know what to put into our Plan of Correction for that. The membership for that is pretty easy, you have to have a Governing Board and in some places that can even be one person that is accepting responsibility for the finances and for the oversight of the facility. However you do that, you’re 32

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

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

**President's Report ~ None**  
**Finance Report ~ None**

**VII. ACTION ITEMS ~ None**

**VIII. DISCUSSION ITEMS – See under Administrator's Report**

**IX. AUDIENCE PARTICIPATION**

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

**X. BOARD MEMBERS COMMENTS**

**XI. Executive Session ~ None**

**XII. ADJOURNMENT –**

**M/ Burton S/ Joyce** "I Move to adjourn the meeting."

**Carpenter** declared the meeting adjourned at 7:05pm.

**Transcribed by: Faith Wheeler-Jeppson**

**Minutes**  
**Joint City Council/ Community Health Services Board**  
**Sound Alternatives Conference Room**  
**October 28, 2015 – 12:00 PM**  
**Special Meeting**

**I. CALL TO ORDER AND ROLL CALL –**

**Mayor Kacsh** called the Joint City Council/HSB special meeting to order at 12:03 pm. Board members present: **James Burton, Josh Hallquist, Tom Bailer and Robert Beedle**

A quorum was established.

CCMC staff present: Stephen Sundby, CEO

**II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**

- **Guest Speakers** ~ Ron Vigus with Quorum was available telephonically to answer any Quorum related questions.
- **Audience Comments** ~ None

**III. CONFLICT OF INTEREST ~ None**

**IV. APPROVAL OF AGENDA**

**M/ Beedle S/ Burton** “move to approve the agenda.”

**Upon voice vote, Motion passed 4-0**

**V. APPROVAL OF CONSENT CALENDAR**

**M/ Beedle S/ Hallquist** “move to approve the consent calendar.”

RAD 015, RAD P017, RAD 201a, MS P120, FSP 102, SP 001, SP 002, SP 003, SP 004, SP 005, SP 006, SP 007, SP 008, SP 009, SP 010, SP 011, SP 012, SP 013, SP 014, SP 015, SWB P1000, SWB P1001, SWB P1003, SWB P1004, SWB P1005, SWB P1006, SWB P1007, SWB P1008, SWB P1010, ADM 001, ADM 002, ADM 003, ADM 301, ADM 701, ADM 303, ADM 302, ADM p300a, ADM p300b, EH 104c, QMC 001, ES 101, ES 102, ES 204, ES 205, ES 206, ES 203, ES 401, HIM 103b, HIM 107, HIM 106, HIM 108a, HIM 112, FS P602, FS P601, FS P310, FS P304, FS P201, FS P120, FS P119, FS P102, FS P100, FS P501, FS P502, ER 111, ER 113, IC 001, IC 002, IC 002a, IC 003, IC 004, IC 005, IC 006, IC 007, IC 008, IC 009, IC 010, IC 010a, IC 011, IC 012, IC 013, IC 013a, IC 014, IC 014a, IC 014b, IC 014c, IC 015, IC 016, IC 017, IC 017a, IC 018, IC 019, IC 020, IC 021, IC 022, IC 023a, IC 024, IC 025, IC 026, IC 027, IC 028, IC 029, IC 030, QMC 100.

**Upon voice vote, Motion passed 4-0**

**VI. REPORTS AND CORRESPONDENCE**

**President’s Report ~ None**

**Administrator’s Report ~ *Stephen Sundby*** updated the board members on the progress of the Plan of Correction from the CAH Survey. The Plan of Correction has been sent off to the State. The last remaining piece that is outstanding is the ‘kill switch’ for the generator. The part has been ordered and the delivery date is October 30<sup>th</sup>, just in case it isn’t delivered on time we have asked for an extension for that item.

**Medical Director Report ~ None**

**Finance Report ~ None**

**VII. ACTION ITEMS**

1. Approval of Rules and Regulations of the Medical Staff

**M/ Hallquist S/ Bailer** “move to approve the Rules and Regulations of the Medical Staff.”

**Upon voice vote, Motion passed 3-1**

2. Approval of the CCMC Emergency Operations Plan

**M/ Hallquist S/ Bailer** “move to approve the CCMC Emergency Operations Plan.”

**Upon voice vote. Motion passed 4-0**

3. Approval of the Infection Control Plan

**M/ Burton S/ Hallquist** “move to approve the Infection Control Plan.”

Bailer started that the language ‘revised’ and the revision date should be included to the plan.

