



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
November 29, 2018 at 6:00PM
REGULAR MEETING

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

Board of Directors

Kristin Carpenter exp. 3/20
April Horton exp. 3/19
Greg Meyer exp. 3/19
Linnea Ronnegard exp. 3/21
Gary Graham exp. 3/21

CCMC CEO

Scot Mitchell

OPENING: Call to Order

Roll Call – April Horton, Kristin Carpenter, Linnea Ronnegard, Gary Graham, and Greg Meyer. Establishment of a Quorum

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS (Speaker must give name and agenda item to which they are addressing.)

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

D. BOARD DEVELOPMENT

1. Energizing Health Care in Cordova – Clay Koplin, CEO of Cordova Electric Coop

E. APPROVAL OF MINUTES

1. October 25, 2018 Regular Meeting Minutes Pgs 1-3

F. REPORTS OF OFFICER and ADVISORS

1. Board Chair – Kristin Carpenter
2. CEO – Scot Mitchell, CEO Pgs 4-6
3. Finance – Bill Storck, Interim CFO Pgs 7-15
4. LTC Nursing – Kadee Goss, RN Pg 16
5. CAH Nursing – Kelly Kedzierski, RN Pg 17
6. Quality Improvement/Infection Control – Kelly Kedzierski, RN Pgs 18-20

G. CORRESPONDENCE

H. ACTION ITEMS

1. 2019 Budget Pgs 21-26
2. CCMC Authority Board of Directors Bylaws Pgs 27-37

I. DISCUSSION ITEMS

1. Sound Alternatives Update Pg 38

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. CEO Annual Evaluation

M. ADJOURNMENT

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

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

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
October 25, 2018 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

April Horton called the Board Meeting to order at 6:00pm.

Board members present: **Linnea Ronnegard, April Horton, and Greg Meyer.**

A quorum was established. 3 members present.

CCMC staff present: Scot Mitchell, CEO; Kelly Kedzierski, CAH DON; Kadee Goss, LTC DON; Bill Storck, Interim CFO, and Faith Wheeler-Jeppson, Compliance Officer.

A. APPROVAL OF AGENDA

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

3 yeas. 0 nay

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Participation ~ None

2. Guest Speaker ~ None

D. BOARD DEVELOPMENT – HIPAA Basics

Scot Mitchell provided HIPAA Basics training to the Board in the packet. A brief overview of the information reviewed was on HIPAA Privacy Rule which establishes standards for the protection of PHI held by Health Plans, Health Care Clearinghouses, Healthcare providers that provide certain care electronically, and their Business Associates. HIPAA Security Rule specifies safeguards that covered entities and their business associates must implement to protect the confidentiality, integrity, and availability of ePHI. The HIPAA Breach Notification Rule requires covered entities to notify affected individuals, JJS, and in some cases, the media of a breach of unsecured PHI. Who must comply with HIPAA Rules? Covered entities and business associates, as applicable, must follow HIPAA rules. The HHS Office for Civil Rights enforces the HIPAA Privacy, Security, and Breach Notification Rules. Violations may result in civil monetary penalties. In some cases, criminal penalties enforced by the U.S. Department of Justice may apply. More information on HIPAA can be found at HHS.gov

E. APPROVAL OF MINUTES

M/ Ronnegard S/ Meyer “move to approve the August 30, 2018 Regular Meeting Minutes as presented”.

4 yeas. 0 nay

Motion passed

Kristin Carpenter arrived at 6:30pm

F. REPORTS OF OFFICERS and ADVISORS

1. **Board Chair– Kristin Carpenter** reported that she had spoken with two community members that provided positive comments, one was for Pharmacist Heidi Voss, and the other was from Tom Bailer.
2. **CEO – Scot Mitchell** reported that he, Kelly, Kadee, and Vivian had attended the Hale Borealis Event which is focused around Emergency Preparedness. This year CCMC has implemented our EOC three times. In April 2019, the facility will be involved in the state-wide 2019 Alaska Shield Disaster Event.
3. **Finance – Bill Storck** reported that the July finance report is in the packet, Bill provided the August Financial report as a handout at the meeting.
4. **LTC Nursing – Kadee Goss** reported that her September and October LTC reports are in the packet, some additional points she had were that last week she attended a Dementia Training and will become a trainer. And she has been focusing on the resident care plans. The Hale Borealis Event was great, there was a lot of information provided.
5. **CAH Nursing – Kelly Kedzierski** reported that her September and October CAH reports are in the packet, additionally Kelly and Kadee will both be pulling several shifts on the floor in coming weeks to help with coverage. They have both been working on Survey Readiness. Kelly enjoyed the Hale Borealis Event, it was interesting to see things from another perspective.
6. **Quality Improvement/ Infection Control – Kelly Kedzierski** reported that she and Kadee have been working on Environmental Rounds with the new iAuditor. And she believes that Relias is going to be a great tool.

G. CORRESPONDENCE ~ None

H. ACTION ITEMS

1. **Acceptance of Dr. Blackadar's Medical Staff membership resignation.**
M/ Horton S/ Meyer "I move that the CCMC Authority Board of Directors accept D. Charles Blackadar's resignation from the CCMC Medical Staff effective immediately."
3 yeas, 1 abstain, 0 nay
Motion passed.
2. **Granting of Privileges for Gregory Engel, MD**
M/ Horton S/ Ronnegard "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Gregory Engel, MD as requested."
4 yeas, 0 nay
Motion passed.
3. **Granting of Privileges for vRad Radiologists**
M/ Horton S/ Ronnegard "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for vRad Radiologists as requested."
4 yeas, 0 nay
Motion passed.
4. **Granting of Privileges for Brian Iutzi, MD**
M/ Horton S/ Ronnegard "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Brian Iutzi as requested."
4 yeas, 0 nay

Motion passed.

5. Election of Secretary/ Treasurer

M/ Horton S/ Meyer “I move to approve Linnea Ronnegard as Secretary/Treasurer.”

4 yeas, 0 nay

Motion passed.

I. DISCUSSION ITEMS

1. CCMC Authority Board of Directors Draft Bylaws

Scot presented an updated draft of the CCMC Authority Board or Directors Board Bylaws, a few housekeeping changes need to be made, and Scot will bring the Draft Bylaws back at the November Board Meeting as an Action item.

J. AUDIENCE PARTICIPATION ~ None

K. BOARD MEMBERS COMMENTS

Horton ~ No comment, thank you.

Ronnegard ~ No comment, thank you.

Carpenter ~ Thank you Linnea, please extend our appreciation to staff.

Meyer ~ Will someone email me the August Financials, thank you.

L. EXECUTIVE SESSION ~ None

M. ADJOURNMENT

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

Carpenter declared the meeting adjourned at 9:10pm.

Prepared by: Faith Wheeler-Jeppson



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CEO Report to the CCMC Authority Board of Directors
November 29, 2018
Scot Mitchell, CEO

The Big Picture

The mid-term election held earlier this month is leading to a change in control of the Federal House of Representatives, while the Senate will stay under Republican control. This pretty much assures political gridlock, at the national level, over the next two years. Congressman Don Young retained his seat in the House of Representatives.

Here in Alaska, we will have a new Governor, Mike Dunleavy. One area to watch for is Dunleavy's stance on Medicaid expansion, which he opposed as a state Senator. He did not come out against it in the campaign, but said he would review the program once in office. The State House of Representatives will have a narrow Republican majority. Representative Stutes was re-elected. The State Senate will also be under Republican control going forward.

The Governor must release his budget in December. A new Governor usually uses the budget prepared by the previous Governor due to the short time between inauguration and the date for the budget to be released. This new budget should give us some ideas about the Governor's budgeting priorities. His campaign position on the Permanent Fund dividend and the need to reduce the State budget will require a close watch of how the Department of Health and Social Services budget is impacted.

