AGENDA
COMMUNITY HEALTH SERVICES BOARD
Cordova Center – Community Room A&B
December 8, 2016 at 7:00PM
REGULAR MEETING

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

Health Service Board

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

CCMC CEO/Administrator
Scot Mitchell

OPENING

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

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

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

D. APPROVAL OF CONSENT CALENDAR

E. APPROVAL OF MINUTES

1. November 10, 2016 Regular Meeting Minutes Pages 1-3

F. REPORTS OF OFFICER and ADVISORS

1. President's Report –
2. Administrator's Report – December CEO Report Attached Pages 4-6
3. Finance Report – September & October Financials Attached Pages 7-23
4. QHR Report – Ken Ward, Associate Vice President Pages 24-26

G. CORRESPONDENCE

H. ACTION ITEMS

1. Continuous Quality Improvement Plan Pages 27-34
2. LTC 301- Abuse, Prevention, Recognition and Reporting Pages 35-46

I. DISCUSSION ITEMS

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

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

K. BOARD MEMBERS COMMENTS

L. EXECUTIVE SESSION

M. ADJOURNMENT

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

Minutes
Community Health Services Board
Cordova Center – Community Rooms A & B
November 10, 2016 at 7:00pm
Regular Meeting

A. CALL TO ORDER AND ROLL CALL –

Josh Hallquist called the HSB regular meeting to order at 7:00pm. Board members present: **Josh Hallquist, Tim Joyce (telephonically), Tom Bailer, David Allison and Robert Beedle.**
James Wiese and James Burton were absent.
A quorum was established. 5 members present; 2 members absent.
CCMC staff present: Scot Mitchell, CEO; Stephen Sundby, Sound Alternatives ED; Lee Holter, CFO; and Randy Apodaca, Rehab Services.

B. APPROVAL OF AGENDA
M/Allison S/Bailer "move to approve the agenda."
Vote on motion: 5 yeas, 0 nays, 2 absent.
Motion was approved.

C. CONFLICT OF INTEREST
Bailer stated that he has a rental contract with hospital.

D. COMMUNICATIONS BY AND PETITIONS FROM VISITORS
1. **Audience Participation** ~ None
2. **Guest Speaker** ~ None

E. APPROVAL OF CONSENT CALENDAR ~ None

F. APPROVAL OF MINUTES
M/Bailer S/Beedle "move to approve the minutes from the September 8th and September 13th as amended."
Vote on motion: 6 yeas, 0 nays, 1 absent.
Motion was approved.

1. Minutes from the September 8, 2016 Regular HSB Meeting
2. Minutes from the September 13, 2016 Special HSB Meeting
3. Minutes from the October 13, 2016 Regular HSB Meeting

James Wiese arrived at 7:06pm

G. REPORTS OF OFFICERS and ADVISORS
President's Report ~ Tim Joyce reported that the Governance Structure is on the agenda again as a discussion item after a few small modifications were made by staff after the last meeting.
Administrator's Report ~ Scot Mitchell reported that his written report is in the packet, and there are a few things that I'd like to add that have come up this week. An email went out earlier this week to let the board know that the State surveyor did show up for our annual Long Term Care inspection. The survey is going relatively well considering the amount of turnover that we've had at the hospital. There are a couple of things that are different with this survey, there is a new set of Fire, Life, Safety code that went into effect last week and we are the first hospital to be surveyed under the new regulations. Also, yesterday we had an audit of our PERS and Social Security, the last time we had an audit was in 2007. We have not gotten the written report back yet, we should be getting that next week or the week after. I will let you know as soon as we get the written audit report. With the Presidential election that happened earlier this week, one of

the key components of his efforts will be on healthcare. We will have to wait and see where this goes in regards to the claim to repeal Obamacare. Next month we will be presenting you our Quality Plan for 2017 and a calendar of all of the Quality activities that we will be performing next year. One of the areas that I'd like to discuss, is right now the Bylaws for the HSB require that you have to approve every policy that the hospital creates. There are some policies that are regulatory in nature that must be approved by the board, for example the Quality Improvement Plan. So one of the things that I'd like to discuss going forward is changing that so that we as staff can get policies in place, reviewed, approved in a lot quicker fashion and would make your board meetings go a lot quicker as well. I'd like to put that on the agenda for next month as a discussion item. Also, there are a lot of things happening at the hospital right now with the surveys and everything, it's nice that for the first time in over a year that we have a full time Senior Executive Team. Lisa Cuff, our new DON started 2 weeks ago; Lee Holter, our CFO has been here a little over a month; I've been here just over 4 months. Between the 3 of us we have over 66 years of health care experience and we're ready to tackle this. We've got two new nurses that started last week and one starting next month. Hopefully very soon we will have a full local staff and we won't have to rely on travelers anymore. And I just wanted you all to know that we are closing on our house just a little earlier than I had originally thought, so I will be taking a few days off next week to move.

Finance Report ~ Lee Holter reported that we have the August Financial Report here, but I was not able to get the September Financials completed. I just want to highlight some of the narrative from Lee Bennett, the 3rd paragraph on page 13 tell that the cost recoveries were $614,085 which was considerably higher than July. Grants were up due to the receipt of monies for the Behavioral Health, Nutritional Transportation and Support grants. Repairs were over budget by $22,513 due to equipment repairs in imagining, the LTC van repair and the annual elevator maintenance contract. We have the stats and I'm hopeful that we will have a good month in September. I should be able to bring the September and October financials to the December meeting.

Lee Holter went into greater detail for the Board to define the classification units per department that were reported on for the statistics.

Quorum Report ~ Ken Ward, QHR Associate Vice President stated that he was glad to be here, and has spent the last few days at the hospital and had the benefit and privilege to sit in on the weekly Leadership Team Meeting. After touring the hospital and meeting the lion's share of the Director's, you have some good people here. They really seem to take ownership and really seem committed to seeing this hospital succeed. Ken defined the acronym MOON (Medicare Outpatient Observation Notice) to the Board. Something we're wanting to stress to the Board to take a look at your Workplace Violence policies and specifically your Active Shooter policies, protocols and training that's being done. It's becoming more common in the workplace. The ALICE Training is the standard that is used, it stands for Alert, Lock Down, Inform, Contain and Evacuate. We're encouraging the boards because it is part their overall responsibility and fiduciary responsibility to ensure that these policies are in place, it's being tested and that the hospital is having drills and reporting that back. **Scot** reported that the hospital has been in touch with Chief Hicks to come in and do some training and a drill for the staff. **Ken Ward** I just wanted to let you know that we will be doing a mini cost report very soon so we can see exactly where we stand on a score board. Coming up here has really helped me a lot putting faces with names and also to see first-hand the challenges that they're up having. What I saw today was very impressive.

H. CORRESPONDENCE ~ None

I. ACTION ITEMS

1. 2015 Audit Financial Statement Approval

M/Bailer S/Wiese "I move to approve the 2015 Audited Financial Statement."

Vote on motion: 6 yeas, 0 nays, 1 absent.

Motion was approved.

2. Amended 2017 CCMC Budget

M/Bailer S/Allison "I move to approve the Amended 2017 CCMC Operating Budget."
Vote on motion: 6 yeas, 0 nays, 1 absent.
Motion was approved.

J. DISCUSSION ITEMS

1. HSB Governance Model

Tim Joyce reported that he has reviewed the draft Governance Model and likes this much better. There are a few things in there that still need to be looked at, there are missing ordinance numbers or state law reference numbers and a few blanks in the document. This is something that we need and I would say that very soon we need to forward this on to City Council to review and adopt. If we're going to have elections in March this needs to be taken care of rather quickly.
Beedle enquired as to whether quarterly meetings were enough.
Scot Mitchell replied that quarterly is what the code currently states. He reiterated that the language in the draft stated "The board shall meet at least quarterly…".

The board continued a discussion regarding the stated frequency of HSB meetings going forward.

The majority of the board members present came to the consensus that the draft governance model is at a point that it should be sent to the attorney's for their review and then to City Council.

K. AUDIENCE PARTICIPATION ~ None

L. BOARD MEMBERS COMMENTS

Joyce ~ Thank you all for your work on the budget and audit report, I know there's a lot of work that's involved, I want to express my appreciation.
Hallquist ~ I really like seeing what's going on, things are looking up, good job guys!
Wiese ~ Thank you Scot for your invitation to the CEO lunch. And thank you guys for your hard work on the reports.
Bailer ~ Something that I heard Ken Ward said tonight that really perked me up, "he saw a real sense of ownership". That is so important, you can't have a successful business if your employees don't have a sense of ownership. I really appreciate that from the employees and I hope that they are getting some kind of recognition for that. Tell them that the board really appreciates that.
Allison ~ Thank you to Scot and staff for the work you do.
Beedle ~ Thank you too, I'm a lot more optimistic now. I appreciate everybody's hard work. It looks like we might be coming out of a swamp.

M. ADJOURNMENT –

M/Bailer S/Allison "I move to adjourn the meeting."
Hallquist declared the meeting adjourned at 8:33pm

Prepared by: Faith Wheeler-Jeppson

Cordova Community
MEDICAL CENTER

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

CEO Report to the HSB
December 8, 2016 Meeting
Scot Mitchell, CEO

The Big Picture

Well, the election is over and Donald Trump is the President-elect. This was the most fascinating election in recent history. Trump has stated that he wants to repeal and replace the Affordable Care Act as one of his first actions as President. It will be very interesting to see what Trump ultimately does with the ACA. It provided insurance coverage to 20 million previously uninsured people, although at an enormous cost. It will be difficult to change the program if it results in those 20 million people losing coverage. On the other hand, the ACA has added trillions in total costs and billions of dollars in administrative costs to the federal budget. Here are some more tidbits about Trump's effects on the healthcare system.

