



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
ZOOM MEETING OR TELECONFERENCE
December 15th 2020 at 6:00PM

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

Board of Directors

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

CEO

Hannah Sanders, M.D.

OPENING: Call to Order

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

Establishment of a Quorum

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

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

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

B. CONFLICT OF INTEREST

C. APPROVAL OF AGENDA

D. APPROVAL OF MINUTES - None

E. REPORTS OF OFFICERS OR ADVISORS

1. Board Chair Report
2. CEO Report

F. ACTION ITEMS

1. Delineation of Privileges for Adam Woelk, MD
2. Approval of the 2021 CCMC Budget
3. Approval of the 2021 CCMC QAPI Plan

G. 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.

H. BOARD MEMBERS COMMENTS

I. EXECUTIVE SESSION - None

J. ADJOURNMENT

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

This Board of Directors meeting will be held via ZOOM:

<https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09>

Meeting ID: 467 570 1050; Passcode: 379187

To call in: 1-253-215-8782

Meeting ID: 467 570 1050; Passcode: 379187

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

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



Memorandum

To: CCMC Authority Board of Directors

From: Hannah Sanders, MD CCMC CEO

Subject: Approval of Delineation of Privileges for Adam Woelk, MD

Date: 12/10/2020

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



T: (907) 424-8000 | F: (907) 424-8516
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

PRACTITIONER CREDENTIALING

December 9, 2020

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

Dear Chairperson and CCMC Hospital Authority board,

Cordova Community Medical Center has reviewed Adam Woelk, MD application for privileges to our hospital. In accordance with our medical staff bylaws, the credentialing committee has reviewed the application including practitioner licenses, professional references, and case logs. We recommend Adam Woelk, MD for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:
Hannah Sanders
Chief of Staff

10 December 2020 | 12:59 PM PST
Date

DocuSigned by:
Hannah Sanders
Chief Executive Officer

10 December 2020 | 12:59 PM PST
Date



Memorandum

To: CCMC Authority Board of Directors
From: Hannah Sanders, MD CCMC CEO
Subject: CCMC 2021Budget
Date: 12/10/2020

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the Cordova Community Medical Center 2021 budget.”

CCMC 2021 Budget Assumptions

- Utilization – With the recent pandemic, as well as changes to our staffing and systems we anticipate that there will be some delay in return to normal volumes in the first and second quarter of 2021 with return to 2018 and 2019 volumes by the end of the 2nd quarter. There may be room for increase as we grow our pharmacy and outpatient therapy programs. We expect continued impact on volumes from the pandemic with volumes normalizing in the 3rd and 4th quarter of 2021.
- Revenue – Will be driven off of statistical projections which will mirror the second half of 2019 and first half of 2020. We do not feel that 2020 projections alone reflect accurate for the future of hospital revenue. We do expect this number to be impacted further from the continued Covid-19 pandemic which is difficult to predict for 2021.
- Contractual Allowances – Payer mix is not expected to change in 2021 so the contractual allowances should parallel historical with the exception of any Medicare settlements or mid-year rate adjustments. The 2021 allowance is based off of budgeted utilization and known reimbursement from Medicaid due to our small hospital contract. 2020 was a cost rebasing year so our projections are based on the cost report as filed as we do not have final Medicaid rates at this time.
- Charity and Bad Debts – Charity will be budgeted consistent with 2019. Bad Debts may be somewhat higher than 2019 but significantly lower than 2020 as worked to clean up the accounts receivable and work on clearing out the accounts receivable from the previous billing system.
- Cost Recoveries – The larger grants run July through June so we know what the amounts will be for half the year. Covid grants run through July. We will project the second half by what we know. We receive Grant funds for Behavioral Health, Dietary, Emergency Preparedness as well as some smaller grants that come up. We try to apply for any and all grants that we are eligible for. Our in-kind contributions come from the state for PERS, USAC for internet usage and the city for some utilities. PERS funding is determined by the state and USAC funds are determined by contract.
- Expenses
 - Salaries – The emergency pandemic has brought unprecedented staff shortages. This drove a significant increase in traveler staffing costs and need for hazard pay for frontline staff. We believe this substantial cost increase will return to baseline but are unsure of that timeline. At the end of the pandemic emergency we expect to return to the same wage philosophy approved by the board utilizing the ASHNA Wage survey. Some staff will receive minimal increases while others will get something more depending on the wage survey as our objective is to be close to average for each job

classification. With the new STAFF there are currently 6 vacant positions. Wages and benefits will be budgeted for these positions but if not filled the expense will be in travelers and not wages.