Status Updates

Service:

- I have asked Barb Jewell, our Behavioral Health Program Manager, to give an update to the Board at this meeting on the current status of Sound Alternatives. As you know we've had some challenges in this area for a while now, but Barb has developed and implemented an improvement plan that has made enhancements in our behavioral health services.
- We continue to work with Evident to address the issues that persist with our new EHR system, Thrive. One of the major issues is that due to our low volume of patients, we just don't see enough of the system functionality yet to determine where there are problems. These types of problems with new EHR system installations are common in all hospitals, so we are not unique in this experience. We will have several more months of learning before we become comfortable with the system, and work out some of the bugs.
- We have now completed the switch of our internet services from Alaska Communications Services to Cordova Telephone Cooperative. The changeover went smoothly, and we are now enjoying much more bandwidth than we previously had.

Quality:

- We are due to have both our Long Term Care and Critical Access Hospital CMS surveys any day now. There is a new survey process being used in the LTC setting, and we are hearing from other nursing homes in Alaska that it brings more deficiencies due to the way the survey is being conducted, not necessarily that the nursing homes are doing worse in complying with the regulations. Our staff has been working diligently for some time now to become more proficient in the CMS Conditions of Participation, along with continuing to provide high-quality health care to the people who rely on us.
- After the Board reviewed the draft bylaws at the last meeting, I've made the recommended changes, and the new bylaws are on the agenda for the first reading in the approval process. Since the new bylaws require affirmative votes at two different Board meetings, the final approval will be done at the December 27, 2018 Board meeting.

Finance:

- The 2019 CCMC budget is being presented for approval at this Board meeting. I want to thank Bill Storck and Lee Bennett for their hard work in getting the budget ready. With the changes in the EHR system this fall, it has required a different budget process for us. There are some changes in next year's budget as compared to 2018 budget, the most significant is due to the drop in utilization, especially in swing beds, from 2017 to now. Bill and Lee will be able to provide a more detailed review of the budget during the meeting.
- Our auditors have advised us that they should have the audit finished by the end of November. This has been a long, drawn out process hampered by staff turnover. They are currently asking additional questions about the misleading information that we are receiving from our health insurance TPA on how certain items are being shown on invoices. This has led to inaccurate information on how much CCMC actually owes for health insurance claims from last year.
- Due to ongoing issues with the implementation of the Thrive EHR system, the financial statements for September and October are not showing all the actual revenue generated during those months. There is an issue with emergency room revenue not coming across to the financial statements. Bill and Lee can explain this during the meeting.
- As mentioned before, the arrangement that we had with PERS to not have to actually pay the 17% tax on gross payroll has now ended. We received a notice from PERS saying that they are no longer going to allow us to do this. As discussed during the recent joint CCMC Authority Board/City Council meeting, we are working on multiple avenues to try to get some relief from this unfunded mandate from the State of Alaska.

People:

- Randall Draney has accepted the Chief Financial Officer position, and is planning on starting by the end of December. I want to thank the leadership team for their assistance in the recruitment process that lead us to offer the position to Randall. Having a permanent CFO should help us get a better handle on improving the financial condition of CCMC. I want to recognize and thank Lee Bennett and Bill Storck for their help as serving as interim CFO during the past few months. They were able to help us with the installation of the new EHR, and get the budget together on a short time frame.
- We are working with the City to change our Pharmacy Benefit Manager (PBM) for our employee health insurance program. This change will go into effect next spring, and will lead to better service, and reduced cost to CCMC and the City.
- As I've advised the Board many times, the recruitment and retention of staff is one of the most important issues that we deal with every day. We currently have five vacant positions that we're recruiting for. We are asking to add a new position in the 2019 budget that will help us hire a super user for the EHR systems we have. This is a common position in other hospitals, and I feel that we need to bite the bullet and hire one at CCMC. This position should help us improve the effectiveness of the EHR system, along with training our staff on how to use the system. We have an offer out to a candidate for the permanent Radiologic Technologist position. We are also negotiating a contract for an Occupational Therapist and specialty clinics in Pediatrics. We continue to recruit for two Licensed Clinical Social Workers for permanent positions.

Growth:

- We recently started offering Sleep Medicine services through the clinic. These services will include home sleep studies and a routine sleep clinic for patients needing this service to help treat obstructive sleep apnea and central sleep apnea.
- We are planning on making the switch to our new radiology provider, vRad, in December. With this change, CCMC will be billing the professional component of radiology services, in addition to the facility component.
- We have had some preliminary conversations with a Family Medicine physician who is interested in a permanent position. This physician is familiar with Alaska and likes to perform colonoscopy procedures as well as providing OB/GYN services. He is not available until next summer, but we are already trying to schedule a time for him to come to Cordova for a visit next April.
- We have also started utilizing a Durable Medical Equipment provider that will help CCMC reduce the amount of supplies and equipment it gives away that cannot be charged for.
- We are looking at opportunities to increase the amount of time that our Speech Therapist is available to provide services to not only our nursing home residents, but outpatients as well.
- I am currently working on a contract to bring an Occupational Therapist to CCMC on a routine basis. The arrangement could provide services to our nursing home residents, swing bed patients and outpatients as well.
- We are still negotiating a contract to bring Dr. Wesley Gifford to CCMC for a pediatrics clinic.
- Several of our staff have started the research into possibly converting some clinic space to be used as an outpatient services area. The thought is that we could use it for services such as infusion therapy, EKGs, lab drawing area, etc. We are very early in this discussion, but we should have an idea soon on what resources might be needed for such a change.

Community:

- CCMC, along with the City of Cordova and the Native Village of Eyak have started a process of researching the potential for improving collaboration in the healthcare field between these entities. A facilitator has led separate meetings, and one joint meeting to discuss potential options. CCMC has provided data and information on current collaboration activities, along with data from our 2016 Community Health Needs Assessment. We have been asked to provide additional information about the services we provide, along with responded to some concerns/perceptions expressed by NVE. There are two additional joint meetings to be held in the near future.
- We've been having discussions for some time now with Cordova Electric Cooperative on how we might be able to partner with CEC as they develop new smart grid technology for the community, and how that could help us with our power needs. This is an exciting opportunity for us to be on the ground floor of a new push to have a more efficient and reliable power source. There are some potential opportunities for CCMC to work with CEC on this in the near future. Clay Koplin, CEO of CEC will be at the November Board meeting to give a more detailed overview of the opportunity.
- CCMC continues to prepare for the Alaska Shield 2019 statewide disaster exercise. We've had some preliminary discussions with our own staff and state and local emergency preparedness staff on how CCMC will participate. While there are still plenty of unknowns, the initial plan will include multiple terrorism attacks across the state. CCMC will participate along with the City in this multi-day exercise. One area that we are considering is to serve as a Point of Distribution for medications to treat the agent that will be involved in the drill. This will involve mass vaccinations and potentially helping the State as they use CCMC as a hub to distribute medications to outlying communities.



