



**AGENDA**  
**CCMC AUTHORITY BOARD OF DIRECTORS**  
**CCMC CONFERENCE ROOM ALSO VIA TELECONFERENCE**  
**JULY 30th 2020 at 6:00PM**  
**REGULAR MEETING**

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. APPROVAL OF AGENDA**

**B. CONFLICT OF INTEREST**

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

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

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

**D. APPROVAL OF MINUTES**

**E. BOARD DEVELOPMENT**

1. The New Normal in Health Care PGS 1-3

**F. REPORTS OF OFFICERS OR ADVISORS**

1. Board Chair Report
2. CEO Report PGS 4- 5
3. Medical Director Report PG 6
4. CFO Report Will be available prior to meeting
5. CNO Report PGS 7-9
6. Ancillary Services Quarterly Report PG 10
7. Sound Alternatives Quarterly Report PG 11

**G. DISCUSSION ITEMS**

**H. ACTION ITEMS**

1. Delineation of Privileges for Paul Gloe III, MD PG 12
2. Delineation of Privileges for Andrew Moran, MD PG 13
3. Delineation of Privileges for Alaska Regional Hospital Telehealth PG 14

**I. 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.

**J. BOARD MEMBERS COMMENTS**

**K. EXECUTIVE SESSION**

**L. ADJOURNMENT**

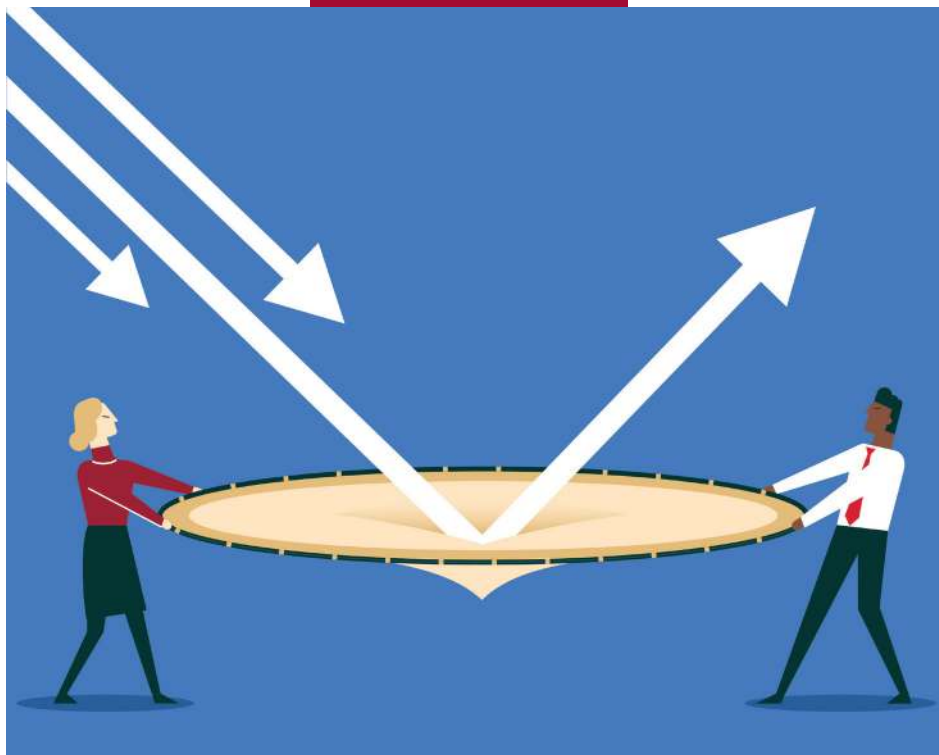
**Due to COVID-19, we ask that you not come to CCMC to attend Board meetings in person. If you are interested in calling in to the meeting, please call 424-2400 and the participant ID is 840432.**

**For a full packet, go to [www.cityofcordova.net/government/boards-commissions/health-services-board](http://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.

# Trustee Insights

VIEWPOINT



## Getting to the New Normal in Health Care

The board's role in crisis recovery

BY ERICA M. OSBORNE  
AND KARA WITALIS

**D**uring these unprecedented and rapidly changing times, governing boards may be asking: What now? How do we best prepare for an uncertain future? How can we best serve our organization and community through crisis to recovery?

Whether it is overseeing the

### Transforming Governance

COVID-19 recovery process or responding to a natural disaster, a school shooting or civil unrest, the board can play a pivotal role in ensuring that employees receive

the support needed to heal and that the organization and community receive the resources they need to restore and rebuild.

Following is practical guidance for board members as their organiza-

tions transition from crisis response to the long road to recovery. Although many of the practices speak directly to the COVID-19 pandemic, they also can be applied more broadly to other major crises.