- Taxes and Benefits – Payroll taxes are budgeted off of the salary expense. Health & Life are based off of current utilization and projected changes in cost. Some cushion is added for vacant positions that when filled will want health insurance coverage. We are working with the city to evaluate our health insurance costs. If we are able to negotiate better terms or change carriers, we expect a slight improvement to our health insurance premiums for the second half of the year.
 - Travelers – We will continue to need travelers especially in nursing, occupational therapy and radiology
 - Professional Services – We will continue to need professional services in Information Technology, Administration, Laboratory, Medical Records, Radiology and probably a few others. Some of these fees are by contract and some are derived at time of service. Will use historical information as well as known needs for the budget. However, we are continuing operations during an emergency pandemic and expect unforeseen changes.
 - Insurance – A majority of our insurance costs are known through most of 2021 as the renewals have recently been completed. This cost is up from 2020 due to difficult obtaining insurance while we have the underground fuel storage tank in service. When this project is completed we expect insurance costs to decrease.
 - Depreciation – Is based off of our depreciation schedule for capital already purchased and will be adjusted for any anticipated capital equipment to be purchased in 2021. There are some known large capital purchases that include purchase of a nurse call system, HVAC system improvement, and closure of underground storage tank.
 - Other Expenses – the rest of the expense budget will be prepared utilizing historical data as well as known needs for the coming year.
- Cash needs from the City – based on the conversations at the recent joint City Council-CCMC Authority Board Meeting, below are our estimates of needs for cash infusion from the City in 2021.
 - \$350,000 is included in the City budget to go to CCMC for UST closure and replacement.
 - \$800,000 is estimated to be the need for the extra costs of PERS and budgetary shortfall

CORDOVA COMMUNITY MEDICAL CENTER
YEAR 2021 BUDGET - DRAFT
12/8/2020

	<u>2021 Budget</u>	<u>2020 FORECAST</u>	<u>2019 AUDITED</u>
REVENUE			
Inpatients	\$ 459,600	\$ 425,999	\$ 475,095
Swing Bed	1,250,000	1,223,834	1,838,672
Outpatients	3,810,000	3,713,424	3,729,470
Long Term Care	5,058,100	4,675,450	4,260,002
Clinic	651,200	622,598	654,345
Behavioral Health	376,300	368,910	251,122
Retail Pharmacy	1,260,300	1,211,850	1,068,010
Grants	1,160,000	1,161,402	432,670
In-kind Contributions	183,200	192,367	166,943
Other Revenue	100,400	117,649	79,172
Total Gross Revenue	<u>14,309,100</u>	<u>13,713,482</u>	<u>12,955,501</u>
DEDUCTIONS FROM REVENUE			
Contractual Adjustments	2,100,000	2,248,832	3,039,816
Charity	120,000	40,459	121,966
Administrative Adjustments	50,000	71,349	335
Bad Debt	550,000	926,365	324,080
Total Deductions	<u>2,820,000</u>	<u>3,287,005</u>	<u>3,486,197</u>
Total Net Revenue	<u>11,489,100</u>	<u>10,426,477</u>	<u>9,469,304</u>
EXPENSES			
Wages	4,857,800	4,136,919	3,609,152
Employee benefits	2,383,300	2,385,848	2,154,817
Professional Fees	1,600,000	2,829,210	2,786,618
Supplies	1,150,000	1,255,797	1,156,879
Minor Equipment	53,000	84,561	21,534
Repairs and Maintenance	350,000	304,384	104,497
Rents and Leases	120,000	119,902	87,486
Utilities	550,000	546,835	512,830
Travel and Training	30,000	56,059	40,714
Insurance	185,000	180,072	137,984
Recruiting and Relocation	35,000	29,656	23,438
Depreciation and Amortization	820,000	743,566	571,817
Other Expenses	350,000	354,630	315,022
Total Expenses	<u>12,484,100</u>	<u>13,027,438</u>	<u>11,522,788</u>
Net Loss	<u>\$ (995,000)</u>	<u>\$ (2,600,961)</u>	<u>\$ (2,053,484)</u>