**Upon voice vote. Motion passed 4-0**

4. Approval of the Utilization Review Plan

**M/ Burton S/ Bailer** “move to approve the Utilization Review Plan.”

**Upon voice vote. Motion passed 4-0**

## **VIII. DISCUSSION ITEMS ~ None**

## **IX. AUDIENCE PARTICIPATION ~ None**

## **X. BOARD MEMBERS COMMENTS**

**Bailer** ~ We should look at splitting the policies and procedures in meetings to 15 or so at a time.

**Beedle** ~ It would be nice to talk to Ron Vigus, I will be available next week.

**Hallquist** ~ We could as a Board use a lot of guidance on where we need to go.

**XI. Executive Session ~ M/ Beedle S/ Bailer** “move to go into Executive Session for matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity.” Entered into Executed Session at 12:40pm

**M/ Bailer S/ Hallquist** to recess at 12:43 and reconvene at Cordova Center Community Room B.

Meeting called back into session at 12:58 pm at Cordova Center Community Room B

**M/ Burton S/ Bailer** to enter Executive Session for matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the government.

Into Executive Session at 12:58

Out of Executive Session at 1:42

## **XII. ADJOURNMENT –**

M/Bailer S/Hallquist to adjourn – no objection meeting was adjourned at 1:42 pm.

**Upon voice vote. Motion passed 4-0**



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

**Date:** November 18, 2015  
**To:** Health Services Board  
**From:** Stephen Sundby, Ph.D., CCMC Interim CEO/Administrator  
**RE:** Administrator Report/CMS Survey

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

- We have received final (November 2, 2015) approval for the Plan of Correction (POC).

## **2. Staffing**

- New Hires
  1. Physician (Start date of April 4, 2016)
  2. 3 Unit Clerks
  3. 1 CNA
- Current Open Position
  1. Director of Nursing
  2. Long Term Care Coordinator
  3. 4 Registered Nurses
  4. 1 Medical Social Worker
  5. 1 Physical Therapist
  6. 1 Medical Technologist
  7. 1 Quality Assurance/Performance Improvement RN (new)
  8. 1 Business Office Assistant (new) – on hold
- Current Travelers
  1. 2 Registered Nurses
  2. 4 LPN's
  3. 1 Physical Therapist
  4. 1 Medical Technologist

## **CT Scanner**

- Renovations are on schedule for the installation of the CT Scanner.

11/13/15

Cordova Community Medical Center

Page:1

14:27

Balance Sheet

Application Code : GL

User Login Name:tvvarnadoo

September 2015

Description	Year-To-Date	Prior YTD
	Amount	Amount
<b>ASSETS</b>		
Cash & Cash Equivalents	93,921.12	685,403.08
Net Patient Receivables	1,085,744.25	1,047,913.91
Other Receivables	217,602.91	566,077.75
Fixed Assets	4,447,803.32	3,784,738.14
Prepaid Expenses	27,010.29	38,650.61
Inventory	287,704.60	167,057.62
	-----	
<b>TOTAL ASSETS</b>	<b>6,159,786.49</b>	<b>6,289,841.11</b>
	=====	
<b>LIABILITIES</b>		
Payables	2,787,842.84	1,917,788.47
Payroll Liabilities	628,744.94	648,759.10
Other Liabilities	44,917.57	30,766.22
	-----	
<b>TOTAL LIABILITIES</b>	<b>3,461,505.35</b>	<b>2,597,313.79</b>
<b>EQUITY/FUND BALANCE</b>		
	-----	
<b>TOTAL FUND BALANCE</b>	<b>2,698,281.14</b>	<b>3,692,527.32</b>
	-----	
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>6,159,786.49</b>	<b>6,289,841.11</b>
	=====	