### Foster healing

During and throughout crisis recovery, board members have an opportunity to be inspirational leaders and promote a whole-person and wholehearted caring approach. This might mean asking whether leaders, staff and caregivers have the necessary resources to heal from the traumatic experiences of front-line caregiving. Asking about the well-being of the front-line staff sends a clear message of caring. The board should ensure the organization has strategies and programs in place (e.g., counseling, support groups and financial assistance benefits) that address the emotional, physical and financial toll of managing the crisis and treating patients. Likewise, the board should understand what programs are necessary to ensure the community has appropriate resources and programs to recover.

### Focus on safety and quality

The board has a fiduciary duty to ensure the provision of high-quality, safe care regardless of the circumstance, and this should remain a top priority as organizations

manage and recover from a crisis. As hospitals and health systems ease back into providing more clinical care not related to COVID-19, even as the pandemic continues, the board should understand how leadership will balance the need to provide necessary services while minimizing risk to patients and health care personnel. The board should understand the criteria that must be met in order to safely reopen for routine care, how quality patient care will be maintained, how staff will be kept safe, and the organization's approach to prioritizing and accommodating high-risk or at-risk populations. Access to testing, availability of non-COVID ICU beds, utilization of telehealth and availability of personal protective equipment all are considerations to discuss.

The Centers for Disease Control and Prevention has issued a [“non-COVID-19 care framework”](#) that includes key considerations for health systems as they seek to provide the safest way possible to resume care delivery. The AHA has released [“COVID-19 Pathways to Recovery”](#) with considerations and resources for hospitals and health systems.

## Express gratitude

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Offering gratitude and appreciation to hospital executives, providers and other staff is important during the peak of a crisis – and it continues to be during recovery. Acknowledging the innovative, often heroic, ways management and staff are responding to challenges encountered during the crisis supports their efforts and builds an environment of

empowerment and solidarity for the entire organization. A formal, written thank-you from the board acknowledging the dedication of leadership and staff and providing words of encouragement and support can help sustain morale and commitment for the long haul.

## Ensure an appropriate assessment of the organization's response to the crisis

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The board should use a post-crisis assessment, conducted by management, to understand what is working and what is not with the organization's performance. Boards should ask: Are communication channels effective? Is technology adequate? What efforts are in place to revise emergency preparedness plans, and what funding is necessary to implement these changes? What community agencies and organizations should we partner with to maximize our collective impact?

## Rebuild community trust and confidence

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During the COVID-19 crisis, health systems have experienced unprecedented underutilization of important medical services for patients with urgent or emergent health care needs not related to COVID-19, as well as the delay of non-emergent surgeries and procedures. Patients, their families and communities in general are fearful that a visit to the hospital or clinic will put them at greater risk of contracting COVID-19. However, delayed urgent and emergent care can cause the very real risk for severe illness and harm and, in the worst cases, death.

To that extent, trustees have an opportunity to encourage the public to return to a new normal by returning to the hospital for needed care services. They should assure community members that the hospital remains a trusted organization and is ready to care for them, and that they should not delay needed care for fear of COVID-19.

## Support the work toward financial recovery

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Delayed and deferred care also has caused many organizations' revenues to drop by 50% or more. This reduction has occurred while expenses have soared as spending is required to prepare and care for COVID-19 patients. As such, hospitals and health systems must retool and determine what new operational or financial goals are reasonable by year's end. Projections must be recast and objectives reset. Board members must be ready to consider these goals and ensure that they best meet their organization's needs. Health care organizations that are positioned to adapt quickly to the new normal will be able to meet the needs of their communities more effectively.

## Leverage community connections for philanthropic donations

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Responding to COVID-19 has had a huge financial toll on hospitals and health systems. During and immediately following a crisis, private donors are frequently eager to make meaningful contributions to support recovery. Trustees have an opportunity to leverage their connections to

bolster their organization's financial resources with philanthropy. The board can help identify areas of greatest need and set expectations for fundraising efforts.

### Advocate again and again

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Here, again, is one of the board's core roles. Board members should continue to follow up with legislative representatives to obtain funding or change regulations that hampered the health care field's ability to respond effectively during the crisis. Advocating for the organization with legislative representatives and promoting the organization with the

public also are great ways to foster support for those needs that have been identified.

Finally, as their organizations begin the journey to recovery, board members must of course remember to stay true to their primary role of oversight. Boards that get buried in the weeds of operations have the potential to distract attention from the necessary actions required to ensure success. Instead, the board can provide true strategic value by monitoring recovery efforts, ensuring necessary resources are available and keeping focused on future opportunities and challenges.

Healing from the prolonged

COVID-19 pandemic or other major crises will take caring, acknowledgment, diligence and, most of all, time. A board's oversight is critical in supplying all of these.