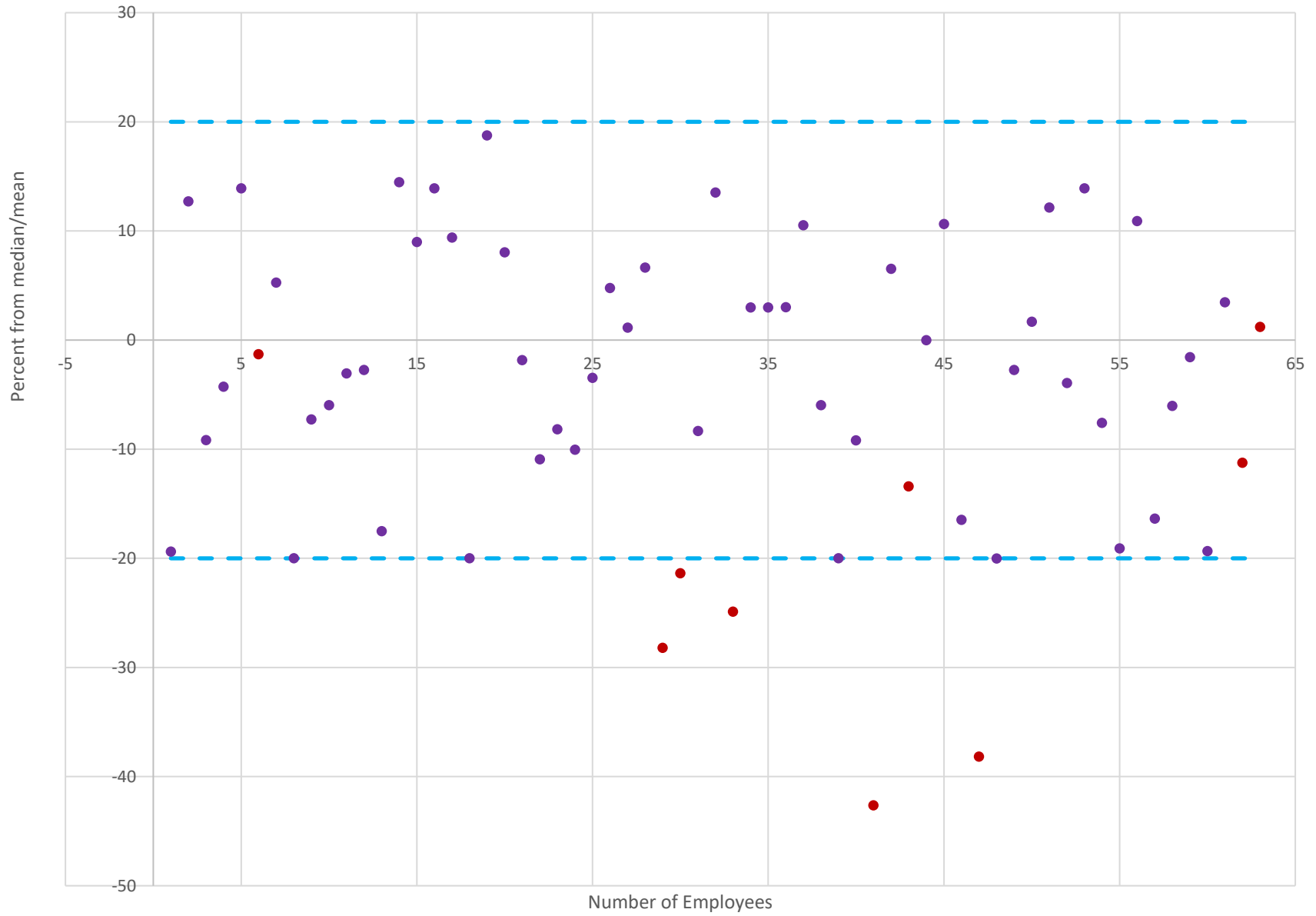
One Time Capital Expenditures



Memorandum

To: CCMC Authority Board of Directors
From: Hannah Sanders, MD CCMC CEO
Subject: CCMC Salary Survey
Date: 12/10/2020