Comparison with Prior Year  
Through September 2015

Description	Period Amount	Year-To-Date Amount	Prior Yr Pd. Amount	Prior YTD Amount
<b>REVENUE</b>				
Acute	40,567.97	264,332.54	59,781.98	433,366.75
Swing Bed	27,111.41	788,957.72	18,376.82	572,640.73
Long Term Care	308,978.45	2,968,955.20	283,852.46	2,764,086.75
Clinic	55,134.38	542,512.98	47,716.95	606,918.42
Outpatients-Other	129,686.98	1,615,884.25	157,947.53	2,034,851.56
Behavioral Health	46,473.88	413,609.16	63,280.33	410,025.17
-----				
Patient Services Total	607,953.07	6,594,251.85	630,956.07	6,821,889.38
<b>DEDUCTIONS</b>				
Charity	0.00	184,232.01	30,590.91	314,451.36
Contractual Adjustments	96,944.37	620,719.55	80,251.61	150,070.54
Bad Debt	85,410.66	148,430.41	12,056.02	239,234.73
-----				
Deductions Total	182,355.03	953,381.97	122,898.54	703,756.63
<b>COST RECOVERIES</b>				
Grants	101,473.00	387,915.00	52,244.00	731,895.97
In-Kind Contributions	100,780.74	888,913.86	25,536.66	229,589.94
Other Revenue	-9,361.25	15,546.67	12,188.49	86,477.68
-----				
Cost Recoveries Total	192,892.49	1,292,375.53	89,969.15	1,047,963.59
-----				
<b>TOTAL REVENUES</b>	<b>618,490.53</b>	<b>6,933,245.41</b>	<b>598,026.68</b>	<b>7,166,096.34</b>
<b>EXPENSES</b>				
Wages	270,247.72	2,392,889.91	498,413.20	2,930,835.57
Taxes & Benefits	269,161.73	1,840,464.54	277,235.80	1,465,177.21
Professional Services	80,537.80	1,443,415.82	128,939.40	1,300,784.69
Minor Equipment	4,303.16	12,679.37	935.69	13,120.03
Supplies	29,065.33	304,458.33	50,420.71	424,215.40
Repairs & Maintenance	9,286.77	77,357.80	4,251.49	27,672.54
Rents & Leases	9,271.66	75,270.69	2,205.55	74,998.89
Utilities	39,143.12	417,916.95	39,572.40	234,098.02
Travel & Training	2,582.33	19,219.92	4,108.58	41,264.96
Insurances	19,596.27	149,331.17	6,888.10	127,684.74
Recruit & Relocate	16,527.99	51,281.96	2,075.24	75,483.79
Depreciation	39,869.23	199,255.46	22,650.13	204,698.31
Other Expenses	5,618.33	85,996.35	8,204.61	73,941.26
-----				
<b>TOTAL EXPENSES</b>	<b>795,211.44</b>	<b>7,069,538.27</b>	<b>1,045,900.90</b>	<b>6,993,975.41</b>
-----				
<b>OPERATING INCOME</b>	<b>-176,720.91</b>	<b>-136,292.86</b>	<b>-447,874.22</b>	<b>172,120.93</b>
-----				
Unrestricted Contributions	0.00	0.00	0.00	250,000.00
Restricted Contributions	8.00	51,997.62	0.00	2,091.00
-----				
<b>NET INCOME</b>	<b>-176,712.91</b>	<b>-84,295.24</b>	<b>-447,874.22</b>	<b>424,211.93</b>
=====				