- Trump has nominated Rep. Tom Price from Georgia. Price is an orthopedic surgeon with 20 years of experience in private practice. He is a staunch opponent of government waste and even introduced the Empowering Patients First Act in 2015 that would have fully repealed the ACA and replaced it with a plan that included individual health pools and expanded health savings accounts. The healthcare industry and Republicans have reacted favorably to Price's nomination, but some Democrats are skeptical of him.
- Seema Verma was selected by Trump to be the Centers for Medicare and Medicaid Services (CSM) Administrator. Verma is credited with designing the Healthy Indiana Plan which was that state's consumer-directed Medicaid program. She has also helped other states develop similar plans. She is also supported by the healthcare industry. Both Verma and Price will have to be confirmed by the Senate after Trump takes office next month.
- The American Hospital Association has sent a letter to President-elect Trump asking him to champion several policies that would support the healthcare industry. They asked Trump to not make any abrupt changes or repeal the ACA without a replacement plan. The AHA letter outlined five areas they would like Trump to consider.
    - The removal of some regulatory burdens such as eliminating Stage 3 meaningful use for hospitals; implementation of a penalty for high rates of incorrect denials under the RAC

program; protection of clinical integration arrangements under the Anti-Kickback Statute and eliminating several post-acute care regulations.

- AHA asked Trump to support several financial policies such as addressing the high cost of drugs; protecting the 340B drug pricing program; opposing mergers between payers and to consider Medicare reforms, such as raising the eligibility age.
- Mull over redesigning, or eliminating, many quality reporting requirements. These requirements are excessive, redundant and not always meaningful.
- They advocated for ensuring access to care in his healthcare policies. Specifically, they asked for continued funding for CHIP, expanded mental health services, formation of a permanent Veterans Choice Program which allows veterans to access care outside of the VA system.
- The AHA also asked Trump to maintain, or update, the value-based care models that were adopted in the ACA.

Next year will be very interesting in the healthcare industry. We should buckle up and enjoy the ride!

Status Updates

- As you know, we had a standard LTC licensure and certification survey during the week of November 7th. This included a survey using the new updated life safety codes, of which we are the first facility in Alaska to be surveyed. According to staff that have been through other recent surveys, they stated that this survey was the best one in recent memory for the LTC. While that may be true, we are still working to correct the deficiencies and improve our operations to reach the ultimate goal of having no deficiencies. We are still working on the Plan of Correction, which will list the steps we are taking to correct these shortcomings.
- We had a PERS and Social Security Audit on November 9th. We do know that we will have a few PERS deficiencies to correct from that audit. There should be no Social Security deficiencies, according to the surveyor. We have not yet received the report back from the State.
- The data requested as part of the CMS audit of three physical therapy cases from last year has been completed and submitted. One of the cases that was selected for a review is of significant concern to me. It was a case where a patient had been admitted to swing bed care but the claim was denied since the patient did not have a qualifying three night acute care stay prior to the swing bed admission. Subsequently the decision was made by someone on staff to resubmit the PT claims as an outpatient visit despite the care being given in the swing bed setting. This was not appropriate and we have requested CMS to withdraw that claim. I will update the HSB once we hear back from CMS on these issues.
- As you know from the Special HSB meeting last week, we have worked closely with the City to bring a pared-down subsidy request for 2017. Knowing the dire financial situation for next year, our request is for just under half of the amount that has been provided in the past couple years. By having this request in advance, it will allow the City to plan more appropriately for cash flow purposes.
- We continue to experience issues with our Healthland Centriq system. We had Healthland staff onsite last month to help with finding solutions to the problems we are having. Some were corrected, but we also found additional ones while they were here. We still do not have confidence in the Centriq system, and will actively start researching a new EHR system after the first of the year.

- The Community Health Needs Assessment is underway. Paper surveys have been mailed to a portion of the population of Cordova and key informant interviews are being conducted as well. The firm that is conducting the CHNA for us will be onsite later this month to present the survey results and help us start developing an action plan to address the community needs. As of last week, they had received at least 100 completed surveys, and conducted about half of the key informant interviews.
- You will be presented with the CCMC 2017 Continuous Quality Improvement Plan for your approval at this meeting. I am very impressed with how well our staff has concentrated on restoring our QI program. In a few short months, they have developed several QI studies that are already showing improvements. I want to thank Randy Apodaca and the rest of the leadership team at CCMC for showing such determination to continue improving everything we do so we can have the best possible health care for the people of Cordova.
- Every five years, CMS requires that providers revalidate their CMS registration. Our revalidation was due on November 30th for our CAH and Swing Bed facilities. Lee Holter and his staff did a great job getting all the information together and submitting the necessary applications to CMS.
- Lee Holter and Randy Apodaca have been working tirelessly to get our quality reporting for 2016 submitted so that we will not have any additional reimbursement penalties for our physicians. As I mentioned previously, CCMC did not report any PQRS quality data in 2015 for Dr. Blackadar, which will result in a 2% reduction in payments for patients seen by Dr. Blackadar next year. This issue is not due to anything that Dr. Blackadar did or did not do, since it is something that is supposed to be done by the billing staff when submitting claims for physician services. No PQRS quality data was being submitted for Dr. Blackadar for 2016, but we do have another option to submit 2016 data for both Dr. Blackadar and Dr. Sanders, which will prevent another reduction in 2018 claims.
- I also want to acknowledge the great work that two of our newest team members have achieved in a very short time. Lee Holter started as our full time CFO on October 4th, and he was faced with the very daunting task of trying to get our financial system and revenue cycle management program back on solid footing. Lee has found, and corrected, a lot of issues that are helping us get our finances heading in the right direction. Lisa Cuff became our full time DON on October 24th. She has started working with the nursing staff to get a solid foundation in place for continued improvements. Having your first LTC survey within a couple weeks of starting was tough, but Lisa worked with the staff to get through it nicely. Lisa has already started developing a new education program for the nursing department, along with taking on the Infection Control program. I am very pleased with how well both Lee and Lisa have jumped in to their new roles and are already making positive improvements.
- In looking back at this report, it seems like there is a lot of discouraging information in it. I don't want it to sound too gloomy. It should be just the opposite. These types of issues are unfortunately the result of the high turnover seen at CCMC over the past several years. With the continuity of staff, we now have the ability to dig into the matters and start developing corrective action plans as we continue to improve the facility. I am very impressed with the great team of people we have here and I know that working together we will make CCMC the best CAH in Alaska! As we prepare for a new and exciting year ahead, I want to say thank you to all our employees, medical staff, volunteers and HSB members for everything you do to help this wonderful organization!

Cordova Community
MEDICAL CENTER

Monthly Financial Statements

September 2016

To the CCMC Health Services Board

September Financial Executive Summary

Stats

There was an increase in Acute Care patient days from the prior month of 8 Days. Swingbed days were up by 3 over the prior month.
Physical Therapy saw an increase of 165 modules for September. The clinic was up 112 visits over the prior month.
Radiology visits are separated from CT visits now.

Balance sheet

Cash decreased by $378K from the prior month due to the payment of the third payroll period in September. Days cash on hand for September was 16.1.
Net AR increased $147K Primarily due to $197K increase in Medicaid AR, while other areas decreased. Gross AR days for September are 58.6.
AP decreased $233K from August. Payroll liabilities decreased $188K from the amount in August.
The 3.1 Mill dollar PERS liability remains the same from August.

Income Statement

Gross revenue was up $1.5K from the prior Month. Acute care and outpatients saw increase while other areas decreased. Gross revenue was up above budget and the same month last year. Hopefully that will continue.
Contractual adjustments were down in September with no charity write-off for the month and reduced allowances on September revenue.
Payroll taxes and Benefits were down for September with a smaller claims payment.
Professional services for down by $8K for September from August, but remain above budget and above the prior year.
Depreciation is down after recording the CT scanner for the first part of the year.
Overall expense are down from August by $249K, but close to budget and $37K below September in the prior year.

Year to Date

We show a loss of $356K versus budget of $91K and the loss of the prior year of $180K,

Respect fully submitted

Cordova Community Medical Center
Balance Sheet

ASSETS	9/30/2016	8/31/2016	9/30/2015
Current Assets			
Cash	461,799	795,336	93,921
Net Account Receivable	1,015,874	868,772	1,085,744
Third Party Receivable	-	-	0
Other Receivables	100,481	100,481	217,603
Prepaid Expenses	6,727	12,588	27,010
Inventory	173,057	181,187	287,705
Total Current Assets	**1,757,938**	**1,958,363**	**1,711,983**
Property, Plant & Equipment			
Land	122,010	122,010	122,010
Buildings	7,006,763	7,006,763	6,935,402
Equipment	6,759,816	6,759,816	6,322,073
Construction in Progress	1,060,094	1,060,094	523,544
Subtotal PP&E	14,948,682	14,948,682	13,903,029
Less Accumulated Depreciation	(10,012,208)	(9,966,125)	(9,455,226)
Total Property & Equipment	**4,936,474**	**4,982,557**	**4,447,803**
Other Assets			
Total Other Assets			
Total Assets	**6,694,412**	**6,940,921**	**6,159,786**
LIABILITIES AND FUND BALANCE			
Current Liabilities			
Accounts Payable	739,722	872,913	867,847
Payroll & Related Liabilities	418,377	606,535	628,745
Third Party Settlement Payment	0	0	0
Interest & Other Payables	18,455	18,455	44,918
Current Portion Long Term Debt	3,100,976	3,100,976	1,829,862
Other Current Long Term Debt	139,163	123,870	90,133
Total Current Liabilities	**4,416,693**	**4,722,749**	**3,461,505**
Long Term Liabilities			
Total Long Term Liabilities	**0**	**0**	**0**
Total Liabilities	**4,416,693**	**4,722,749**	**3,461,505**
Net Position			
Unrestricted Fund Balance	2,769,539	2,769,539	2,769,561
Temporary Restricted Fund Balance	13,035	13,035	13,015
Prior Year Retained Earnings	(148,845)	(148,845)	
Current Year Net Income	(356,011)	(415,558)	(84,295)
Total Net Position	**2,277,719**	**2,218,172**	**2,698,281**
Total Liabilities & Net Position	**6,694,412**	**6,940,921**	**6,159,786**