Previously the CCMC board approved a salary plan with a plan to use the ASHNA salary that looks at all salaries across positions for the hospitals in the State of Alaska. Per the board approved plan CCMC salaries are set using either the median or mean (whichever is higher) salary from the ASHNHA 2020 Salary and Benefits Survey. In addition the policy states we will maintain all salaries within a 40% range of the selected value. In the chart below we have demonstrated the range for our salaries. The red represents management, employee # is randomly assigned on the x axis. We continue to struggle to have the financial ability to bring all of our salaries within this range. In the chart below the red indicates salaries of management.





Memorandum

To: CCMC Authority Board of Directors

From: Kelly Kedzierski, RN

Subject: 2021QAPI Plan

Date: 12/10/2020

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the CCMC 2021 QAPI Plan.”

**QAPI Plan
CCMC CAH & Long Term
Care QAPI Plan 2021
Cordova Community
Medical Center, Cordova,
AK**

Effective Date:

JANUARY 1, 2021

Design & Scope

Statements and Guiding Principles:

Our Mission: As a partner in our community, Cordova Community Medical Center provides personalized service to support the health and well-being of all people through their journeys in life.

Our Values: Respect, Integrity, Stewardship, Compassion and Excellence

CCMC is dedicated to the highest level of professional and ethical standards in our service to the community. Staff and Administration work in partnership with one another, visiting specialists and their staffs, and other community providers, based on respect and the highest professional standards. Employees comply with all applicable federal and state laws and regulations in the course of carrying out CCMC's mission, act honestly and with integrity at all times, and provide the best possible care to all patients in a friendly, helpful and compassionate manner.

Types of Care and Services:

Skilled Nursing

Long-Term Care

Emergency & Acute Care

Post-acute care

Pharmacy

Dietary

Dining

Dietician

Housekeeping

Laundry

Janitorial

Maintenance

Building

Landscaping/Groundskeeping

Therapy

Outpatient

Inpatient

Skilled Rehabilitation

Occupational

Equipment

Health Information Services

EHR/EMR

MDS

Social Services

Activities

Care Coordination

Behavioral Health

Staff Education

On-boarding and Orientation

Internal Continuing Education

External Continuing Education

(Conferences, Symposiums, etc.)

Business Office

Staffing

Billing

Human Resources

Addressing Care and Services:

CCMC Long Term Care QAPI Plan Effective date: January 1, 2021

The QAPI program will aim for safety and high quality with all clinical interventions and service delivery while emphasizing autonomy, choice, and quality of daily life for patients, residents and family by ensuring our data collection tools and monitoring systems are in place and are consistent for proactive analysis, system failure analysis, and corrective action.

We will utilize the best available evidence including data, national benchmarks, published best practices, and clinical guidelines to define and measure our goals.

The scope of the QAPI program encompasses all types and segments of care and services that impact clinical care, quality of life, resident choice, and care transitions. These include, but are not limited to, customer service, care management, patient safety, credentialing, provider relations, human resources, finance, and information technology.

Aspects of service and care are measured against established performance goals. Key measures are monitored and trended on a quarterly and/or annual basis.

Defining and Measuring Goals:

The organization will use national benchmarks provided by national associations, clinical organizations, and federal and state provided databases (e.g. CMS Quality Measures, Five-Star Quality Rating System, survey data) to establish baselines for organizational practices and goal-setting. The organization will continue to monitor progress toward goals by comparing its results to these benchmarks and its historical performance.

Governance & Leadership

Administrative Leaders:

Name Role:

Hannah Sanders, MD	Chief Executive Officer / Administrator
Greg Meyer	Board Chairperson
Craig Kuntz	Board Vice Chairperson
Linnea Ronnegard	Board Secretary/Treasurer
Kelsey Hayden	Board Member
Gary Graham	Board Member

Direction of QAPI Activities:

CCMC CAH & Long Term Care QAPI Plan Effective date: January 1, 2021

The Governing Body and Quality Improvement Committee of the hospital and nursing center develop a culture that involves leadership-seeking input from staff, patients, residents, their families, and other stakeholders.