Monthly Financial Statements
September & October
2018

Cordova Community Medical Center Statistics

Change each month

August-18

	31	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative	Monthly
	31	28	31	31	30	31	31	30	31	31	30	31	30	31	Average
Hosp Acute+SWB Avg. Census	29														
FY 2018 ADC	6.4	4.4	4.6	4.6	2.8	1.1	1.8	2.1	1.5	2.1	2.0				2.9
FY 2017	3.1	3.8	4.5	4.5	4.5	4.5	3.1	5.3	4.4	4.5	5.6	5.6	5.8		4.6
FY 2016	0.8	1.9	1.3	2.0	2.0	1.7	2.2	1.2	0.3	0.7	1.1	0.5	1.0		1.2
Acute Admits															
FY 2018	12	4	5	4	4	1	4	5	3	2	0			40	4.0
FY 2017	9	7	7	5	4	4	1	10	6	6	8	2	4	69	5.8
FY 2016	6	8	3	8	9	9	5	7	5	6	10	6	8	81	6.8
Acute Patient Days															
FY 2018	32	8	18	9	2	2	10	16	6	5	0			106	10.6
FY 2017	34	23	29	17	10	10	2	27	13	16	18	6	10	205	17.1
FY 2016	16	15	18	22	26	26	20	11	10	18	22	15	17	210	17.5
SWB Admits															
FY 2018	2	1	0	0	0	0	3	1	1	1	0			9	0.9
FY 2017	5	3	2	1	2	2	0	1	0	0	3	1	1	19	1.6
FY 2016	2	2	0	2	1	1	3	1	0	1	2	1	2	17	1.4
SWB Patient Days															
FY 2018	166	116	124	75	31	31	43	50	41	57	62			765	76.5
FY 2017	64	84	109	111	111	111	90	114	124	120	157	163	171	1,418	118.2
FY 2016	9	40	23	37	28	28	46	25	0	3	11	1	14	237	19.8
CCMC LTC Admits															
FY 2018	2	0	0	2	0	0	0	1	0	0	0			5	0.5
FY 2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
FY 2016	1	0	0	0	0	0	0	2	0	0	0	0	0	3	0.3
CCMC LTD Resident Days															
FY 2018	303	278	310	295	310	310	286	309	310	300	310			3,011	301.1
FY 2017	310	280	310	300	310	310	300	310	310	300	310	300	310	3,650	304.2
FY 2016	310	290	310	297	310	310	298	292	310	300	310	300	310	3,637	303.1
CCMC LTC Avg. Census															
FY 2018	9.8	9.9	10.0	9.8	10.0	10.0	9.5	10.0	10.0	10.0	10.0				9.9
FY 2017	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0		10.0
FY 2016	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0		10.0
ER Visits															
FY 2018	46	43	60	46	54	54	57	78	54	52	33			523	52.3
FY 2017	49	35	47	49	53	53	55	75	68	53	43	42	35	604	50
FY 2016	52	45	52	52	59	59	79	85	74	51	55	37	53	694	58

Cordova Community Medical Center Statistics

Change each month

August-18		31	28	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	Cumulative Monthly		
Jan		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec													
Outpatient Registrations w/ER																									
FY 2018	162	158	213	301	235	176	204																1,449	144.9	
FY 2017	120	111	138	293	136	146	177	168	145	106	110	94												1,744	145
FY 2016	120	117	131	342	159	164	160	172	165	146	126	137												1,939	162
PT Procedures																									
FY 2018	370	221	184	215	295	281	271	408	334	400														2,979	298
FY 2017	416	322	497	399	327	296	343	136	206	373	270	178												3,763	314
FY 2016	319	344	349	401	326	396	291	324	489	346	407	415												4,407	367
Lab Tests																									
FY 2018	352	290	339	208	269	244	358	269	215	236														2,780	556
FY 2017	298	322	284	304	318	283	435	410	337	280	278	305												3,854	321
FY 2016	304	363	324	350	374	399	318	314	319	340	272	219												3,896	325
X-Ray Procedures																									
FY 2018	67	36	58	29	50	59	71	63	39	53														525	53
FY 2017	47	43	37	29	42	63	72	57	43	34	41	33												541	45
FY 2016	60	52	64	56	76	71	63	74	52	44	42	37												691	58
CT Procedures																									
FY 2018	14	7	16	7	7	14	18	21	9	8														121	12
FY 2017	7	7	13	14	12	14	22	15	12	9	8	5												138	12
FY 2016	0	7	16	14	15	24	20	14	15	25	17	13												180	15
CCMC Clinic Visits																									
FY 2018	206	183	203	176	219	190	170	236	241	270														2,094	209
FY 2017	212	175	197	188	248	239	217	284	356	283	199	177												2,775	231
FY 2016	178	197	170	203	222	191	205	231	343	227	203	223												2,593	216
Behavioral Hlth Visits																									
FY 2018	111	98	127	114	112	99	126	111	35	84														1,017	102
FY 2017	70	98	71	90	88	100	85	109	72	85	84	97												1,049	87
FY 2016	94	100	103	104	89	75	58	39	56	47	80	122												967	81
Retail Pharmacy Scripts																									
FY 2018	864	752	969	1,002	1,072	1,020	1,093	1,047	869	1,150														9,838	984

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 09/30/18

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	(36,519)		(36,519)
NET ACCOUNT RECEIVABLE	1,489,216		1,489,216
OTHER RECEIVABLES	(75,000)		(75,000)
PREPAID EXPENSES	29,879		29,879
INVENTORY	351,953		351,953
	-----	-----	-----
TOTAL CURRENT ASSETS	1,759,529		1,759,529
PROPERTY PLANT & EQUIPMENT			
LAND	122,010		122,010
BUILDINGS	7,006,761		7,006,761
EQUIPMENT	6,830,228		6,830,228
CONSTRUCTION IN PROGRESS	607,201		607,201
	-----	-----	-----
SUBTOTAL PP&E	14,566,201		14,566,201
LESS ACCUMULATED DEPRECIATION	(11,115,468)		(11,115,468)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	3,450,733		3,450,733
OTHER ASSETS			
PERS DEFERRED OUTFLOW	1,218,788		1,218,788
TOTAL OTHER ASSETS	1,218,788		1,218,788
TOTAL ASSETS	6,429,050		6,429,050
	=====	=====	=====

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 09/30/18

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	856,016		856,016
PAYROLL & RELATED LIABILITIES	1,391,616		1,391,616
THIRD PARTY SETTLEMENT PAYMENT	747,524		747,524
INTEREST & OTHER PAYABLES	15,663		15,663
LONG TERM DEBT - CITY	4,641,627		4,641,627
OTHER CURRENT LONG TERM DEBT	(51,146)		(51,146)
	-----	-----	-----
TOTAL CURRENT LIABILITIES	7,601,300		7,601,300
LONG TERM LIABILITIES			
2015 NET PENSION LIABILITY	6,907,864		6,907,864
TOTAL LONG TERM LIABILITIES	6,907,864		6,907,864
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	77,000		77,000
TOTAL DEFERRED INFLOWS	77,000		77,000
TOTAL LIABILITIES	14,586,164		14,586,164
NET POSITION			
UNRESTRICTED FUND BALANCE	2,460,523		2,460,523
TEMPORARY RESTRICTED FUND BALANCE	13,035		13,035
PRIOR YEAR RETAINED EARNINGS	(8,672,494)		(8,672,494)
	-----	-----	-----
TOTAL NET POSITION	(6,198,935)		(6,198,935)
TOTAL LIABILITIES & NET POSITION	8,387,228		8,387,228
	=====	=====	=====

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 10/31/18

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	(205,157)		(205,157)
NET ACCOUNT RECEIVABLE	1,944,362		1,944,362
OTHER RECEIVABLES	(75,000)		(75,000)
PREPAID EXPENSES	219,099		219,099
INVENTORY	334,439		334,439
	-----	-----	-----
TOTAL CURRENT ASSETS	2,217,744		2,217,744
PROPERTY PLANT & EQUIPMENT			
LAND	122,010		122,010
BUILDINGS	7,006,761		7,006,761
EQUIPMENT	6,854,944		6,854,944
CONSTRUCTION IN PROGRESS	668,379		668,379
	-----	-----	-----
SUBTOTAL PP&E	14,652,095		14,652,095
LESS ACCUMULATED DEPRECIATION	(11,161,181)		(11,161,181)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	3,490,913		3,490,913
OTHER ASSETS			
PERS DEFERRED OUTFLOW	1,218,788		1,218,788
TOTAL OTHER ASSETS	1,218,788		1,218,788
TOTAL ASSETS	6,927,445		6,927,445
	=====	=====	=====