Cordova Community Medical Center
Gross AR Aging and Days in AR
September 2016

TOTAL Gross A/R	0 - 30	31 - 60	61 - 90	91 - 120	121+	Totals		Sep Days In AR
Blue Cross	-	-	174	-	1,104	1,278		
Commercial	181,281	57,060	28,123	21,505	124,050	412,019		
Medicare	232,946	30,834	18,815	8,049	38,677	329,321		
Medicaid	29,754	5,235	13,487	35,686	64,081	148,242		
Other Govt payers	34,336	23,149	15,595	11,887	28,094	113,060		
Extended Pymt Terms	277	3	1,325	2,411	67,136	71,153		
Private Pay	42,785	53,007	29,542	44,064	176,037	345,435		
Long Term Care	258,946	23,716	(253,308)	201,840	166,647	397,840		
Work Comp	18,877	6,058	2,340	1,800	26,785	55,860		
Totals	799,201	199,062	(143,907)	327,242	692,611	1,874,209		58.6
						90,854	Credit Balances	
						1,965,062	Total AR	61.4

Cordova Community Medical Center
Income Statement

	September 2016					Year To Date				
REVENUE	Actual	Budget	Variance	Prior Yr	Variance	Actual	Budget	Variance	Prior Yr	Variance
Acute	92,293	30,839	61,454	40,568	51,725	587,598	277,549	310,049	264,333	45,716
Swing Bed	19,648	92,045	(72,397)	27,111	(7,463)	600,203	828,407	(228,203)	788,958	(1,017,161)
Long Term Care	345,389	346,378	(989)	308,978	36,411	3,164,895	3,117,403	47,491	2,968,955	(2,921,464)
Clinic	57,879	63,293	(5,414)	55,134	2,745	648,653	569,637	79,016	542,513	(463,497)
Outpatients	249,123	113,844	135,278	129,687	119,436	1,943,285	1,622,004	321,282	1,615,884	(1,294,603)
Behavioral Health	19,066	48,254	(29,188)	46,474	(27,408)	394,472	434,289	(39,817)	413,609	(453,426)
Patient Services Total	783,398	694,654	88,745	607,953	175,445	7,339,106	6,849,288	489,817	6,594,252	(6,104,435)
DEDUCTIONS										
Charity	-	21,804	(21,804)	-	-	184,590	196,232	(11,643)	184,232	(195,875)
Contractual Adjustments	38,450	94,385	(55,935)	96,944	(58,494)	1,158,631	849,465	309,165	620,720	(311,554)
Bad Debt	2,168	18,576	(16,407)	85,411	(83,242)	290,187	167,180	123,007	148,430	(25,423)
Deductions Total	40,619	134,764	(94,146)	182,355	(141,736)	1,633,407	1,212,878	420,530	953,382	(532,852)
COST RECOVERIES						-	-		-	
Grants	-	40,808	(40,808)	101,473	(101,473)	389,989	367,271	22,718	387,915	(365,197)
In-Kind Contributions	82,475	101,454	(18,979)	100,781	(18,306)	1,084,605	913,083	171,522	888,914	(717,392)
Other Revenue	66,545	63,288	3,257	(9,361)	75,906	692,069	569,588	122,481	15,547	106,934
Cost Recoveries Total	149,019	205,549	(56,530)	192,892	(43,873)	2,166,664	1,849,942	316,721	1,292,376	(975,654)
TOTAL REVENUES	**891,799**	**765,439**	**126,361**	618,491	**273,309**	**7,872,362**	**7,486,353**	**386,009**	**6,933,245**	**(6,547,237)**
EXPENSES										
Wages	296,696	294,439	2,257	270,248	26,448	2,586,089	2,649,947	(63,858)	2,392,890	(2,456,748)
Taxes & Benefits	98,577	201,960	(103,382)	269,162	(170,584)	1,554,370	1,817,649	(263,279)	1,840,465	(2,103,743)
Professional Services	207,182	180,625	26,556	80,538	126,644	1,872,015	1,625,627	246,387	1,443,416	(1,197,029)
Minor Equipment	576	1,448	(872)	4,303	(3,727)	26,695	13,030	13,665	12,679	985
Supplies	30,110	36,269	(6,159)	29,065	1,045	307,169	326,424	(19,255)	304,458	(323,713)
Repairs & Maintenance	3,551	8,798	(5,247)	9,287	(5,736)	63,272	79,180	(15,909)	77,358	(93,266)
Rents & Leases	15,499	10,197	5,302	9,272	6,227	137,724	91,773	45,951	75,271	(29,320)
Utilities	100,391	47,300	53,092	39,143	61,248	918,374	425,697	492,677	417,917	74,761
Travel & Training	2,019	4,341	(2,322)	2,582	(564)	33,840	39,068	(5,228)	19,220	(24,448)
Insurances	14,355	17,221	(2,866)	19,596	(5,242)	140,906	154,987	(14,081)	149,331	(163,412)
Recruit & Relocate	10,112	7,838	2,274	16,528	(6,416)	63,752	70,545	(6,793)	51,282	(58,075)
Depreciation	46,083	22,361	23,722	39,869	6,214	411,310	201,248	210,062	199,255	10,806
Other Expenses	7,101	9,151	(2,050)	5,618	1,483	112,857	82,360	30,498	85,996	(55,499)
TOTAL EXPENSES	**832,252**	**841,946**	**(9,694)**	**795,211**	**37,041**	**8,228,373**	**7,577,536**	**650,837**	**7,069,538**	**(6,418,701)**
OPERATING INCOME	59,547	(76,508)	136,055	(176,721)	236,268	(356,011)	(91,183)	(264,828)	(136,293)	(128,536)
Restricted Contributions				8					51,998	
NET INCOME	**59,547**	**(76,508)**	**136,055**	(176,713)	**236,260**	**(356,011)**	**(91,183)**	**(264,828)**	**(84,295)**	**(180,533)**

11

Cordova Community Medical Center Statistics

	31	28	31	30	31	30	31	31	30	31	30	31		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Total	Monthly Average
Hosp Acute+SWB Avg. Census		29												
FY 2016	0.8	1.9	1.6	2.0	1.6	2.2	1.2	0.3	0.7					1.4
FY 2015	1.1	0.2	2.0	2.3	2.5	2.2	0.9	1.5	0.8	0.5	0.9	0.1		1.2
FY 2014														0.0
Acute Admits														
FY 2016	6	8	3	8	9	5	7	5	6				57	6.3
FY 2015													0	0
FY 2014													0	
Acute Patient Days														
FY 2016	16	15	18	22	26	20	11	10	18				156	17
FY 2015	2	3	7	8	16	3	10	2	11	6	7	2	77	6
FY 2014													0	0
SWB Admits														
FY 2016	2	2	0	2	1	3	1	0	1				12	1.3
FY 2015													0	0
FY 2014													0	
SWB Patient Days														
FY 2016	10	40	32	37	24	46	25	0	3				217	24
FY 2015	31	3	55	60	60	62	18	45	12	10	19	0	375	31
FY 2014													0	0
CCMC LTC Admits														
FY 2016	1	0	0	0	0	0	2	0	0				3	0
FY 2015	0	0	0	1	1	2	1	2	2	1	0	0	10	1
FY 2014													0	
CCMC LTD Resident Days														
FY 2016	310	290	310	297	310	298	292	310	300				2,717	302
FY 2015	310	280	308	287	307	300	274	273	388	309	300	310	3,646	304
FY 2014													0	0
CCMC LTC Avg. Census														
FY 2016	10.0	10.0	10.0	9.9	10.0	9.9	9.4	10.0	10.0					9.9
FY 2015	10.0	10.0	9.9	9.6	9.9	10.0	8.8	8.8	12.9	10.0	10.0	10.0		10
FY 2014	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0
ER Visits														
FY 2016	52	45	52	52	59	79	85	74	51				549	61
FY 2015	23	46	49	40	104	73	104	97	47	56	37	39	715	60
FY 2014													0	0

Cordova Community Medical Center Statistics

	31 Jan	28 Feb	31 Mar	30 Apr	31 May	30 Jun	31 Jul	31 Aug	30 Sep	31 Oct	30 Nov	31 Dec	Cumulative	Monthly
Outpatient Registrations w/ER														
FY 2016									165				165	
FY 2015													0	0
FY 2014													0	0
PT Procedures														
FY 2016	319	344	349	401	326	396	291	324	489				3,239	360
FY 2015	224	197	280	347	321	224	319	345	216	170	296	269	3,208	267
FY 2014													0	0
OT Procedures														
FY 2016	105	107	51	139	124	53	31	26	36				672	75
FY 2015	24	55	95	67	108	65	35	107	90	99	115	128	988	82
FY 2014													0	0
Lab Tests														
FY 2016	304	363	324	350	374	399	318	314	319				3,065	341
FY 2015	440	350	533	266	486	311	411	328	359	363	291	367	4,505	375
FY 2014													0	0
X-Ray Procedures														
FY 2016	60	52	64	56	76	71	63	74	52				568	63
FY 2015	27	27	66	68	59	56	99	84	47	34	37	44	648	54
FY 2014													0	0
CT Procedures														
FY 2016									15				15	
FY 2015													0	0
FY 2014													0	0
CCMC Clinic Visits														
FY 2016	178	197	170	203	222	191	205	231	343				1,940	216
FY 2015	141	151	157	196	204	190	224	270	164	194	131	160	2,182	182
FY 2014													0	0
Behavioral Hlth Visits														
FY 2016	94	100	103	104	89	75	58	39	56				718	80
FY 2015	94	90	73	97	37	68	112	49	106	70	71	76	943	79
FY 2014													0	0