**CCMC**  
**Profit Loss Comparison**  
**2015**

		Actual	Jan	Feb	Mar	Apr	May	June	July	August	September	Monthly Average
<b>REVENUE</b>	<b>Budget YTD</b>	<b>YTD</b>										
Patient Services Revenue	7,435,356	6,594,252	621,577	640,259	821,599	753,702	936,420	750,733	687,859	774,149	607,953	732,695
Deductions	(1,920,572)	(963,382)	(67,751)	(114,811)	(252,496)	(180,297)	(71,282)	285,223	(158,069)	(211,644)	(182,355)	-105,942
Cost Recoveries	660,057	1,292,376	28,526	92,544	90,012	112,272	457,266	265,678	68,032	-14,848	192,892	143,597
<b>TOTAL REVENUES</b>	<b>6,174,842</b>	<b>6,933,245</b>	<b>582,352</b>	<b>617,992</b>	<b>659,115</b>	<b>685,677</b>	<b>1,322,405</b>	<b>1,301,634</b>	<b>597,822</b>	<b>547,657</b>	<b>618,491</b>	<b>789,332</b>
<b>EXPENSES</b>												
Wages	2,731,656	2,392,890	279,655	251,256	279,330	195,239	276,718	300,834	282,557	257,055	270,248	285,877
Taxes and Benefits	1,307,491	1,840,465	157,335	128,059	144,913	48,519	516,328	139,164	255,037	181,947	269,162	204,496
Professional Services	818,984	1,443,416	166,579	219,754	143,416	179,319	288,217	-38,302	247,031	156,864	80,538	160,380
Minor Equipment	27,023	12,679	25	922	2,000	1,744	412	290	2,046	937	4,303	1,409
Supplies	453,938	304,458	25,283	27,412	21,395	56,541	42,002	42,233	40,331	20,196	29,065	33,829
Repairs & Maintenance	19,471	77,358	113	803	145	10,164	5,123	32,246	727	18,750	9,287	8,595
Rents & Leases	77,759	75,271	9,111	7,441	386	15,952	7,638	8,502	8,767	8,204	9,272	8,363
Utilities	460,636	417,917	23,048	26,289	14,102	137,866	39,026	47,019	41,916	49,508	39,143	46,435
Travel & Training	45,384	19,220	765	30	0	1,324	1,016	4,217	7,698	1,587	2,582	2,136
Insurances	118,575	149,331	7,487	16,914	-7,671	43,167	11,157	38,375	10,251	10,055	19,596	16,592
Recruit & Relocate	33,828	51,282	6,315	1,057	0	18,298	3,148	500	5,436	0	16,528	5,698
Depreciation	209,039	199,255	19,985	19,881	0	19,881	19,881	19,960	19,960	39,840	39,869	22,139
Other Expenses	77,808	85,996	3,954	5,246	10,535	20,261	4,579	3,720	17,679	14,405	5,618	9,555
<b>TOTAL EXPENSES</b>	<b>6,381,592</b>	<b>7,069,538</b>	<b>699,656</b>	<b>705,062</b>	<b>608,552</b>	<b>748,274</b>	<b>1,215,244</b>	<b>598,758</b>	<b>939,434</b>	<b>759,347</b>	<b>795,211</b>	
<b>NET OPERATING INCOME</b>	<b>(206,750)</b>	<b>-136,293</b>	<b>-117,304</b>	<b>-87,070</b>	<b>50,563</b>	<b>-62,597</b>	<b>107,161</b>	<b>702,877</b>	<b>-341,613</b>	<b>-211,689</b>	<b>-176,721</b>	
Unrestricted Contributions		51,998	638	28	8	8	12	386	50,886	24	8	
Restricted Contributions												
<b>NET INCOME</b>	<b>(206,750)</b>	<b>(84,295)</b>	<b>(116,666)</b>	<b>(87,042)</b>	<b>50,571</b>	<b>(62,589)</b>	<b>107,173</b>	<b>703,262</b>	<b>(290,727)</b>	<b>(211,665)</b>	<b>(176,713)</b>	

CCMC

Total Pt Revenue		Total AR	Gross AR Days*	Total Expenses (Less Depreciation)	Total Cash	Days Cash on Hand
Aug-14	666,982.92	1,982,131.49	83	701,663.30	911,483.93	35.2
Sep-14	630,956.07	1,825,088.44	76	1,023,250.77	417,022.82	16.1
Oct-14	687,143.61	1,908,495.43	88	384,223.23	299,859.36	11.6
Nov-14	691,812.09	1,712,715.96	71	1,051,420.02	417,022.82	16.1
Dec-14	818,249.41	1,777,135.17	74	1,826,261.14	314,246.37	12.1
Jan-15	621,576.97	1,718,560.05	72	679,671.23	312,370.52	12.1
Feb-15	640,259.38	1,501,678.73	63	685,181.56	274,526.26	10.6
Mar-15	821,598.68	1,533,482.42	64	608,552.07	198,430.05	7.7
Apr-15	753,702.31	1,716,349.41	72	728,393.08	236,791.74	9.1
May-15	936,420.15	1,721,616.42	72	1,195,363.54	91,313.94	3.5
Jun-15	750,733.47	2,000,348.88	83	578,798.03	165,021.19	6.4
Jul-15	687,858.94	1,918,583.93	80	91,947.69	159,284.96	6.1
Aug-15	774,148.88	2,047,042.17	85	719,506.40	155,035.65	6.0
Sep-15	588,037.19	2,032,666.68	85	755,342.00	93,921.12	3.6
729,341.76		Average monthly patient revenue		787,826.72	Average monthly expenses	
23,978.36		*Average per day revenue		25,901.15	Average per day expense	



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Nov 12, 2015

From: Medical Director CCMC

To: Health Service Board Members,

Via: CEO/Administrator

Subj: Medical Directors quality reporting.