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 10/31/18

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	1,292,032		1,292,032
PAYROLL & RELATED LIABILITIES	1,550,360		1,550,360
THIRD PARTY SETTLEMENT PAYMENT	747,524		747,524
INTEREST & OTHER PAYABLES	14,216		14,216
LONG TERM DEBT - CITY	4,641,627		4,641,627
OTHER CURRENT LONG TERM DEBT	(54,168)		(54,168)
	-----	-----	-----
TOTAL CURRENT LIABILITIES	8,191,592		8,191,592
LONG TERM LIABILITIES			
2015 NET PENSION LIABILITY	6,907,864		6,907,864
TOTAL LONG TERM LIABILITIES	6,907,864		6,907,864
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	77,000		77,000
TOTAL DEFERRED INFLOWS	77,000		77,000
TOTAL LIABILITIES	15,176,456		15,176,456
NET POSITION			
UNRESTRICTED FUND BALANCE	2,460,523		2,460,523
TEMPORARY RESTRICTED FUND BALANCE	13,035		13,035
PRIOR YEAR RETAINED EARNINGS	(8,672,494)		(8,672,494)
	-----	-----	-----
TOTAL NET POSITION	(6,198,935)		(6,198,935)
TOTAL LIABILITIES & NET POSITION	8,977,520		8,977,520
	=====	=====	=====

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M O N T H			Y E A R T O D A T E			
ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	
			REVENUE			
15,242	116,565	(101,322)	ACUTE	528,437	1,013,835	(485,397)
276,636	289,053	(12,417)	SWING BED	1,902,298	2,832,152	(929,854)
399,274	403,254	(3,980)	LONG TERM CARE	3,919,571	3,954,497	(34,925)
66,652	113,328	(46,675)	CLINIC	843,118	1,071,940	(228,821)
256,807	268,382	(11,574)	OUTPATIENTS	2,173,683	2,526,430	(352,746)
17,652	26,872	(9,219)	BEHAVIORAL HEALTH	304,581	292,610	11,970
86,400	45,276	41,123	RETAIL PHARMACY	758,965	340,217	418,748
1,118,666	1,262,732	(144,066)	PATIENT SERVICES TOTAL	10,430,657	12,031,684	(1,601,027)
			DEDUCTIONS			
0	2,321	2,321	CHARITY	115,841	22,762	(93,079)
(95,465)	376,755	472,220	CONTRACTUAL ADJUSTMENTS	2,380,813	3,669,016	1,288,202
0	29,222	29,222	BAD DEBT	618,109	286,337	(331,771)
(95,465)	408,299	503,764	DEDUCTIONS TOTAL	3,114,765	3,978,116	863,350
			COST RECOVERIES			
0	25,479	(25,479)	GRANTS	374,075	249,863	124,212
90,376	85,881	4,494	IN-KIND CONTRIBUTIONS	914,315	858,319	55,995
3,759	65,215	(61,455)	OTHER REVENUE	54,769	639,528	(584,759)
94,135	176,575	(82,440)	COST RECOVERIES TOTAL	1,343,160	1,747,711	(404,551)
1,308,267	1,031,009	277,257	TOTAL REVENUES	8,659,052	9,801,279	(1,142,227)
			EXPENSES			
262,519	365,214	102,694	WAGES	3,312,588	3,547,046	234,458
141,466	226,810	85,343	TAXES & BENEFITS	1,923,035	2,225,173	302,138
332,544	131,698	(200,845)	PROFESSIONAL SERVICES	1,572,908	1,310,657	(262,250)
99	4,246	4,147	MINOR EQUIPMENT	13,292	41,644	28,351
89,236	52,638	(36,598)	SUPPLIES	866,196	506,977	(359,218)
21,091	8,493	(12,598)	REPAIRS & MAINTENANCE	133,247	83,287	(49,960)
7,232	11,041	3,808	RENTS & LEASES	68,035	108,274	40,238
112,817	110,410	(2,406)	UTILITIES	1,110,676	1,082,739	(27,936)
6,016	5,520	(495)	TRAVEL & TRAINING	54,304	54,136	(167)
3,474	16,667	13,192	INSURANCES	153,576	166,670	13,093
0	4,246	4,246	RECRUIT & RELOCATE	(508)	41,643	42,152
45,713	49,584	3,870	DEPRECIATION	465,927	495,840	29,912
19,937	12,400	(7,537)	OTHER EXPENSES	184,702	124,000	(60,702)
1,042,150	998,971	(43,178)	TOTAL EXPENSES	9,857,983	9,788,091	(69,892)
266,117	32,037	234,079	OPERATING INCOME	(1,198,931)	13,187	(1,212,119)
0	0	0	RESTRICTED CONTRIBUTIONS	20	0	20
266,117	32,037	234,079	NET INCOME	(1,198,911)	13,187	(1,212,099)



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

Date: November 29th 2018
To: CCMC Authority Board of Directors
From: Director of Long Term Care, Kadee Goss, RN
RE: Nursing Report

- We are utilizing all 10 bed Long Term Care at this time.
- We are always focused on safety for all of our residents, we continue with hourly rounds on each resident, making sure beds are in low position when occupied and needed items are in residents reach.
- We had a Speech Therapist come to CCMC and evaluate and make recommendations for our residents that have difficulty with swallowing.
- The Speech Therapist put together a training for the staff that assists our residents with eating (Certified Nursing Assistants and Activity Aides), to insure safety and consistency for all residents when eating meals and snacks.

November Nursing update:

1. Staffing:
 - a. Nursing staffing continues to be adequate as both Kadee and I have worked the floor a few times in the past couple of weeks. It gives us the opportunity to have even more hands on interaction with both our staff and the residents/patients and visitors of CCMC.
2. Census:
 - a. LTC census is 10 residents. Currently, we have 2 Swing beds occupied.
3. The ongoing challenges:
 - a. Surveys-Continue with the current plans and prepare for the CAH survey in the near future.
 - b. Training- Feeding assistant training by Speech Therapist took place on November 17 & 18, 2018.
4. Systems being implemented at this time:
 - a. EVIDENT- There is still much ongoing effort to build the E.H.R system to meet CCMC needs and requirements. Training is ongoing. Learning is ongoing.
 - b. Relias/Gnosis- Relias platform offer a systematic approach to assessing the knowledge, ability, and attitude of CCMC staff. As part of Relias we have also selected and are implementing Gnosis- an assessment driven, personalized online education for our nurses.

Kelly Kedzierski, RN

CAH-DON

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: November 2018 Quality Improvement Report

Quality Improvement

The CCMC team is continuously and consistently working hard to build a healthcare system that focuses on keeping our community healthy, provides appropriate and timely access to excellent healthcare, and provides the right care, at the right time, in the right place, all the while promoting focused improvement.

Currently we are meeting on a monthly basis. The last Quality meeting was held on November 14, 2018 where we discussed:

- Environment of care rounds- our team has pulled together to ensure action items on our environment of care rounds are addressed quickly.
- To ensure that we are in compliance with all of the Plans of Corrections from our Surveys. Each department manager brings their documentation for all of the committee members to view. This gives the committee the data we need so we are able to evaluate our progress toward each quality goal.
- Electronic Documentation-We recently had a few hours of computer down time. Our team worked diligently to get the system back up and running optimally. During the down time I am very proud of how well our unit clerk and nursing staff worked collaboratively to ensure safe, efficient quality care remained the number one focus.

Process Improvement Projects

- We did a recap of few of our Process Improvement Projects we have been doing throughout 2018.
 - Cleaning for the comfort and dignity of residents and patients with a multi-disciplinary approach to planning for deep cleaning with staff from environmental services, infection control, nursing, dietary, and facilities/maintenance all contributing to the agenda.
 - Process improvement on onboarding applicants, education and competency and staff development to ensure highest quality of care.
 - Chart audits, flow and fixing turnaround times.
 - Selecting and implementing Relias electronic training platform for ongoing staff education and competency's- developing training plans tailored to the needs of our staff to best serve the needs of our residents and patients. As part of Relias we have also selected and are implementing Gnosis- an assessment driven, personalized online education for our nurses.
 - Fire Safety Orientation, annual education and fire drills.
 - Out Patient Services- from registration to discharge.

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: November 2018 Infection Control

Infection Control

- The last meeting was held on November 14th, 2018.
- Antibiotic Stewardship-Tracking and Surveillance was main topic at this meeting.
- Respiratory Etiquette and Hand Hygiene are top priorities as it is that time of year.