Cordova Community Medical Center
Period End Aging Analysis Report - Summary as of August, 2016
Summarized by Financial Class

Application Code: AR **User Login Name:** lholter

Financial Class	0 - 30 Days		31 - 60 Days		61 - 90 Days		91 - 120 Days		Over 120 Days		Balance
02 - Medicaid	21,441.97	19.78%	14,240.96	13.14%	41,685.03	38.46%	5,956.76	5.50%	25,057.73	23.12%	108,382.45
UnBilled	21,089.71	91.15%	2,048.00	8.85%	0.00	0.00%	0.00	0.00%	0.00	0.00%	23,137.71
02	42,531.68	32.34%	16,288.96	12.39%	41,685.03	31.69%	5,956.76	4.53%	25,057.73	19.05%	131,520.16
03 - Blue Cross/Blue	0.00	0.00%	174.00	13.62%	0.00	0.00%	0.00	0.00%	1,103.77	86.38%	1,277.77
UnBilled	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
03	0.00	0.00%	174.00	13.62%	0.00	0.00%	0.00	0.00%	1,103.77	86.38%	1,277.77
04 - Commercial	147,459.25	40.27%	52,925.68	14.45%	35,384.32	9.66%	26,330.82	7.19%	104,070.59	28.42%	366,170.66
UnBilled	40,369.93	97.25%	0.00	0.00%	1,143.00	2.75%	0.00	0.00%	0.00	0.00%	41,512.93
04	187,829.18	46.07%	52,925.68	12.98%	36,527.32	8.96%	26,330.82	6.46%	104,070.59	25.53%	407,683.59
05 - Tricare	0.00	0.00%	0.00	0.00%	727.00	6.83%	704.00	6.61%	9,219.57	86.56%	10,650.57
UnBilled	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
05	0.00	0.00%	0.00	0.00%	727.00	6.83%	704.00	6.61%	9,219.57	86.56%	10,650.57
07 - Tricare/VA	8,269.75	23.27%	7,720.95	21.73%	7,438.80	20.93%	2,540.54	7.15%	9,565.35	26.92%	35,535.39
UnBilled	4,340.80	100.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	4,340.80
07	12,610.55	31.62%	7,720.95	19.36%	7,438.80	18.65%	2,540.54	6.37%	9,565.35	23.99%	39,876.19
08 - Fisherman Fund	0.00	0.00%	0.00	0.00%	209.00	33.05%	0.00	0.00%	423.45	66.95%	632.45
UnBilled	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
08	0.00	0.00%	0.00	0.00%	209.00	33.05%	0.00	0.00%	423.45	66.95%	632.45
09 - Workers Comp	10,318.25	20.82%	5,343.83	10.78%	3,004.00	6.06%	356.27	0.72%	30,538.19	61.62%	49,560.54
UnBilled	4,279.07	100.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	4,279.07
09	14,597.32	27.11%	5,343.83	9.93%	3,004.00	5.58%	356.27	0.66%	30,538.19	56.72%	53,839.61
10 - Self Pay	40,213.20	20.87%	35,461.73	18.40%	46,387.89	24.07%	22,602.29	11.73%	48,030.37	24.93%	192,695.48
UnBilled	4,924.67	100.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	4,924.67
10	45,137.87	22.84%	35,461.73	17.94%	46,387.89	23.47%	22,602.29	11.44%	48,030.37	24.30%	197,620.15
11 - Tribal Health	11,089.83	49.30%	7,843.66	34.87%	6,739.75	29.96%	-7,435.26	-33.05%	4,255.90	18.92%	22,493.88
UnBilled	520.00	100.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	520.00
11	11,609.83	50.45%	7,843.66	34.08%	6,739.75	29.29%	-7,435.26	-32.31%	4,255.90	18.49%	23,013.88

Cordova Community Medical Center
Period End Aging Analysis Report - Summary as of August, 2016
Summarized by Financial Class

Application Code: AR **User Login Name:** lholter

Financial Class	0 - 30 Days		31 - 60 Days		61 - 90 Days		91 - 120 Days		Over 120 Days		Balance
40 - Promm Note	0.00	0.00%	0.00	0.00%	2,448.54	3.50%	201.94	0.29%	67,260.04	96.21%	69,910.52
UnBilled	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
40	0.00	0.00%	0.00	0.00%	2,448.54	3.50%	201.94	0.29%	67,260.04	96.21%	69,910.52
44 - Payroll Deduct	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	1,021.40	100.00%	1,021.40
UnBilled	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
44	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	1,021.40	100.00%	1,021.40
60 - Medicare	284,340.39	76.91%	15,559.44	4.21%	17,547.90	4.75%	9,125.74	2.47%	43,151.87	11.67%	369,725.34
UnBilled	48,514.38	100.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	48,514.38
60	332,854.77	79.58%	15,559.44	3.72%	17,547.90	4.20%	9,125.74	2.18%	43,151.87	10.32%	418,239.72
70 - AR Services	0.00	0.00%	0.00	0.00%	143.14	0.12%	627.00	0.51%	121,743.06	99.37%	122,513.20
UnBilled	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
70	0.00	0.00%	0.00	0.00%	143.14	0.12%	627.00	0.51%	121,743.06	99.37%	122,513.20
Billed Total:	523,132.64	38.73%	139,270.25	10.31%	161,715.37	11.97%	61,010.10	4.52%	465,441.29	34.46%	1,350,569.65
Outstanding Charges:	124,038.56	97.49%	2,048.00	1.61%	1,143.00	0.90%	0.00	0.00%	0.00	0.00%	127,229.56
Grand Totals:	647,171.20	43.79%	141,318.25	9.56%	162,858.37	11.02%	61,010.10	4.13%	465,441.29	31.50%	1,477,799.21

Number of Bills Processed : 2,927

Report Type : Period End Aging Analysis Summarized by Financial Class
Financial Class : All
Facility : All
Patient Type : All
Patient Class : All
Bad Debt Status : All bills, except bad debt bills
Period : 8 **Fiscal Year:** 2016

Monthly Financial Statements

October 2016

To the CCMC Health Services Board

October Financial Executive Summary

Stats

There was an increase in Acute Care patient days from September of 4 Days. Swingbed days were up by 8 over the prior month. Average daily census was 1.1 versus .7 in September. Physical Therapy modules dropped down by 143 from the high of 489 in September. The clinic visits also decreased by 116 in October from the prior month.
Lab saw a small increase in volume for October.

Balance sheet

Cash decreased by $236K from September. Day's cash on hand at the end of October was 7.9.
Net AR increased $63K due to an overall increase of $10K and the contractual adjust of AR.
Gross AR days for October are 59 up from 58.6
AP decreased $95K from September. Payroll liabilities increased $100K from the amount in September.
The 3.1 Mill dollar PERS liability remains the same.

Income Statement

Gross revenue was up $16K from September. Long term care and the clinic increased while other areas stayed flat or decreased. Gross revenue was up $30K above budget and by $111K for same month last year. Hopefully that will continue.
Contractual adjustments increased in October and Bad debt was up $16K from the prior month. Payroll taxes and Benefits are closer to the monthly average for the year. Professional services for down by $2K from September, but remain above budget and above the prior year.
Travel and Training were up $27K from the prior month. Recruitment was up $9K from the prior month.
Overall expenses were up from September by $231K, over budget by $126K.

Year to Date

We show a loss of $547K versus budget of $93K and the loss of the prior year of $342K.

EHR

We continue work on improving the Centriq system and have a document to review from the Centriq staff that was here for three days a couple weeks ago. We have set up biweekly calls with internal and external staff and the Centriq staff to continue the work on issues.

Respect fully submitted

Lee Holter
CFO

Cordova Community Medical Center
Balance Sheet

ASSETS	10/31/2016	9/30/2016	10/31/2016
Current Assets			
Cash	225,792	461,799	52,826
Net Account Receivable	1,078,635	1,015,874	1,029,620
Third Party Receivable	-	-	0
Other Receivables	100,481	100,481	195,700
Prepaid Expenses	16,356	6,727	27,010
Inventory	181,314	173,057	294,124
Total Current Assets	**1,602,578**	**1,757,938**	**1,599,280**
Property, Plant & Equipment			
Land	122,010	122,010	122,010
Buildings	7,006,763	7,006,763	6,935,402
Equipment	6,759,816	6,759,816	6,322,073
Construction in Progress	1,060,094	1,060,094	523,544
Subtotal PP&E	14,948,682	14,948,682	13,903,029
Less Accumulated Depreciation	(10,060,052)	(10,012,208)	(9,495,095)
Total Property & Equipment	**4,888,630**	**4,936,474**	**4,407,934**
Other Assets			
Total Other Assets			
Total Assets	**6,491,208**	**6,694,412**	**6,007,215**
LIABILITIES AND FUND BALANCE			
Current Liabilities			
Accounts Payable	644,619	739,722	1,010,595
Payroll & Related Liabilities	518,909	418,377	308,525
Third Party Settlement Payment	0	0	0
Interest & Other Payables	4,640	18,455	45,388
Long Term Debt	3,100,976	3,100,976	1,829,253
Other Current Long Term Debt	135,624	139,163	90,596
Total Current Liabilities	**4,404,768**	**4,416,693**	**3,284,357**
Long Term Liabilities			
Total Long Term Liabilities	**0**	**0**	**0**
Total Liabilities	**4,404,768**	**4,416,693**	**3,284,357**
Net Position			
Unrestricted Fund Balance	2,769,539	2,769,539	2,769,561
Temporary Restricted Fund Balance	13,035	13,035	13,015
Prior Year Retained Earnings	(148,845)	(148,845)	-
Current Year Net Income	(547,290)	(356,011)	(59,719)
Total Net Position	**2,086,440**	**2,277,719**	**2,722,858**
Total Liabilities & Net Position	**6,491,208**	**6,694,412**	**6,007,215**