1. Peer review has been updated and now includes a review of all transfers and admissions. These are being tracked by the utilization review committee and medical staff. Information from these reviews will be provided upon credentialing of providers. No significant issues have come up with regard to provider care with these reviews in October, however, nursing issues continue to be identified.
2. Telemedicine. Per CMS requirements we are also required to evaluate the providers who provide telemedicine services. On review of telemedicine we have found two errors on the part of the group reading films, both were minor and did not affect quality of care. Feedback was provided to the company. We are receiving quality review from independent sources on them
3. Our quality improvement projects of reducing verbal orders and tracking provider response time. We have not exceeded 30 minutes on any calls in October and our average is closer to 10 minutes. Verbal orders have decreased and now are only being given when providers are arriving or in the middle of caring for a patient. With the exception of some computer issues, all orders have been signed within 24 hrs.
4. In order to improve the quality of care in the Emergency Room and Acute Care Hospital we continue working towards having all nurses and physicians have training in Advanced Lifesaving, to include medical and trauma patients of all ages. In the past month I have conducted one set of training for the nurses and ran 3 drills which all nurses attended on trauma and heart conditions. I have also attended a pediatric lifesaving course. (PALS)
5. I have written a set of medical staff rules and regulations which specify peer review, rounding and other practical requirements to be on the medical staff not contained in the bylaws. This was done with the assistance of the Alaska State Hospital Association.

Respectfully,

C.S. Blackadar, MD  
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October 18, 2015

From: Medical Director CCMC

To: Health Service Board Members,

Via: Utilization Review

Quality Management Committee chair

Acting CEO/Administrator

Subj: Medical Directors annual report on Emergency and Critical Access Hospital Services.

1. Review of CMS regulations reveals that our previous annual report was inadequate in that they it did not include a complete assessment of the services we provided to include specific recommendations on needs and quality. Over the past three weeks the Director of Nursing and I with the assistance of various department heads have under taken a review of the past year ending in October 2015. Future yearend review will be presented to the board in January for the previous calendar year.
2. Numbers:
  - a. 738 patient presented themselves to the Emergency Department for evaluation in the past 12 months. In record review it appears that 331 would be classified as urgent or emergent and 407 were for routine care, mostly after hours and weekends.
  - b. 67 patients were admitted to the hospital. 29 as inpatients and 38 in observation status. 46 patients were transferred. This results in a 9% admission rate. CMS considers 8% a low end threshold for a critical access hospital. If only the urgent cases were considered our rate would be 20%. This would be more in line with Emergency Rooms in locations with after hours and urgent care clinics.
  - c. Our most common admissions were for: 1) nausea and vomiting 2) Pulmonary issues such as asthma or pneumonia. 3) Chest pain to rule out cardiac disease 4) other infections, skin, kidney, etc. 5) Intoxication or drug use.
  - d. The most common reasons for transfer include: 1) Acute coronary syndrome/Myocardial infarction. 2) Head injury 3) Gastrointestinal Disorders to include possible bowel obstructions and appendicitis 4) Unstable fractures 5) Infections to include sepsis and pneumonia. 6) Possible blood clots in legs or lungs.
  - e. The top conditions for patients presenting to the Emergency room include:
    - 1) Musculoskeletal complaints (56)
    - 2) Lacerations (49)
    - 3) Gastrointestinal Issues (42)
    - 4) Trauma/falls (34)

5) Respiratory	(30)
6) Other infections	(28)
7) Cardiac complaints	(17)
8) Intoxication	(16)
9) Foreign body	(10)