The Governing Body is responsible for the development and implementation of the QAPI program. The Governing Body is responsible for:

- 1) Identifying and prioritizing problems based on performance indicator data.
- 2) Incorporating resident and staff input that reflects organizational processes, functions, and services provided to residents.
- 3) Ensuring that corrective actions address gaps in the system and are evaluated for effectiveness.
- 4) Setting clear expectations for safety, quality, rights, choice, and respect.
- 5) Ensuring adequate resources exist to conduct QAPI efforts.

The Quality Improvement Committee reports to the executive leadership and Governing Body and is responsible for:

- 1) Meeting, at minimum, on a quarterly basis; more frequently, if necessary.
- 2) Coordinating and evaluating QAPI program activities.
- 3) Developing and implementing appropriate plans of action to correct identified quality deficiencies.

- 4) Regularly reviewing and analyzing data collected under the QAPI program and data resulting from drug regimen review and acting on available data to make improvements.
- 5) Determining areas for PIPs and Plan-Do-Study-Act (PDSA) rapid cycle improvement projects.
- 6) Analyzing the QAPI program performance to identify and follow up on areas of concern and/or opportunities for improvement.

Staff QAPI Adoption:

The QAPI program will be structured to incorporate input, participation, and responsibility at all levels. The Governing Body and Quality Improvement Committee of the hospital and nursing center will develop a culture that involves leadership-seeking input from staff, patients, residents, their families, and other stakeholders; encourages and requires staff participation in QAPI initiatives when necessary; and holds staff accountable for taking ownership and responsibility of assigned QAPI activities and duties.

QAA/QI/QAPI Committee

QAA/QI/QAPI Committee Members:

Medical Director/Designee: Hannah Sanders, MD

Administrator/Owner/Board Member/Other Leader:

Hannah Sanders, MD

Chief Nursing Officer over Nursing Services: Kelly Kedzierski, RN

Infection Prevention & Control Officer: Kelly Kedzierski, RN

Additional Committee Members:

Name Role

Adam Woelk, MD Chief of Staff

Paul Gloe, MD

Laura Henneker FNP

Eric Price, Chief Financial Officer

Faith Wheeler-Jeppson, Corporate Compliance

Kim Wilson, Human Resources

Holly Rikkola, Health Information Management (HIM)

Heidi Voss, PharmD Pharmacist

Vivian Knop, Materials Manager

Brian Rezek, Facility Manager

Monica Shaw, Dietary Manager

Barbara Jewell, Sound Alternatives Program Manager

Carmen Nourie, Medical Laboratory Technologist

Garfield Tobias, Radiology, Technologist

Angela Kesler, Physical Therapist

Feedback, Data Systems & Monitoring

Monitoring Process:

The system to monitor care and services will continuously draw data from multiple sources. These feedback systems will actively incorporate input from staff, patients, residents, families, and others, as appropriate. Performance indicators will be used to monitor a wide range of processes and outcomes, and will include a review of findings against benchmarks and/or targets that have been established to identify potential opportunities for improvement and corrective action. The system also maintains a system that will track and monitor adverse events that will be investigated every time they occur.

Action plans will be implemented to prevent recurrence.

CCMC will take a systematic approach to evaluating potential problems and opportunities for improvement through continuous cycles of data gathering and analysis. This is accomplished through a variety of assessments such as patients, resident, family, and staff interviews; resident observations; medical record reviews; in-depth clinical reviews; facility level process reviews; and MDS data analysis.

Monitored Data Sources:

Assessments

QAPI Assessments

Resident-Level Investigations

Patient-Level Investigations

Facility-Level Investigations

Resident Satisfaction

Patient Satisfaction

Family Satisfaction

CMS

Comparative Survey Data

Survey Data

Five Star Quality Rating System

CMS Quality Measures

State Survey Reports

Industry Associations

AHCA/NCAL Trend Tracker

Internal Systems

Resident/Patient/Family Complaints

Resident/Patient/Family Suggestions

Staff Complaints

Staff Suggestions

MDS

EMR/EHR

Additional Systems:

Adverse/Never Event Tracking System:

Medication Errors, Falls with Injuries, Infections, Elopement

Method of Monitoring Multiple Data Sources:

Information will be collected on a routine basis from the previously identified sources and the data will be analyzed against the appropriate benchmarks and target goals for the organization.