Cordova Community Medical Center
Gross AR Aging and Days in AR
October 2016

TOTAL Gross A/R	0 - 30	31 - 60	61 - 90	91 - 120	121+	Totals		Sep Days In AR
Blue Cross	-	-		174	726	900		
Commercial	139,318	75,813	42,234	19,515	121,355	398,236		
Medicare	194,083	20,707	25,884	19,036	51,674	311,384		
Medicaid	63,973	9,051	5,010	8,116	98,623	184,774		
Other Govt payers	44,404	12,678	10,238	14,902	36,121	118,344		
Extended Pymt Terms	-	268	-	1,075	68,266	69,610		
Private Pay	28,296	47,958	48,372	34,699	210,087	369,412		
Long Term Care	269,449	298	(258,046)	201,840	166,647	380,187		
Work Comp	11,055	3,940	8,031	903	27,684	51,612		
Totals	750,578	170,714	(118,276)	300,260	781,182	1,884,458		59.0
						90,389	Credit Balances	
						1,974,847	Total AR	61.8

Cordova Community Medical Center
Income Statement

	October 2016					Year To Date				
REVENUE	Actual	Budget	Variance	Prior Yr	Variance	Actual	Budget	Variance	Prior Yr	Variance
Acute	76,917	30,839	46,078	14,268	62,648	664,514	308,388	356,127	278,601	77,526
Swing Bed	30,526	92,045	(61,519)	27,158	3,368	630,729	920,452	(289,722)	816,116	(1,105,838)
Long Term Care	358,652	346,378	12,274	347,178	11,474	3,523,546	3,463,782	59,765	3,316,133	(3,256,368)
Clinic	93,296	63,293	30,003	93,437	(141)	741,948	632,930	109,018	635,950	(526,932)
Outpatients	219,038	188,520	30,518	171,560	47,478	2,162,323	1,810,523	351,800	1,787,445	(1,435,645)
Behavioral Health	21,363	48,254	(26,891)	34,899	(13,536)	415,835	482,543	(66,708)	448,508	(515,217)
Patient Services Total	799,791	769,329	30,462	688,501	111,290	8,138,897	7,618,618	520,279	7,282,753	(6,762,474)
DEDUCTIONS										
Charity	-	21,804	(21,804)	-	-	184,590	218,036	(33,446)	184,232	(217,678)
Contractual Adjustments	91,577	94,385	(2,808)	61,867	29,710	1,250,208	943,850	306,358	682,587	(376,229)
Bad Debt	18,726	18,576	150	21,580	(2,854)	308,913	185,756	123,157	170,010	(46,853)
Deductions Total	110,303	134,764	(24,461)	83,447	26,856	1,743,711	1,347,642	396,069	1,036,829	(640,760)
COST RECOVERIES						-	-		-	
Grants	-	40,808	(40,808)	-	-	389,989	408,079	(18,090)	387,915	(406,005)
In-Kind Contributions	82,475	101,454	(18,979)	20,148	62,327	1,167,080	1,014,537	152,543	909,062	(756,518)
Other Revenue	5,008	63,288	(58,280)	6,534	(1,526)	697,077	632,876	64,201	22,081	42,120
Cost Recoveries Total	87,483	205,549	(118,067)	26,682	60,801	2,254,146	2,055,492	198,655	1,319,057	(1,120,403)
TOTAL REVENUES	**776,971**	**840,114**	**(63,144)**	**631,736**	**145,235**	**8,649,333**	**8,326,467**	**322,865**	**7,564,981**	**(7,242,116)**
EXPENSES										
Wages	316,615	294,439	22,176	294,739	21,875	2,902,704	2,944,386	(41,682)	2,687,629	(2,729,311)
Taxes & Benefits	148,660	201,960	(53,299)	(52,926)	201,587	1,703,030	2,019,608	(316,578)	1,787,538	(2,104,116)
Professional Services	205,695	180,625	25,069	159,891	45,803	2,077,709	1,806,253	271,457	1,603,307	(1,331,851)
Minor Equipment	566	1,448	(882)	7,111	(6,545)	27,261	14,478	12,783	19,790	(7,008)
Supplies	31,405	36,269	(4,863)	43,187	(11,782)	338,574	362,693	(24,118)	347,646	(371,764)
Repairs & Maintenance	5,353	8,798	(3,445)	5,588	(236)	68,624	87,978	(19,354)	82,946	(102,300)
Rents & Leases	17,428	10,197	7,231	8,803	8,624	155,151	101,970	53,181	84,074	(30,893)
Utilities	102,290	47,300	54,990	49,314	52,976	1,020,664	472,997	547,667	467,231	80,437
Travel & Training	29,303	4,341	24,962	4,227	25,076	63,143	43,409	19,734	23,447	(3,713)
Insurances	30,424	17,221	13,203	58,226	(27,802)	171,330	172,207	(878)	207,557	(208,435)
Recruit & Relocate	19,641	7,838	11,803	(8,944)	28,585	83,393	78,383	5,010	42,338	(37,328)
Depreciation	47,844	22,361	25,483	39,869	7,975	459,154	223,609	235,545	239,125	(3,580)
Other Expenses	13,026	9,151	3,875	(1,927)	14,954	125,883	91,511	34,373	84,069	(49,696)
TOTAL EXPENSES	**968,249**	**841,946**	**126,302**	**607,159**	**361,090**	**9,196,622**	**8,419,482**	**777,139**	**7,676,697**	**(6,899,558)**
OPERATING INCOME	(191,278)	(1,832)	(189,446)	24,577	(215,855)	(547,289)	(93,015)	(454,274)	(111,716)	(342,558)
Restricted Contributions				-					51,998	
NET INCOME	**(191,278)**	**(1,832)**	**(189,446)**	**24,577**	**(215,855)**	**(547,289)**	**(93,015)**	**(454,274)**	**(59,719)**	**(394,556)**

Cordova Community Medical Center Statistics

	31	28	31	30	31	30	31	31	30	31	30	31		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Total	Monthly Average
Hosp Acute+SWB Avg. Census		29												
FY 2016	0.8	1.9	1.6	2.0	1.6	2.2	1.2	0.3	0.7	1.1				1.3
FY 2015	1.1	0.2	2.0	2.3	2.5	2.2	0.9	1.5	0.8	0.5	0.9	0.1		1.2
FY 2014														0.0
Acute Admits														
FY 2016	6	8	3	8	9	5	7	5	6	10			67	6.7
FY 2015													0	0
FY 2014													0	
Acute Patient Days														
FY 2016	16	15	18	22	26	20	11	10	18	22			178	18
FY 2015	2	3	7	8	16	3	10	2	11	6	7	2	77	6
FY 2014													0	0
SWB Admits														
FY 2016	2	2	0	2	1	3	1	0	1	2			14	1.4
FY 2015													0	0
FY 2014													0	
SWB Patient Days														
FY 2016	10	40	32	37	24	46	25	0	3	11			228	23
FY 2015	31	3	55	60	60	62	18	45	12	10	19	0	375	31
FY 2014													0	0
CCMC LTC Admits														
FY 2016	1	0	0	0	0	0	2	0	0	0			3	0
FY 2015	0	0	0	1	1	2	1	2	2	1	0	0	10	1
FY 2014													0	
CCMC LTD Resident Days														
FY 2016	310	290	310	297	310	298	292	310	300	310			3,027	303
FY 2015	310	280	308	287	307	300	274	273	388	309	300	310	3,646	304
FY 2014													0	0
CCMC LTC Avg. Census														
FY 2016	10.0	10.0	10.0	9.9	10.0	9.9	9.4	10.0	10.0	10.0				9.9
FY 2015	10.0	10.0	9.9	9.6	9.9	10.0	8.8	8.8	12.9	10.0	10.0	10.0		10
FY 2014	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0
ER Visits														
FY 2016	52	45	52	52	59	79	85	74	51	55			604	60
FY 2015	23	46	49	40	104	73	104	97	47	56	37	39	715	60
FY 2014													0	0

Cordova Community Medical Center Statistics

10

	31 Jan	28 Feb	31 Mar	30 Apr	31 May	30 Jun	31 Jul	31 Aug	30 Sep	31 Oct	30 Nov	31 Dec	Cumulative	Monthly
Outpatient Registrations w/ER														
FY 2016									165	146			311	
FY 2015													0	0
FY 2014													0	0
PT Procedures														
FY 2016	319	344	349	401	326	396	291	324	489	346			3,585	359
FY 2015	224	197	280	347	321	224	319	345	216	170	296	269	3,208	267
FY 2014													0	0
OT Procedures														
FY 2016	105	107	51	139	124	53	31	26	36	62			734	73
FY 2015	24	55	95	67	108	65	35	107	90	99	115	128	988	82
FY 2014													0	0
Lab Tests														
FY 2016	304	363	324	350	374	399	318	314	319	340			3,405	341
FY 2015	440	350	533	266	486	311	411	328	359	363	291	367	4,505	375
FY 2014													0	0
X-Ray Procedures														
FY 2016	60	52	64	56	76	71	63	74	52	44			612	61
FY 2015	27	27	66	68	59	56	99	84	47	34	37	44	648	54
FY 2014													0	0
CT Procedures														
FY 2016									15	25			40	
FY 2015													0	0
FY 2014													0	0
CCMC Clinic Visits														
FY 2016	178	197	170	203	222	191	205	231	343	227			2,167	217
FY 2015	141	151	157	196	204	190	224	270	164	194	131	160	2,182	182
FY 2014													0	0
Behavioral Hlth Visits														
FY 2016	94	100	103	104	89	75	58	39	56	47			765	77
FY 2015	94	90	73	97	37	68	112	49	106	70	71	76	943	79
FY 2014													0	0

QUORUM | HEALTH RESOURCES®

November 7, 2016

Mr. David Allison
Board Chair/City Council
Cordova Community Medical Center
602 Chase Avenue
Cordova, AK 99574

Dear Mr. Allison,

I am writing to share with you personally that I have announced my retirement from Quorum Health Resources, effective December 31, 2016. I made this decision last summer and look forward to this new stage in my life.