Fun Facts:

Did you know that November 12-18th, 2018 was U.S. Antibiotic Awareness Week!

According to the CDC:

- Antibiotic resistance is one of the most urgent threats to the public's health.
- Each year in the United States, at least 2 million people get infected with antibiotic-resistant bacteria. At least 23,000 people die as a result.
- Antibiotic resistance does not mean the body is becoming resistant to antibiotics; it means bacteria develop the ability to defeat the antibiotics designed to kill them.
- When bacteria become resistant, antibiotics cannot fight them, and the bacteria multiply.
- Some resistant bacteria can be hard or impossible to treat and can spread to other people.

That is why here at Cordova Community Medical Center we are working hard to keep our patients and community healthy with our Antibiotic Stewardship program.

Antibiotics are often started on patients while diagnostic information is being obtained. Once diagnostic results come back making the clinical picture clearer, our providers do a "Time Out" to reassess the continuing need and choice of antibiotics

- Does the information indicate that this patient has an infection that will respond to antibiotics?
- If so, is the patient on the right antibiotic(s), dose, and route of administration?
- Can a more targeted antibiotic be used to treat the infection?
- How long should the patient receive the antibiotic(s)?

As the prescribers of antibiotics, our providers are fully engaged in and supportive of ongoing efforts to improve antibiotic use.

Viruses or Bacteria

What's got you sick?

Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

Common Condition	Common Cause			Are Antibiotics Needed?
	Bacteria	Bacteria or Virus	Virus	
Strep throat	✓			Yes
Whooping cough	✓			Yes
Urinary tract infection	✓			Yes
Sinus infection		✓		Maybe
Middle ear infection		✓		Maybe
Bronchitis/chest cold (in otherwise healthy children and adults)*		✓		No*
Common cold/runny nose			✓	No
Sore throat (except strep)			✓	No
Flu			✓	No

* Studies show that in otherwise healthy children and adults, antibiotics for bronchitis won't help you feel better.



To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.



CCMC 2019 Budget Assumptions

- Utilization - Hospital wide utilization will remain consistent with 2018 volumes. There may be room for some increase in the retail pharmacy as that service is still growing. Other areas will remain consistent from the budget standpoint with the change in providers being an unknown. There will be increases in radiology revenue as we start billing for the radiologist's interpretation fees and as the use of telemedicine increases.
- Revenue – Will be driven off of statistical projections which will mirror 2018 with the exception of the Radiologist fees, Sleep Medicine program fees and telemedicine fees, which will be new revenue sources in 2019. We are including a 5% increase in rates for next year.
- Contractual Allowances – Payer mix is not expected to change in 2019 so the contractual allowances should parallel 2018 with the exception of any Medicare settlements or mid-year rate adjustments which should be minimal unless utilization changed or payer mix changes. Also, the Medicaid contractual allowance is reduced considerably from 2018 due to the allowance being highly over booked in 2017 which carried over into 2018 due to the Medicaid swing bed patients. The 2019 allowance is based off of budgeted utilization and known reimbursement from Medicaid due to our small hospital contract.
- Charity and Bad Debts – Charity will be budgeted consistent with 2018. Bad Debts may be somewhat higher as we work with our billing company to continue to clean up the accounts receivable and work on clearing out the accounts receivable from the previous information system.
- Cost Recoveries – The larger grants run July through June so we know what the amounts will be for half the year. We will project the second half by what we know. We receive Grant funds for Behavioral Health, Dietary, Emergency Preparedness as well as some smaller grants that come up. We try to apply for any and all grants that we are eligible for. Our in-kind contributions come from the state for PERS, USAC for internet usage and the city for some utilities. PERS funding is determined by the state and USAC funds are determined by contract.
- Expenses
 - Salaries – Staff wages are budgeted using the philosophy approved by the board and the ASHNHA Wage survey. Some staff will receive minimal increases while others will get something more depending on the wage survey as our objective is to be close to average for each job classification. With the new CFO starting the end of December there are currently 6 vacant positions. Wages and benefits will be budgeted for these positions but if not filled the expense will be in travelers and not wages.

- Taxes and Benefits – Payroll taxes are budgeted off of the salary expense. Health & Life are based off of current utilization and projected changes in cost. Some cushion is added for vacant positions that when filled will want health insurance coverage.
 - Travelers – We will continue to need travelers especially in nursing, physical therapy and radiology. We will also be utilizing locum tenens physicians in the clinic and emergency room until we finalize physician recruitment strategies. Hopefully we will be able to replace some positions with permanent staff but those costs will be in the traveler area in the positions we seem to have the most difficulty recruiting.
 - Professional Services – We will continue to need professional services in Information Technology, Administration, Laboratory, Medical Records and probably a few others. Some of these fees are by contract and some are derived at time of service. Will use historical information as well as known needs for the budget. Of course there can always be something that occurs that is unforeseen.
 - Insurance – A majority of our insurance costs are known through most of 2019 as the renewals have recently been completed. There is a chance of a slight increase in property insurance due to recent re-appraisal by the insurance carrier.
 - Depreciation – Is based off of our depreciation schedule for capital already purchased and will be adjusted for any anticipated capital equipment to be purchased in 2019.
 - Other Expenses – the rest of the expense budget will be prepared utilizing historical data as well as known needs for the coming year.
- Cash needs from the City – based on the conversations at the recent joint City Council-CCMC Authority Board Meeting, below are our estimates of needs for cash infusion from the City in 2019.
 - \$600,000 is included in the City budget to go to CCMC for general operational needs.
 - \$600,000 is estimated to be the need for the extra costs of PERS, as discussed during the joint meeting.
 - There was also a request to make sure that CCMC asks for additional cash as needed to keep the health insurance claims and fixed costs current. While we know the general amount of the recurring fixed costs, our estimates for the cost of health insurance claims is included in the operating budget, but can vary widely as only one large claim can have a large impact on any given month. We will work closely with the City Manager to determine needs as they arise.
 - The City Manager and the CCMC CEO will be working with PERS to work out payment arrangements for the PERS invoices in arrears. Once we know the full amount needed for this, it will be presented to the CCMC Authority Board and the City Council. We will be attempting to reduce this burden on CCMC in consultation with the PERS staff.

Cordova Community Medical Center

	2019 <u>Budget</u>	2018 <u>Annualized</u>
<u>Revenue</u>		
Acute/Swing Bed	-3,399,852	-3,237,953
Long Term Care	-4,686,276	-4,686,276
Clinic	-1,184,233	-1,127,841
Outpatients - Other	-3,010,132	-2,866,793
Retail Pharmacy	-912,543	-912,543
Behavioral Health	-468,420	-446,114
Patient Services Total	-13,661,456	-13,277,520
<u>Deductions</u>		
Charity	175,000	198,585
Medicare	675,000	653,349
Medicaid	1,500,000	2,333,663
Commercial	150,000	136,776
Other	853,053	833,879
Contractual Adjustments	3,178,053	3,957,667
Bad Debt	714,758	729,345
Deductions Total	4,067,811	4,885,597
<u>Cost Recoveries</u>		
Grants	-328,000	-413,553
In-Kind Contributions	-1,102,606	-1,102,606
Funds From City	0	0
Other Revenue	-40,155	-40,155
Cost Recoveries Total	-1,470,761	-1,556,314
Net Revenue	-11,064,406	-9,948,237
<u>Expenses</u>		
Patient Care Salaries	2,766,318	2,724,344
Support Salaries	682,531	579,995
Administration Salaries	792,154	780,135
Total Wages	4,241,004	4,084,474
PTO Expense	82,948	56,785
FICA/Medicare	324,436	312,462
Health Life/Ins expense	900,000	803,750
PERS Retirement Expense	1,000,880	1,117,172
Taxes & Benefits	2,308,264	2,290,169