- f. Comment on numbers. Due to poor record keeping these numbers are certain to contain some error but represent the best estimation we could come up with.
  - g. Analysis of numbers and adequacy of services. Several of the transfers that occurred (8 head injuries, 3 blood clots and some of the 8 for abdominal issues) may have been able to be avoided with the use of CT scanning and ultrasound. Fortunately we are working on both of these issues. The significant number of orthopedic complaints and lacerations indicates a need for procedural sedation (conscious sedation) for setting fractures, dislocated shoulders and injuries in young children. This is not currently available at CCMC however, we are developing a plan for implementing this with provider and nursing training as well as formal procedures.
3. Inpatient Care. We conducted in depth whole chart reviews of 10 admissions in the past 3 months. The chart reviews show many errors and failure to implement care plans and document discharge instructions. Many orders in the charts are incomplete and were left open at time of discharge. Provider issues include not reconciling all medications at discharge and ensuring that discharge summaries are provided to the following physician. Based on the number of errors found (confirming the CMS findings on our last survey) the utilization review committee will review all inpatient charts on admission in real time. The director of nursing and I will ensure nursing staff and providers adhere to best practices. Additionally, there are no core measures being collected or reported. These are basic CMS indicators of quality of care, as an example, for patients with pneumonia were blood cultures drawn and were they prescribed the correct antibiotic. The utilization review committee is setting up a process to track and report these.
  4. Transfer of patients. A review of 10 transfers that have occurred over the past 3 months revealed that over 50% of the time the receiving physician did not receive adequate records from us. Almost all of the transfer paperwork (EMTALA form) was not completed correctly. In response the utilization review committee will daily review the Emergency Room log and review all transfer paperwork. We will obtain records from the receiving institution and verify that the transfer was performed correctly. Nursing staff will receive training and if needed remedial action in this area. On the positive side during the review all transfers appeared medically necessary and all patients that were transferred with the exception of those transferred only for CT were admitted.
  5. Contracted Services. The only Emergency/Hospital services contracted are tele radiology and the eICU.
    - a. The radiology group participates in a robust QI program which I have copies of for your review if desired. The eICU personnel are credentialed and monitored by Providence Alaska. We have an additional ongoing program to monitor the effectiveness and value of radiology to us since 27 September that has revealed no issues. While the physicians and the radiologist have over a 99% concurrence rate on the films the standard of care is that all films will be read by a radiologist. Additionally when the CT scanner becomes operational it will become more important to have this service if we are to be able to appropriately treat patients with a Cerebral Vascular Accident (Stroke).
    - b. The eICU has been used 9 times in the past year, all by traveling physicians. This may have saved 2 transfers. In only two cases the eICU physician wrote orders. The service has not been used in the past 2 months. From review it appears that the service is primarily used to support nursing and traveling physicians. I will conduct an ongoing assessment to see if this will be required in the future.

6. Quality Improvements. Over the years several required committees have stopped meeting. Additionally no reporting of quality measures has been done. Within the past month several committees have been reconstituted to include pharmacy and therapeutics, infection control, utilization review and an antibiotic stewardship committee. I am a representative on all of these committees and the governing body should expect to see reports for each of these committees through the quality improvement group.
7. Ancillary services.
  - a. The radiology department performed 636 x-rays in the past year. About one half were chest films and the majority of the rest musculoskeletal. After looking at the Emergency Room and transfer data, as well as discussions with the temporary physicians I feel the already planned Ct-scan is an appropriate acquisition for providing Emergency Services.
  - b. The laboratory perform 22,465 tests and sent off 811 tests. The most common test sent out was thyroid testing which occurred 140 times. We are looking at costs for this and other testing to see what is the most efficient mechanism for doing these and what tests are time sensitive and should be considered for running in house.

Summary. This is our first annual report and review of services. We will continue to gather data and involve every aspect of CCMC in our end of year report of 2015. With continued work from the QMC, and the other committees noted above we hope to be able to demonstrate in a data driven format improvement in the quality, safety and efficiency of our medical center

Respectfully,

C.S. Blackadar, MD  
Medical Director CCMC  
[sblackadar@hotmail.com](mailto:sblackadar@hotmail.com)

**Community Health Services Board  
Resolution**

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

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

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

**THEREFORE, BE IT RESOLVED THAT,**

1. All checks issued require two signatures; that checks exceeding \$5,000.00 for expenditures other than non-operational monthly expenses, i.e. payroll taxes, insurance, PERS contribution, etc, require at least one (1) Health Service Board Officer's signature, and that non-check payroll tax payments and cash transfers from the general checking account to the payroll checking account require only one (1) signature.
2. The Health Services Board authorizes the following individuals to act as check signers on the above-mentioned accounts:

Administrator/SA Director	Stephen Sundby
CFO	Tiffany Varnadoe
President	Kristin Carpenter
Member	Robert Beedle
Member	Joshua Hallquist

**PASSED and approved this 2<sup>nd</sup> day of December 2015**

Board Signature: \_\_\_\_\_ Date: \_\_\_\_\_