Importantly, I want to thank you for the opportunity you have given me and Quorum to work with your organization and to be a part of your community. Please know all of us at Quorum greatly value our relationship with you. It has been an honor and a privilege for me personally and professionally.

Quorum Health Corporation President and CEO Tom Miller has named Bob Vento as interim CEO for Quorum Health Resources, effective January 1, 2017. As you know, Bob currently serves as QHR's Chief Operating Officer, has extensive experience in hospital operations, and has worked closely with me in all areas of our company. He brings a perspective and insight to the leadership position that will serve you well as Quorum assists you in navigating the challenges of the future.

Tom Miller values QHR and the synergies we bring to the greater organization, and will work closely with us to make the right choice in selecting a permanent CEO for our company. Bob and I will make a smooth transition of leadership through the end of the year, and you should feel confident that Quorum is in good hands now, and will be in good hands in the future.

As always, thank you for your business and continued confidence in Quorum. I wish you and your fine organization my very best wishes for success in the future.

Sincerely,

Mickey Bilbrey, President and CEO

Quorum Health Resources

Cc: Bob Vento
Bill Donatelli
Ron Vigus
Scot Mitchell

Quorum Board Minutes

Addressing Changes in the Healthcare Landscape

Hospital Security: Keeping Employees, Patients and Visitors Safe

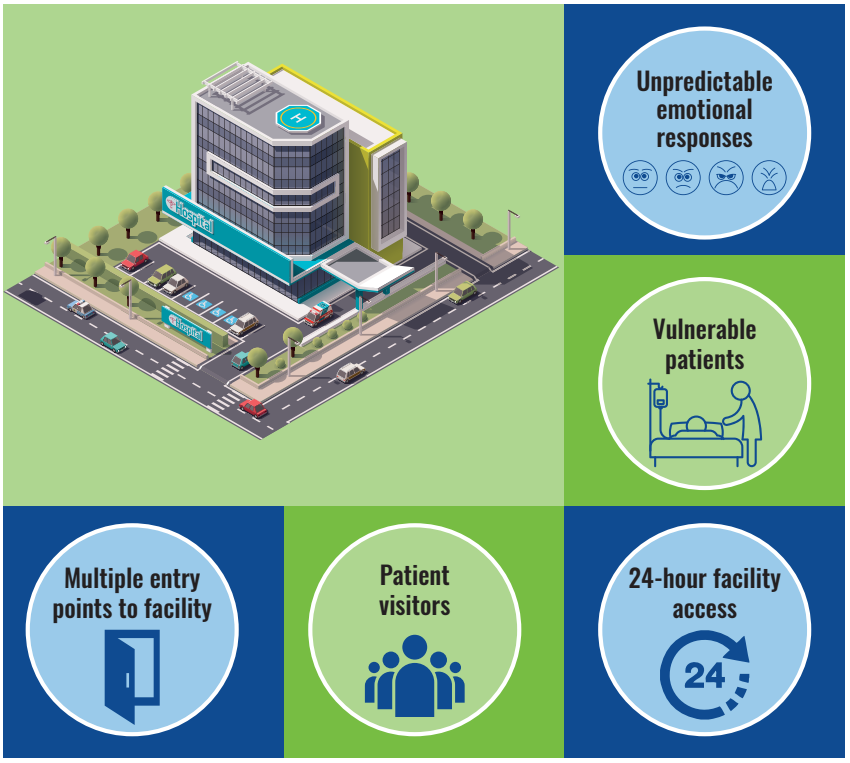
November 2016

The security of the hospital is one of the Board's most important responsibilities. So important in fact, hospitals are required by The Joint Commission and by the National Incident Management System (NIMS) to incorporate violence planning into their operations.

- The purpose of NIMS is to provide a common approach for managing incidents in order to reduce loss of life, property and harm to the environment.
- All hospitals and healthcare systems (including CAH facilities) receiving Federal preparedness and response grants, contracts or cooperative agreements (i.e. Bioterrorism Hospital Preparedness Program, Department of Homeland Security grants) must work to implement NIMS.

Unique Risks Associated with Hospital Security

Various factors make hospitals vulnerable to security issues like multiple facility entry points and unpredictable emotional responses of visitors and patients.



Reducing Security Risk

The Board's role in hospital security is to implement staff training and ensure annual assessments and response plans are in place to minimize security risk.

Annual Assessments

- Emergency Operating Plan
- Professional and General Liability
- Hazard Vulnerability Analysis
- Adequate security staff

Response Planning

- Activation
- Communication
- Facility Security
- Documented Operational Response Procedures

Implement Staff Training

- Collaborate with local law enforcement and other organizations for training and support
- Utilize active shooter response planning, education, training for all staff (ALICE training)

ALICE Training

A Alert L Locked I Inform C Counter E Evacuate

www.alicetraining.com

Quorum provides client hospitals with a security checklist to help create incident response plans. Please talk to your RVP if you have any questions.

Heard Around the Web on This Topic

"California has now set the bar with the strongest workplace violence regulation in the nation."

- *NPR: California Rules about Violence against Health Works Could Become a Model*

"With our society today and incidents of violence at places like schools, movie theaters and malls, hospitals are certainly not exempt."

- *FierceHealthcare: Hospitals on the defense: Robots, staff training help beef up security*

"In late 2015, the federal government released a bulletin calling on hospitals to review their disaster plans, with recommendations including reviewing security plans, drills that replicate recent scenarios and regular testing of emergency communications equipment."

- *FierceHealthcare: Hospitals commit to emergency plans in wake of mass shootings*

December 8, 2016

To: Health Service Board
Subject: Continuous Quality Improvement Plan

Suggested Motion: “I move to approve the CCMC 2017 Continuous Quality Improvement Plan.”

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

2017 CCMC Continuous Quality Improvement Plan

Cordova Community Medical Center (CCMC) is dedicated to providing quality healthcare consistent with the hospital mission. **Our goal is to provide delivery of services that are: Safe, effective, patient- centered, efficient** and **equitable.**

To achieve this goal, all employees of our hospital will participate in ongoing Quality Improvement (QI) efforts.

The QI Plan outlines the goals and strategies for ensuring patient safety, delivering optimal care, and achieving high patient satisfaction.

Authority:

The Health Services Board of CCMC is ultimately responsible for ensuring high quality care is provided to our patients. The Board delegates the responsibility for implementing this plan to the CEO. The CEO is responsible to delegate quality management efforts for the entire facility to all staff through the Quality Management Committee (QMC).

Quality Management Committee:

The Quality Management Committee consists of the following individuals: The CEO, Medical Director, DON, Department Managers as well as the CFO.

The members of the QMC are responsible for:

- ensuring that the review functions for each department and sub-committee are completed;
- ensuring that the Quality Management Plan is reviewed and acted upon appropriately and includes:
    - review of Long Term Care and Critical Access Hospital regulatory updates,
    - review of Life Safety regulatory updates, and
    - provide a summary report to QMC on a quarterly basis;
- prioritizing and reviewing issues referred to the QMC;
- ensuring that data obtained through QI activities are analyzed, recommendations made, and appropriate follow up of problem resolution is done;
- covering Utilization Review;

- ensuring completion of Periodic Evaluation functions to meet Conditions of Participation requirements as a Critical Access Hospital.

The QMC consists of sub-committees that will meet quarterly or more often as necessary.

The sub-committees are responsible for policy and procedure review and development as well as utilization review activities.

1. **Fire/Safety/Disaster**: This committee shall include but is not limited to representatives from Environmental Services/Maintenance, Nursing and Administration and will meet on a quarterly basis. This committee is responsible for providing and maintaining a safe work and care environment and maintaining a disaster plan and provide training.

2. **Infection Control**: This committee is required to meet on a quarterly basis and shall include but is not limited to the Infection Control Coordinator, the Director of Nursing or designee, the Employee Health Nurse, a Medical Provider, a representative from Laboratory, Environmental Services/Maintenance, Dietary and Administration. This committee is responsible for staff training and monitoring the infection control system facility wide.

3. **Medical Staff**: This group includes all members of the medical staff, the Director of Nursing, the HIM Manager, and the CEO. This group is responsible for ensuring the quality of patient care through monitoring and evaluating performance and outcomes, in accordance with established medical staff bylaws and rules and regulations. Areas of review shall include, but are not limited to medical record review and blood usage review.

4. **Pharmacy and Therapeutics**: This committee shall meet on a quarterly basis and shall consist of all members of the Medical Staff, the CEO, the Director of Nursing, the Consulting Pharmacist, and the Pharmacy Technician. This committee is responsible for the overall management of pharmacy practices, including formulary revision and maintenance, reporting of adverse drug reactions and evaluation of proper medication usage.

5. **Quality Improvement Committee:** This committee shall meet on a quarterly basis or more frequently if necessary. The QI committee shall consist of a member from all service areas within CCMC. CCMC service areas include, but are not limited to: Medical Staff, Administration, Financial Services, Human Resources, Nursing Services (IP/ER/LTC/OP), Dietary Services, Clinical Laboratory Services, Rehabilitation Services, Imaging Services, Behavioral Health, Health Information Management, Material Management, Infection Control, Pharmaceutical Services, Facilities, Environmental Services, Primary Care Clinic, and Social Services. This committee is responsible for coordinating and overseeing CCMC's Long Term Care and Critical Access Hospital Quality Assurance and Process Improvement efforts.