Nursing Travelers	600,000	597,468	
Locums Physicians	400,000	186,431	
PT Travelers	82,400	82,400	
IT Pro Services	291,045	291,045	
Audit/Cost Report	50,000	50,000	
Lab Pro Services	48,056	48,056	
Billing Services	144,000	144,000	
Medical Records	96,000	96,000	
Other Professional Services	110,000	103,197	
Total Professional Services		1,821,501	1,598,597
Minor Equipment		10,692	12,855
Billable Medical Supplies	850,000	806,088	
Non Billable Supplies	138,664	132,060	
Office Supplies	30,212	28,773	
Food Supplies	72,450	69,000	
Freight	29,320	27,925	
Total Supplies		1,120,646	1,063,846
Imaging Repair & Maintenance (CT)	55,000	82,371	
Building Maintenance	31,539	31,539	
Other Maintenance	26,457	33,560	
Total Repairs & Maintenance		112,996	147,470
Apartment Rentals	85,866	86,750	
Copier & Postage Leases	500	-	
Respiratory Equipment Leases	2,527	2,527	
Rents & Leases		88,893	89,277
I. T. Internet/T1 lines	973,200	973,200	
Electricity	107,916	107,916	
Heating Fuel	162,913	162,913	
Vehicle Gas	3,221	3,221	
Water Sewer Garbage	28,597	28,597	
Telephone	31,300	31,300	
Television	11,569	11,569	
Total Utilities		1,318,716	1,318,716
Grant Services Travel & Training	4,106	4,106	
Patient Care Travel & Training	7,695	7,695	
Admin Travel & Training	24,401	24,401	
Other Travel & Training	30,000	29,495	
Total Travel & Training		66,202	65,697
Insurance General Insurance	52,503	52,503	
Insurance Malpractice Insurance	49,326	49,326	
Work Comp Insurance	48,200	87,367	
Unemployment Insurance	18,200	18,200	
Insurances		168,229	207,396

Recruitment & Relocation	50,000	-3,305
Admin Depr-Buildings	165,700	165,700
Admin Depr-Fixed Equip	11,382	11,382
Admin Depr-Moveable Equip	370,260	390,024
Depreciation	547,342	567,106
Licenses & Taxes	11,921	11,921
Dues & Subscriptions	48,578	48,578
Interest Expense	5,821	5,821
Bank Fees	20,229	20,229
Other Expenses	113,478	73,471
Total Other Expenses	<u>200,027</u>	<u>160,020</u>
Expenses	<u>12,054,512</u>	<u>11,602,318</u>
Operating Income	(990,106)	(1,654,081)
Restricted Contributions	<u>0</u>	<u>30</u>
Net Income/(Loss)	<u><u>(990,106)</u></u>	<u><u>(1,654,051)</u></u>

CCMC Capital Budget 2019

Priority

- | | |
|---|---|
| 1 | Really Need To Replace |
| 2 | If not 2019 then 2020 - will need to replace |
| 3 | May go for a few years but will need to be replaced |

Priority	Department	Item	Cost
1	Plant	Replace central vacuum air system	46,400.00
	ED	ER Stretcher	10,500.00
	Nursing	Nurse Call System	45,500.00
	ED/Nursing	ECG Machine	12,950.00
	ED/Nursing	Zoll R Series ALS Defibrillator w/ One statper	38,750.00
	ED/Nursing	IV Pumps	16,500.00
Total Priority 1			170,600.00
2	ED/Nursing	Complete ALS/Intubation/Simulator Maniquinns	7,800.00
	Nursing	Vital Sign Monitors with carts	8,940.00
		Repurpose 2 backup generators & buy 1 new	
2	Plant	exterior generator	140,000.00
Total Priority 2			156,740.00
3	Plant	Remove & replace underground heating oil storage tank	50,000.00
3	Plant	Remove stac from inceneratorator building, remove incenerator, patch roof and landfill haul	8,485.00
Total Priority 3			58,485.00
Total Capital Budget			385,825.00

**Cordova Community Medical Center Authority
Board of Directors Bylaws**

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ARTICLE I: ORGANIZATION

Section 1: PREAMBLE

The Cordova Community Medical Center Authority was established as a public corporate authority of the City of Cordova (“City”) on December 21, 2016 by the City Council of the City of Cordova, Alaska, for the purposes of managing the operations of the Cordova Community Medical Center (“CCMC”). This authority is an instrument of the City, but exists independently of and separately from the City, with powers authorized under Section 1-4 of Title 15 of the Cordova Municipal Code. The authority shall continue to exist until terminated by ordinance. When the Authority’s existence is terminated, all of its rights, and control of assets and properties shall pass to the City.

Section 2: DEFINITION OF CORDOVA COMMUNITY MEDICAL CENTER OR CCMC

Cordova Community Medical Center or CCMC shall mean the group of facilities consisting of an acute care hospital, long term care facility and clinic, and all other health care facilities owned and/or operated by the City.

Section 3: LIMITATIONS OF BYLAWS

These Bylaws are subject to applicable provisions of Alaska Statutes relating to units of local government and health care facilities, including but not limited to government ethics, public records and meetings, performance of the duties imposed by statute upon the Cordova Community Medical Center Authority Board of Directors, and City elections as they may exist or hereafter be amended.

Section 4: PRINCIPAL OFFICE

The principal office for the transaction of the business of Cordova Community Medical Center Authority is hereby fixed as the Administration Office of Cordova Community Medical Center, 602 Chase Avenue, PO Box 160, Cordova, Alaska, 99574.

ARTICLE II: GOVERNING BOARD

Section 1: GENERAL POWERS

Subject to the limitations of these Bylaws, and the statutes of the State of Alaska, and the City of Cordova (which, in any case of inconsistency shall supersede), the affairs and property of the Cordova Community Medical Center Authority shall be governed by and under the authority of the Board of Directors.

Section 2: QUALIFICATIONS

Board members shall be qualified electors of the City of Cordova. No member of the Board shall be an employee, or immediate family member (as defined in 42 CFR 1001.1001(a)(2)) or member of the

household of an employee of CCMC or other medical provider in Cordova either now or any time in the past twelve months; a tenant of the facility either now or any time in the past twelve months; a board member or director of a medical provider other than CCMC either now or any time in the past twelve months; a contractor that provides medical or other services to the facility either now or any time in the past twelve months; an employee of any such tenant or contractor either now or any time in the past twelve months; an individual, an immediate family member (as defined in 42 CFR 1001.1001(a)(2)) or a member of the household of an individual, or a managing employee of an entity, that has been excluded from participation in Medicare, Medicaid or any other Federal health care program as listed on the United States Department of Health & Human Services, Office of Inspector General's List of Excluded Individuals/Entities. No member, or former member, of the Board shall be eligible for employment or contracting to provide services to CCMC until at least twelve months have elapsed since they last served on the Board.

Section 3: NUMBER AND TERM OF DIRECTORS

The Authority shall be governed by a Board of Directors consisting of five members, elected by the voters to three year, staggered terms. The term of office of each elected Authority Board member shall begin immediately after the results of the election are certified by the City Council, and the Authority Board member has taken the oath of office and is sworn in.

Section 4: VACANCIES

Vacancies on the Board shall be filled by the Board until the next regular election, when a member shall be elected to serve the rest of the unexpired term in the same manner that a mayor is now or may hereafter be elected to serve the rest of an unexpired term.

Section 5: POWERS OF THE AUTHORITY

The Authority shall have the powers necessary or appropriate to accomplish the purposes of the Cordova Municipal Code Title 15. In furtherance of its corporate powers, the Authority has the following powers:

- A. To sue and be sued. To have a seal and alter it at pleasure.
- B. To adopt, amend, and repeal bylaws for its organization and internal management, however, bylaws regarding notice of meetings shall be adopted consistent with 3.14.020.
- C. To operate and manage the City land and facilities in Authority inventory.
- D. To design, construct, improve, alter, or repair the City land and facilities in the Authority's inventory, subject to budgetary approval.
- E. Subject to 3.10.020, to accept gifts, grants, or loans, and enter into contracts, partnerships, joint ventures, and similar agreements, or other transactions with any governmental or private agency or entity as the Authority considers appropriate.
- F. To deposit or invest its funds.