Performance Improvement Projects (PIPs)

Overall PIP Plan:

Performance Improvement Projects will be a concentrated effort on a particular problem in one area of the nursing center or on a facility-wide basis. They will involve gathering information systematically to clarify issues or problems and intervening for improvements. CCMC will conduct PIPs to examine and improve care or services in areas identified as needing attention.

PIP Determination Process:

Areas for improvement are identified by routinely and systematically assessing quality of care and service, and include high risk, high volume, and problem prone areas. Consideration will be given to the incidence, prevalence, and severity of problems, especially those that affect health outcomes, resident or patient safety, autonomy, choice, quality of life, and care coordination. All staff are responsible for assisting in the identification of opportunities for improvement and are subject to selection for participation in PIPs.

Assigning Team Members:

When a performance improvement opportunity is identified as a priority, the Quality Improvement Committee will initiate the process to charter a PIP team. This charter describes the scope and objectives of the improvement project so the team working on it has a clear understanding of what they are being asked to accomplish. Team members will be identified from internal and external sources by the Quality Improvement Committee or designated project manager, and with relationship to their skills, service provision, job function, and/or area of expertise to address the performance improvement topic.

Managing PIP Teams:

The PIP project director or manager will manage the day-to-day operations of the PIP and will report directly to the Quality Improvement Committee.

Documenting PIPs:

PIPs will be documented continuously during execution. The documentation will include the overall goals for the project and will identify team members, define appropriate measures, root cause analysis findings, interventions, PDSA cycle findings, meeting minutes, target dates, and overall conclusions.

Systematic Analysis & Systemic Action

Recognizing Problems and Improvement Opportunities:

We will use a thorough and highly organized/structured root cause analysis approach (e.g. Failure Mode and Effects Analysis, Flow Charting, Five Whys, Fishbone Diagrams, etc.) to determine if and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. This systematic approach will help to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change.

These systemic actions will look comprehensively across all involved systems to prevent future events and promote sustained improvement. The focus will be on continuous learning and improvement.

Identifying Change as an Improvement:

CCMC CAH & Long Term Care QAPI Plan

Changes will be implemented using an organized and systematic process. The process will depend on the nature of the change to be implemented, but will always include clear communication of the structure, purpose, and goals of the change to all involved parties. Measures will be established that will monitor progress and change during PDSA cycles for PIPs and widespread improvement activities.

Communications & Evaluation

Internal and External QAPI Communication:

Regular reports and updates will be provided to the Board of Directors, management, staff, resident/family council, external partners, and other stakeholders. This will be accomplished through multiple communications channels and media such as staff meetings, new hire orientation, staff training sessions, e-mail updates and memos, storyboards, resident and family councils, newsletter articles, administration reports, local media, and social media.

Identifying a Working QAPI Plan:

On at least an annual basis, or as needed, the QAPI Self-Assessment will be conducted. This will be completed with the input from the entire QAPI team and organizational leadership. The results of this assessment will direct us to areas we need to work on in order to establish and improve QAPI programs and processes in our organization.

We will also conduct an annual facility assessment to identify gaps in care and service delivery in order to provide necessary services. These items will be considered in the development and implementation of the QAPI plan.

Assessment results over time.

Revising our QAPI Plan:

The Quality Improvement Committee will review and submit proposed revisions to the Governing Body for approval on an annual and/or as needed basis.

Record of Plan Review:

Board Chair Signature	Date
------------------------------	-------------

This document is intended to contain information, reports, statements, or memoranda that are subject to the "medical peer review" privilege or comparable state statute. This document is confidential and is meant for the intended recipient only. It is prepared as an integral part of Quality Assurance and Performance Improvement (QAPI) and it is used by the QAPI Committee to help identify, assess, and evaluate, through self-critical analysis, quality and performance issues. Further, it is used to develop initiatives to improve quality of care and quality of life for residents. If you have received this document in error, please delete it from your records.

CCMC Long Term Care QAPI Plan Effective date: January 1, 2021