4. **Utilization Review Committee:** This committee shall meet on a quarterly basis and shall consist of a member of the Medical Staff, a representative of the HIM department, the CEO, the Director of Nursing, and the CFO. Other staff may be requested to participate as deemed necessary. This committee is responsible for oversight in maintaining uniform guidelines for management of the utilization of resources and services provided at CCMC.

Quality Improvement Processes and Methodology:

The continuous Quality Improvement plan is a framework for the organized, ongoing and systematic measurement, assessment and performance improvement activities. The components of this plan include a quick-fix process that will be used for problems that do not need a comprehensive approach to problem solving and solution implementation.

Quality improvement teams may be necessary to look at particular issues to identify opportunities to improve processes and outcomes.

QMC will provide a report summarizing Quality Improvement data prepared for the board through the CEO, or designee, on a quarterly basis.

The quality improvement methodology we will use is: PDSA

Plan: Opportunity for Improvement. What is the planned improvement?

Do: What did you do to improve the process?

Study: What did you learn? What will you change?

Act: What steps have been taken to improve the process? Or what will your next PDSA focus on?

Department and Staff Responsibility:

Every service area within Cordova Community Medical Center is responsible for implementing quality improvement activities. All quality improvement initiatives must be conducted as a part of the hospital wide QMC activities. Each department manager is responsible for identifying quality indicators, collecting and analyzing data, developing and implementing changes to improve service delivery, identifying educational needs and ensuring that staff education for quality improvement takes place and monitoring to assure that improvement is made and sustained. The 2017 department specific improvement activities are defined in **Attachment 1: 2017 Quality Improvement Projects**. Each department will monitor utilization of their department's services and will report utilization review activities to the QMC. The ultimate goal is to improve the quality of care that is routinely provided to the patients and residents of CCMC.

Membership with outside Quality programs

This facility Works with the Alaska State Hospital and Nursing Home Association (ASHNHA), Mountain Pacific Quality Health (MPQH), and other agencies that provides an opportunity to identify appropriate measures of quality, provide a mechanism to meet licensure and certification requirements for outside quality review and to establish best practices for Long Term Care Centers and CAHs. All data gathered with these agreements is utilized for assessing and improving quality and for educational purposes.

Confidentiality:

In accordance with Alaska Statute 18.23.030, the interviews, reports, statements, other data, proceedings and records of the Quality Management and Improvement Committees shall be privileged and confidential and shall not be subject to discovery either by subpoena or other means of

legal compulsion for release to any person or entity for any reason, including use in any judicial or administrative proceeding.

No member, consultant, advisor or person supplying information to the Quality Management or Improvement Committees or sub-committee(s) shall disclose information concerning matters submitted to, considered by, or issuing from the Quality Management or Improvement Committees or sub-committee(s). Unauthorized disclosure shall be grounds for disciplinary action, including termination of employment or termination of medical staff privileges. No disclosure of any such interview materials, reports, records, statements, memoranda, proceedings, findings, or data shall be made without the authorization of the CEO.

Our facility will make every effort to adhere to State and Federal standards and will utilize our quality assurance activities to establish benchmarks, comparative data bases and professional standards of practice.

Scope of Review:

The QMC will review activities each quarter and assist with QI recommendations as necessary or requested.

Annual Evaluation:

Our CQI Plan will be evaluated on an annual basis for effectiveness in achieving our goal of ensuring that the most appropriate quality of services is provided. A summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this CQI Plan, will be compiled. This summary will be presented to QMC for review and final conclusions will be forwarded for HSB review and approval.

CQI Plan Approval:

_____ _____
Medical Director Date

_____ _____
Health Service Board Date

_____ _____
Chief Executive Officer Date

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

Attachment 1: 2017 Quality Improvement Projects

Note: **LTC** indicates that a quality measure is an area of focus for the Long Term Care unit.
CAH indicates that a quality measure is an area of focus for the Hospital unit.

- **Medical Staff:**
  - Substance abuse **(CAH)** – improving needs identification for drug and alcohol counseling and assistance.
  - Tobacco cessation screening **(CAH)** – improving patient access to cessation counseling and interventions.
  - DVT prevention **(CAH)** – reducing patient risk for deep vein thrombosis during hospitalization.
  - Heart Failure **(CAH) –** improving outcomes for heart failure patients.
  - Abdominal pain CTs **(CAH)** – optimizing use of contrast in abdominal CT scans.
- **Nursing:**
  - Interdepartmental communication **(LTC and CAH)** – using standardized or evidence based tools for ensuring effective interdepartmental communication.
  - Nurse education and competency **(LTC and CAH) –** ensuring nurse competency through ongoing education and tracking.
  - Medication errors **(LTC and CAH)** – monitoring and reducing errors in medication administration.
  - Falls **(LTC)** – reduction of frequency of patient falls and associated injuries.
  - Nursing documentation **(LTC and CAH)** – ensuring accurate, thorough and timely documentation through workflow process improvement.
- **Infection Control:**
  - Hand hygiene **(LTC and CAH)** – infection prevention through monitoring of hand hygiene compliance.
  - Equipment cleaning **(LTC and CAH)** – preventing the spread of infection through ensuring equipment cleaning compliance.
  - Education and Compliance **(LTC and CAH)** – preventing the spread of infection through administering an effective education and compliance program.
  - Isolation practices **(LTC and CAH)** – infection prevention by establishing evidence based isolation practices.

- **Clinic:**
    - Employee health compliance **(LTC and CAH)** – ensuring regulatory compliance through improve employee health tacking.
- **Facilities:**
    - Hospital laundry **(LTC and CAH)** – monitoring and optimizing the amount and usage of supplies and staff time consumed doing laundry.
    - Work order turnaround times **(LTC and CAH) –** decrease work order turnaround times through improved communication and prioritizing efficiency.
- **Environmental Services:**
    - Workflow efficiency **(LTC and CAH)** – improving overall cleanliness of the facility through optimizing cleaning methods, schedules, and staff utilization.
- **Safety:**
    - Injury prevention**(LTC and CAH)** – reducing risk of injury to patients, visitors, and staff through optimizing use of resources to prevent falls on facility grounds during inclement weather.
- **Laboratory:**
    - STAT send out tests **(CAH)** – establishing STAT send out protocol and optimizing resource use to minimize test turnaround times.
    - Patient test turnaround times **(CAH)** – ensuring timely test completion and results reporting to providers.
    - Results in medical record **(CAH)** – ensuring accurate and timely inclusion of lab results in patient charts.
- **Radiology**
    - CT and x-ray study turnaround times **(CAH)** – ensuring timely completion of radiologic studies.
- **Sterile Processing**
    - Routine maintenance of equipment **(CAH)** – ensuring sterilization equipment is maintained per regulations and manufacturer's instructions.
- **Rehabilitation Services**
    - Progress updates **(LTC and CAH)** – ensure that 100% of PT/OT patients have progress updates as required by CMS.
    - LTC Admission Screening **(LTC)** – Upon admission, all LTC residents will be screened by Rehabilitation Services for mobility and activities of daily living needs and recommendations.
- **Materials Management/Pharmacy Management**
    - STAT orders **(LTC and CAH)** – monitoring/reducing frequency and costs associated with STAT orders for materials and pharmaceuticals.
    - Unsecured sharps and pharmaceuticals **(LTC and CAH)** – ensuring safe storage of materials in all areas of care.
- **Dietary**
    - Patient food temperatures **(LTC and CAH)** – ensuring patient food is served at appropriate temperatures.
    - Senior program home meals **(CAH)** – ensuring practice and policy are in alignment when qualifying seniors for home meal delivery.

- **Human Resources**
    - Employee Turnover **(LTC and CAH)** – monitoring and reducing employee turnover and associated costs.
    - Nursing licensure and credentials **(LTC and CAH)** – ensuring all nursing staff licensing, certifications and credentials are current.
    - HealthStream **(LTC and CAH)** – ensuring all employees are current with training required by federal and state regulations.
- **Finance**
    - Billing integrity **(LTC and CAH)** – ensuring all charges associated with care are properly billed.
- **Administration**
    - Housing **(LTC and CAH)** – monitoring usage and costs of employee housing.
    - Policies and procedures **(LTC and CAH)** – monitoring completion of P&P review and revision per regulatory requirements.
- **HIM**
    - Reducing incomplete or deficient patient orders **(LTC and CAH)** – ensuring 100% of incomplete/deficient patient orders are documented and corrected in order to improve patient care documentation and accuracy of billing.
- **Behavioral Health:**

  Documentation completion time **(CAH)** – improving documentation accuracy and billing process by ensuring documentation is completed within 48 hours of service.
- **Social Services**
    - Long Term Care Quality of Life **(LTC)** – ensure LTC resident's rooms are safe, functional, and homelike by conducting routine room checks and coordinating efforts to complete room improvements.

December 8, 2016

To: Health Service Board
Subject: LTC 301- Abuse, Prevention, Recognition and Reporting Policy

---

Suggested Motion: “I move to approve the LTC 301 - Abuse, Prevention, Recognition and Reporting Policy.”

Cordova Community Medical Center
Policies and Procedures

SUBJECT: Abuse Prevention, Recognition and Reporting **DEPARTMENT:** Long Term Care (LTC) **Original Approval Date:** March 24, 2005 **Approved By:** Scot Mitchell, CEO	**POLICY #** LTC 301 ☐ New ☒ Revised ☐ Reviewed — **Date:** 12/8/2016 **Page 1 of 8**

Policy:

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

Definitions:

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

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

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

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

5. **Mental Abuse**: Includes, but is not limited to: humiliation, harassment, and threats of punishment or deprivation. Also includes taking photographs or recordings, with any type of equipment (e.g., cameras, smart phones and other electronic devices) of a resident and/or his/her private space without the resident's, or designated representative's written consent and/or keeping or distributing them through multimedia messages or on a social network is a violation of the resident's right to privacy and confidentiality. This would include, but is not limited to, photographs and recordings of residents that contain nudity, sexual and intimate relations, bathing, showering, toileting, providing perineal care such as after an incontinence episode, agitating a resident to solicit a response, derogatory statements directed to the resident, showing a body part without the resident's face whether it is the chest, limbs or back, labeling resident's pictures and/or providing comments in a demeaning manner, directing a resident to use inappropriate language, and showing the resident in a compromised position.