The Authority Board may maintain membership in any local, state, or national group or association organized and operated for the promotion of the public health and welfare or the advancement of the efficiency of medical center and community health facilities administration, and in connection therewith, pay dues and fees thereto.

ARTICLE III: OFFICERS

Section 1: ELECTION AND TERMS

The officers of the Authority Board shall be a Chairperson, a Vice Chairperson, and a Secretary/Treasurer, all of whom shall be elected or appointed to one year terms by the Authority Board from amongst its own membership at the first regular meeting in May. Such officers shall hold office until successors shall have been duly elected and qualified. Officers may serve two consecutive one year terms in any office before having to vacate that Office for at least one year before being eligible to serve in that office again. An officer is eligible to serve in a different office, without having to wait for one year.

Section 2: DUTIES AND RESPONSIBILITIES

- A. The Chairperson, serving as the chief governance officer of the Authority Board, shall preside at all meetings of the Authority Board; ensure that the Authority Board fulfills its obligations as set forth in Alaska statutes, City of Cordova Municipal Code, these Bylaws and the Authority governing policies then in effect; and fulfill other responsibilities as may be delegated from time to time in the Board's governing policies.
- B. In the event of the Chairperson's absence, disability or refusal to act, the Vice Chairperson shall have the powers and perform the duties of the Chairperson, and shall have such other powers and duties as the Board may from time to time determine.
- C. The Secretary/Treasurer shall: ensure the issuance of notices of all regular and special meetings on orders of the Chairperson; shall receive and attend to all correspondence of the Board; keep or cause to be kept a record of the Board's proceedings, including minutes of all meetings; and ensure that custody of all records and documents are maintained by the Authority; advise the Authority Board on matters of fiscal policy; ensure that adequate and correct accounts of the Authority's properties and transactions are kept; and shall perform in general all duties incident to the office of Secretary/Treasurer and such other duties as may be required by law, these Bylaws, or which may be assigned, from time-to-time, by the Authority Board of Directors.

ARTICLE IV: COMMITTEES OF THE GOVERNING BOARD

Section 1: DESIGNATION

The Authority Board may establish committees as deemed appropriate in carrying out its purposes. The resolution establishing any such committee shall state the purpose, composition guidelines, timeline and authority of the committee. Committees may be delegated duties and functions not inconsistent with the statutes of the State of Alaska and the City of Cordova Municipal Code. Such committees may be composed of Board members, non-Board members or both. The designation and appointment of any such Committee and the delegation thereto of authority shall not relieve the Authority Board or any individual Board member of any responsibility imposed upon it, him, or her by law.

ARTICLE V: MEETINGS

Section 1: PUBLIC ATTENDANCE

All meetings of the Authority Board, whether regular or special, shall be open to the public unless the subject to be discussed falls within the exceptions pertaining to Executive Sessions contained in Alaska's Government Meetings Public law.

Section 2: TIME AND PLACE

- A. Frequency of Regular Meetings. Regular meetings of the Authority Board shall be held at least once each month.
- B. Special Meetings. The Board shall hold special meetings at the request of the Chief Executive Officer, Chairperson, or any two members of the Board. If the Chairperson is absent from the community, special Board meetings may be held at the request of the Vice Chairperson. Special meetings shall not be held upon less than 24 hours public notice of the time and place of such meeting and its purpose. No business shall be transacted except that which is described in the notice.
- C. Place. Cordova Community Medical Center shall be the usual location of regular Board meetings. With the consent of a majority of the Authority Board members, meetings may be held at any other place within Cordova.
- D. Notice of Regular Meetings. The Authority Board shall provide for and give reasonable, consistent public notice, of the date, time and place for all regular meetings. The notice shall also include a list of the principal subjects anticipated to be considered at the meeting.

Section 3: MINUTES

The Secretary of the Authority Board shall cause to be kept at the principal office of the Authority, a recording of the minutes of all meetings of the Board, showing the time and place, whether a regular or special meeting, and if special, how authorized, the notice given, the names of the directors present, substance of discussion and a statement of the vote of the directors on all motions and resolutions.

Section 4: QUORUM AND ACTION

A majority of the Authority Board members entitled to vote shall constitute a quorum for the conduct of all business. The act of the majority of the Authority Board members present at a meeting at which a quorum is present shall be the act of the Authority Board, unless a greater number is required by any provision of these Bylaws. Board members may participate in meetings in person or via telephone or video conference, as long as all members are able to hear and ask questions during the meeting. The act of a majority of the full five Authority Board members is required to terminate the Chief Executive Officer's employment or contract on a date earlier than the contractual termination date.

ARTICLE VI: CHIEF EXECUTIVE OFFICER

Section 1: AUTHORITY AND DUTIES

- A. The Board of Directors of the Authority shall select the Chief Executive Officer (“CEO”) of the CCMC. The CEO shall serve at the pleasure of the Board. The CEO shall establish and direct all operations of CCMC activities, both internal and external.
- B. The authority and duties of the CEO are as follows:
 - a. The CEO shall be responsible for the overall supervision and direction of the affairs and activities of CCMC. The CEO shall have such authority and duties as may be assigned and directed by the Board and those generally incumbent with CEOs at other hospitals.
 - b. Be responsible for carrying out all applicable federal and state laws, City code, and CCMC rules and regulations. Insure compliance of CCMC with national, state and local standards and accreditation agencies.
 - c. Establishes policies pertaining to total patient care, personnel, medical staff, financial status, public relations, maintenance of building and grounds, all other policies needed for the operation of CCMC under broad directives from the Board. Reviews compliance with established policies by personnel and medical staff. Periodically reviews policies and makes changes as found necessary.
 - d. Establishes departmental staffing patterns. Evaluates job performance, prepares job descriptions, establishes job classifications and sets wage and salary schedules. Hires and discharges employees at CCMC in a manner consistent with federal and state laws and in accordance with the personnel policies of CCMC. Evaluates competence of the work force.
 - e. Work with the professional staff and those concerned with the delivery of quality professional services at the hospital to insure that the best possible care may be rendered to all patients.
 - f. Regularly checks financial status of CCMC and maintains an efficient accounting system to meet the needs of the facility. Develops budget forecasting model, prepares changes to the fee schedules to insure coverage of cost of operations.
 - g. Attends all meetings of the CCMC Boards and all committee meetings of the Board.
 - h. Prepares such reports as may be required on any phase of hospital activity by the Board.
 - i. Represents CCMC in dealings with outside agencies, including governmental and third party payors. Represents CCMC at top level meetings, etc., and participates in such.
 - j. Perform other duties that may be in the best interests of CCMC.

ARTICLE VII: MEDICAL STAFF

Section 1: ORGANIZATION AND APPOINTMENT

- A. The Authority Board shall organize the physicians granted privileges in Cordova Community Medical Center into a Medical Staff under Bylaws, Rules and Regulations approved by the Authority Board. The Authority Board shall consider recommendations from the Medical Staff and appoint physicians, non-physician members, and dependent allied health professionals who meet the qualifications for membership as set forth in the Bylaws of the Medical Staff. Each member shall have appropriate authority and responsibility for the care of his/her patients subject to such limitations as are contained

in these Bylaws and in the Bylaws, Rules and Regulations of the Medical Staff and subject further to any limitations attached to his/her appointment and privileges.

- B. All applications for appointment to the Medical Staff shall be in writing and addressed to the Chief Executive Officer of Cordova Community Medical Center. They shall contain full information concerning the applicant's education and training, licensure, DEA registration, work history/current practice, previous and current hospital affiliations, and any unfavorable history with regard to licensure, privileges, and malpractice suits.
- C. Medical Staff Bylaws and related rules and regulations for the governance and operation of the Medical Staff may be proposed by the Medical Staff to the Authority Board, but only those which are adopted by the Authority Board shall become effective.