LTC 301 – Abuse Prevention, Recognition and Reporting

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

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

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

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

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

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

Procedure:

1. **Screening:** All candidates for employment to CCMC will be screened, by contacting the appropriate state licensing registry and/or the previous employer, to ensure that candidates have not been convicted of abusing, neglecting, or mistreating residents by a court of law. Appropriate state registries will be contacted to determine if the candidates have had a finding entered with regards to abuse, neglect, and

mistreatment of residents or misappropriation of resident's property. These steps will be documented and maintained in their personnel file in Human Resources.

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

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

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

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

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

7. **Reporting:**
   a. External Reporting:

LTC 301 – Abuse Prevention, Recognition and Reporting

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

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

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

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

b. Internal Reporting

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

LTC 301 – Abuse Prevention, Recognition and Reporting

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

SUSPICION OF CRIME REPORTING:

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

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

Statutory and CMS Policy References

- §1150B of the Social Security Act, as established by §6703(b)(3) of the Patient Protection and Affordable Care Act of 2010; and

- CMS S&C: 11-30-NH.

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

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

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

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

LTC 301 – Abuse Prevention, Recognition and Reporting

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

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

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

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

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

PROCEDURE:

A. Staff Reporting Requirements

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

LTC 301 – Abuse Prevention, Recognition and Reporting

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

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

B. Staff Notification

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

C. Posting Requirements

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

D. Facility Reporting

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

Attachment:

- Facility Suspected Crime Report Form

QMC Approval Date: 12/5/2016
HSB Approval Date: 12/8/2016

Reference:

- Cordova Community Medical Center Employee Handbook

LTC 301 – Abuse Prevention, Recognition and Reporting

- American Health Care Association, The Long Term Care Survey Manual, July 2003
- LTC Tag number F223, pp-47.2
- LTC Regulation 42 CFR 483.13 (c), pp-51
- LTC Regulation 483.13 (c) (1) (ii) (A) & (B). pp-51
- LTC Regulation 42CFR483.74 (c), pp-51
- LTC Regulation 483.13 (b) and (c), pp-52
- LTC Regulation 483.13 (c) (2), pp-52
- LTC Regulation 483.13 (c) (2), (3), (4), pp-52.1
- LTC Regulation 483.13 (b) (c), pp-52

Cross – Reference:

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

Attachment:

- FSD 103c Facility Incident Report form

Revision History:

- 12/08/2016: Added specific language regarding videotaping and photographing residents and combined policy LTC 334: Reporting Suspected Crimes Under the Elder Justice Act.
- 10/13/2016: Updated the contact telephone & fax numbers
- 10/27/2015: Updates
- 03/24/2005: Original policy

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

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

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

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

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

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

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

INDIVIDUAL[S] REPORTING

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

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

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

Cordova Community Medical Center

INCIDENT REPORT

Privileged and Confidential Medical Staff Peer Review Document
Do Not Photocopy / Not a part of the Medical Record

Form Directory: (please circle the appropriate incident[s])

#1 – Medication Error #2 – Patient Falls #3 – Procedure Not Followed #4 – Visitor Incident
#5- Emergency Department #6 – Communication #7 – Safety #8 – Employee Injury

Patient Name: _____ **MR#:** _____ **DOB:** _____ **Sex: M / F**

General Information:

Admission Type:	**Admit Diagnosis:**		**Location:**
___ Inpatient	_____	___ Patient Room	___ Radiology Depart.
___ Outpatient	_____	___ ER	___ Physical Therapy
___ ER Patient	_____	___ Parking Lot	___ Labor & Delivery
___ Visitor	_____	___ Laboratory	___ Long Term Care
___ Staff	_____	___ Dietary	___ Waiting Room
Other:		Other:	

Occurrence Information:

Date: _____ Time: _____ Occurrence Description:

Condition Prior to Event:			_____
Alert	___ Yes	___ No	_____
Disoriented	___ Yes	___ No	_____
Asleep	___ Yes	___ No	_____
Anesthetized	___ Yes	___ No	_____
Other:	Yes	No	

#1 – Medication Error:

___ Time
___ Dosage
___ Dose Omitted
___ Wrong Patient
___ Drug
___ Route
___ Adverse Reaction
___ Delay greater than 30 minutes
___ Infiltrate / Phlebitis
___ Written incorrectly
___ Transcribed incorrectly
___ Pharmacy Error
___ Blood Transfusion
___ Missing Medication / Count Incorrect

Medication: Dose _____ Time: _____

Documented in Medical Records: __ Yes __ No

___ Reported to Physician:
Date/Time: _____
___ Orders received: __ Yes __ No

#2 – Patient Falls / Injury:

___ Observed
___ Unobserved
___ Fall during transfer
___ Collapsed, became weak
___ From bed – bed position __ high __ low __ NA
___ Ambulating - __ No assistance __ With device
___ Sitting (commode, wheelchair)
___ Floor: __ Wet __ Dry __ Carpet
___ Restraints prior to
___ Restraints after
___ Rails up __ R __ L __ Both
___ Rails down __ R __ L __ Both
___ Documented "At Risk" __ Yes __ No

Other Patient Injury:

___ Burn
___ Allergic reaction
___ Electrical Contact
___ Aspiration
___ Exposures: _____
___ Family Notified

 # 3 Procedure Not Followed:

___ Code Directive	___ Dietary	___ Medical Records	___ Charting
___ Suicide/Detox protocol	___ Lab/X-Ray	___ Paging System	___ Medical Staff coverage
___ Blood Bank	___ Isolation Protocol	___ Staffing	___ Notification error
___ Mental Health emergency	___ Consent	___ Specimen handling	___ Exposure: _____
___ Personal Property missing	___ Patient Identification	___ Patient Transfer	___ Other: _____

#4 Visitor Incident

___ Visitor Fall __ floor wet __ floor dry __ carpet
___ Visitor injury: _____
___ Property Damage – Type: _____
___ Visitor complaint
___ Visitor exposure – type: _____

#5 Emergency Department

___ Delay in service – Waiting Time: _____
___ Return with same problem
___ Patient Complaint
___ Family Complaint
___ Left before treatment

#6 Communication:

___ Patient call/complaint
___ Page not received/answered
___ Nursing Advice
___ Physician related concerns
___ Other Hospital Call
___ Mental Health referral
___ Doctor's Office calls
___ Family Calls
___ Other: _____

#7 Equipment/Safety:

Equipment:
Type: _____ Serial #: _____
Manufacturer: _____
Equipment sequestered? ___ Yes ___ No

___ Equipment failure	___ Other:
___ Not available	___ Security
___ Improper use	___ Chemical spill
___ Electrical problem	___ Contaminated material
___ Mechanical problem	___ Patient/Staff exposure
___ Malfunction/Defective	___ Electrical
___ Wrong Equipment	
___ Improper Assembly	
___ Inspection Outdated	
___ Tampering	
___ Disconnected	

#8 Employee Injury:

___ Needle stick	___ Cuts	___ Electrical Contact	___ Overexertion
___ Blood/Body Fluid Exposure	___ Fall	___ Struck by Object	___ Respiratory Exposure
___ Chemical Exposure	___ Burn	___ Skin Irriation	___ Other: _____

Brief Description of Event: _____

Job performing at time of accident:: _____
Physician notified: __ Yes __ No Dr. _____ Time: _____
Family notified: __ Yes __ No Name: _____ Time: _____
Referred to: ___ Employee Health ___ ER ___ Family Doctor ___ No Referral

ER Exam by: ___ Nurse ___ M.D. ___ Staff declined MD exam
Worker's Compensation Form completed: ___ Yes ___ No

EMPLOYEE SIGNATURE: _____

Date Reported: _____

Report prepared by: Name: _____ Title: _____

Department Supervisor: Name: _____ Department: _____

January 2017

◄ December 2017			**January 2017**			February 2017 ►
Sun	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
1 New Year's Day	**2** CCMC Business Office, Primary Care Clinic and Sound Alternatives are CLOSED	**3**	**4**	**5**	**6**	**7**
8	**9**	**10**	**11**	**12** HSB Regular Meeting 7pm	**13**	**14**
15	**16** Martin Luther King	**17**	**18**	**19**	**20** Inauguration Day	**21**
22	**23**	**24**	**25**	**26**	**27**	**28**
29	**30**	**31**	**Notes:**			

February 2017

◄ January 2017			**February 2017**			March 2017 ►
Sun	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
			1	**2** Groundhog Day	**3**	**4**
5 Super Bowl	**6**	**7**	**8**	**9** HSB Regular Meeting 7pm	**10**	**11**
12	**13**	**14** Valentine's Day	**15**	**16**	**17**	**18**
19	**20** PRESIDENTS DAY CCMC Business Office, Primary Care Clinic and Sound Alternatives are CLOSED	**21**	**22**	**23**	**24**	**25**
26	**27**	**28**	**Notes:**			

March 2017

◄ February 2017			**March 2017**			April 2017 ►
Sun	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
			1	**2**	**3**	**4**
5	**6**	**7**	**8**	**9** HSB Regular Meeting 7pm	**10**	**11**
12 Daylight Saving Begins	**13**	**14**	**15**	**16**	**17** Saint Patrick's Day	**18**
19	**20** Spring Begins	**21**	**22**	**23**	**24**	**25**
26	**27** SEWARDS DAY CCMC Business Office, Primary Care Clinic and Sound Alternatives are CLOSED	**28**	**29**	**30**	**31**	**Notes:**