Section 2: MEDICAL CARE AND EVALUATION

- A. The Authority Board shall, in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority to insure appropriate professional care for the Cordova Community Medical Center's patients.
- B. The Medical Staff shall conduct an ongoing review and appraisal of the quality of professional care rendered in Cordova Community Medical Center and shall report such activities and their results to the Authority Board.
- C. The Medical Staff shall make recommendations to the Authority Board concerning:
 - a. Appointments, reappointments and other changes in medical staff status.
 - b. Granting of clinical privileges.
 - c. Disciplinary actions.
 - d. All matters relating to professional competency.
 - e. Such specific matters as may be referred to it by the Authority Board.

Section 3: MEDICAL STAFF BYLAWS, RULES AND REGULATIONS

There shall be Bylaws, Rules and Regulations and amendments thereto, for the Medical Staff that set forth its organization and government. Proposed Bylaws, Rules and Regulations should be developed by the Medical Staff and submitted to the Authority Board for adoption. The Authority Board may institute and adopt changes in Medical Staff Bylaws, Rules and Regulations, which are necessary to maintain licensing or accreditation or to meet legal or fiduciary duties, but it shall exercise such rights only after consultation with the Medical Staff.

ARTICLE VIII: CONFLICT OF INTEREST

Section 1: DISCLOSURE

- A. No Authority Board member may vote on any matter in which the member has any financial interest, either directly or indirectly, in their own name or in the name of any other person, association, trust or

corporation. No Board member may represent, either as an agent or otherwise, any person, association, trust or corporation, with respect to any application or bid for any contract or work in regard to which such Board member may be called upon to vote. Nor may any such Board member take or receive, either directly or indirectly, any money or other thing of value as a gift or means of influence in their vote or action in their official capacity.

- B. A board member shall disclose to the Authority Board any conflict of interest in a matter before the Board, before discussion and Board vote on any such matter. A Board member may not take part or be present during any discussion or vote on any matter in which the Board member has a conflict of interest. The Authority Board shall not count a Board member as present for purposes of determining a quorum on any matter in which the Board member has a conflict of interest.

ARTICLE IX: GENERAL CORPORATE MATTERS

Section 1: FISCAL YEAR

The fiscal year of the Authority shall be January 1 through December 31.

Section 2: SIGNATURE AUTHORITY AND CONTRACT AUTHORITY

- A. Except as otherwise provided by law, checks, drafts, promissory notes, orders for payment of money, and other evidences of indebtedness of the Authority shall be signed by the Chief Executive Officer, and countersigned by at least one other person, as designated by Authority.
- B. Contracts, leases or other such instruments executed in the name of and on behalf of the Authority shall be signed by the Chief Executive Officer.

Section 3: CORPORATE RECORDS

The Authority shall keep correct and complete books and records of account, and shall also keep minutes of the proceedings of its Board of Directors and individual committees. The Authority shall keep at its principal office a record giving the names and addresses of its Board of Directors members.

Section 4: BOARD INDEMNIFICATION

- A. Directors and Officers and former Directors and Officers of the Authority and Cordova Community Medical Center shall be indemnified to the fullest extent of the law as provided in the Alaska Statutes 10.20.011(14), or any successor provision or amendment thereto, against expenses actually and reasonably incurred by such person in connection with the defense of any action, suit or proceeding, civil or criminal, in which that person is made a party to by reason of being or having been a Director or Officer, except in relation to matters in which that person was adjudged, in the action, suit or proceeding, to be liable for negligence or misconduct in the performance of his/her corporate duties.
- B. Directors, Officers and employees of the corporation are not liable for corporate obligations.
- C. The Authority may provide insurance to effectuate this section.

Section 5: CONFIDENTIALITY

Board members will protect confidential information learned during the course of their duties and respect the confidentiality appropriate to issues of a sensitive nature. The Authority Board shall comply with all state and federal laws (including the Health Insurance Portability and Accountability Act, HIPAA) regarding the use of confidential patient information and personnel information.

Section 6: RELATIONSHIP OF RESPONSIBILITIES

The Authority Board is ultimately responsible for Authority operations and finances, including the quality of patient care at any hospital or healthcare facility operated by the Authority. Executive Officers of the Authority may be either employees or independent contractors of the Authority. The Authority Board of Directors appoints the Chief Executive Officer, who serves at the pleasure of the Board. The Chief Executive Officers appoints all other executive officers and employees, including employed or independent contractor Medical Staff members. The duties and responsibilities of such executive officers and employees shall be established by the Chief Executive Officer. At any hospital or healthcare facility operated by the Authority, the Medical Staff is a self-governing body, which may consist of employees or independent contractors of the Authority, or independent healthcare providers who are approved to provide healthcare services at the Authority by the Board. The duties and responsibilities of the Medical Staff shall be established in Medical Staff Bylaws adopted by the Medical Staff, subject to approval by the Authority Board of Directors.

ARTICLE X: AMENDMENTS

The power to alter, amend or repeal these Bylaws, or to adopt new Bylaws, is vested in the Authority Board of Directors. Any such amendment may be made at any regular meeting of the Authority Board and shall become effective at the conclusion of the meeting at which made, or at a later time so specified, provided that:

- A. The proposed amendment is presented to the Authority Board at a meeting prior to the meeting at which a vote on the amendment is sought; and
- B. The amendment is approved by two-thirds (2/3) of the Authority Board members serving at the time the amendment is voted on.

ARTICLE XI: ADOPTION

Upon adoption of these Bylaws, all prior Bylaws and amendments thereto are to be of no further force and effect and, provided further, that if any of these Bylaws, or any section or sections are found to be contrary to Alaska Statutes, such Bylaws, section or sections are deemed to have no force and effect, but all remaining Bylaws, section or sections are to remain in full force and effect.

ADOPTED by the Cordova Community Medical Center Authority Board of Directors at their regular meeting on the 27th day of December, 2018.

ATTEST: Kristin Carpenter, Chairperson

ATTEST: Linnea Ronnegard, Secretary/Treasurer

ATTEST: Scot Mitchell, Chief Executive Officer

Revision History

December 27, 2018 Original version approval

Sound Alternatives Behavioral Health and Developmental Disabilities Services

Behavioral Health

At the end of October I attended the Alaska Behavioral Health conference, during which a lot of time was spent on discussing changes in funding and structure for Medicaid and Community Behavioral Health services. There were two pieces of good news: grant funding will not be decreased this year. We will receive our full amount. The second piece of good news is that rates for Medicaid Behavioral Health services have been rebased and most rates have increased. The bad news is that next year's grants supporting Community Behavioral Health are predicted to decrease by 25%.

Our Parenting Group finished and Our Women's Wellness group began. As is typical of new groups, the Women's Wellness group has been sparsely attended but we continue to encourage clients to attend. We have had a few inquiries from people who are not clients who would like to attend, but at this time we do not have the structure to offer groups to individuals who are not Behavioral Health clients.

We are on track to begin a Substance Abuse group as soon as our materials arrive; expected date is week after Thanksgiving.

Our client numbers have remained in the mid 30's. We enrolled 6 new clients since the last report. During this time a number of clients chose to end services; some cited the fact that they had chosen other service providers during the period we did not have any, some because we did not have permanent clinicians and some because they felt they had met their treatment goals.

We are continuing to aggressively recruit for permanent clinicians but do not have any permanent candidates. We are extending a contract for one of our current temporary clinicians which means they will be here through the end of March, and are working with a potential temporary Licensed Clinical Social worker who would come on in December when one of our temporary clinicians leaves. The goal is to have no interruption in services.

We are in the credentialing process with a telepsychiatrist and look forward to offering that service in January. It will fill a much needed gap in services for our clients.

Developmental Disability

We are continuing to work with clients' families and Care Coordinators to identify services for our Developmental Disability clients. We began offering Lifeskills classes in September. These classes meet twice a week with our transition aged (16-24) participants. Most recently, participants have been working on safety and emergency response skills. Paul Trumbley from the Fire Department has volunteered his time to teach an 8 session course.

Challenges

We are continuing to face challenges with hiring qualified staff in all areas of services.