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**Erica M. Osborne** ([esborne@viahcc.com](mailto:esborne@viahcc.com)) is a principal with Via Healthcare Consulting and based in Carlsbad, California. **Kara Witalis** ([kwitalis@viahcc.com](mailto:kwitalis@viahcc.com)) is a senior consultant with Via Healthcare Consulting and based in Albany, California.

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*Please note that the views of the authors do not always reflect the views of the AHA.*

## **CEO Report Board Meeting July 2020**

This month the hospital had an unannounced CMS survey. This survey was a focused assessment of our LTC covid and infection control processes. The hospital and staff received excellent comments from the surveyor. No deficiency were identified and the hospital was found to be in compliance with requirements. I am very proud of our team here at CCMC for this achievement.

### **Services:**

At the start of the pandemic CCMC pivoted to delay routine and preventative healthcare and focus on providing urgent and emergent visits. Following CDC recommendation we are balancing providing routine and elective services while monitoring Covid-19 transmission within our community. We are working to optimize telehealth services and grow these programs where we can.

Emergency and Inpatient Services: We have improved CCMC's ability to respond to respiratory illness by obtaining proper equipment and sufficient PPE. CCMC purchased 2 high flow noninvasive ventilator support devices, staff have been trained and devices are in use.

Clinic: We are getting messaging out to patients to encourage preventative healthcare and not delay appointments due to the pandemic. We will continue both in person and remote tele services.

Sound Alternatives: We are continuing to see patients via tele service. Working on continued operations to offer both in-person and remote tele services.

### **Strategic planning**

CCMC is engaging in updating our strategic plan. Important elements identified include improved billing services, pandemic and respiratory illness protection for our long term care residents and vulnerable population in Cordova, as well outpatient rehab services. As we look forward we are evaluating how to improve current services with a focus on developing programs identified in our community needs assessment

### **Quality:**

Quality has remained our top priority. We continue to monitor departmental and facility process improvement projects. We are monitoring hospital utilization. As we look to the future we are evaluating how we can improve and grow telehealth programs.

### **Current Capital Projects:**

CCMC continues to improve our pandemic and respiratory illness response. Here is a brief update on our larger projects:

Xray Digital Upgrade: completed

Zoll Ventilators – pending shipment (hospital has borrowed ventilator from state until received)

Zoll defibrillators – pending shipment

IV Infusion Pumps – working with pharmacist to get programming completed, will put into service in next 30 days.

CMS system - \$136,000 approved for project. CCMC is waiting to learn if we will receive the Rasmuson Grant to cover part of this cost. This information will likely come next month.

Nurse Call System – \$130,000 approved for this project. We are evaluating bids and bed compatibility, intend to order by end of next month.

12 Hospital Beds - \$70,000 approved, Actual Cost \$57,837 beds are in route.

Telephone System Upgrade – contract entered with ACS, will be completed in next 60 days.

Underground Fuel Storage Tanks \$200,000 approved. RFP to go out in next 30 days. We have been able to secure interim insurance.

Exterior storm water management and leaks – currently under repair, will update at end of project.

### **Community and Covid Response:**

Each month I would like to highlight an individual departments Covid response.

This month I want to recognize our facility personnel, which includes Malvin Fajardo, Jeff Sojot and John Laurin. This group has assisted with preparation of 2 alternate care sites including building ramps at the little chapel in the event we need to move our LTC patients to that facility. They have also completed the LTC separation by building temporary walls, and moving equipment, furniture, patient care items, into the newly separated space. They continue to assist with environmental services and infection control process, and equipment upgrades improvement and many other supportive tasks. This things have been completed while also doing routine maintenance, updates and facility maintenance.

## **Medical Director Report 7/20/2020**

This year has required extensive and diligent pandemic response planning. The hospital has gone from having capacity to manage a small handful of respiratory patients at once, to being ready to manage all aspects of a potential pandemic outbreak in Cordova.

### **Very Brief overview of our Covid-19 Response**

Testing – community, processors, travelers! We continue to lobby for state testing support and adequate supply and have had a lot of success getting supplies.

Increased oxygen to recommended levels for pandemic response for hospital and community our size

Increased lab capacity for Covid-19 and supportive lab testing

Increased beds

Increased staffing with surge Staffing plan including staff training

Managing staff shortages with quarantine and isolation of staff.

Isolated LTC both physical and staffing separation to keep our most vulnerable residents safe

Ordered equipment and supplies including tools for mechanical ventilation in preparation for Covid-19

Grant and Covid19 funding opportunities closely monitored and applied for.

Adopting tele video appointment options in clinic

Develop protocols for Clinic, ER, Inpatient, LTC admissions for safe covid operations.

Obtain and train on high Flow none invasive ventilation support.

Ensure par levels for medications.

### **Volumes**

Healthcare Clinics and hospitals have been identified as spots for infectious risk, which is impacting patient's willingness to come in for care. With support from ASHNA, we are participating in the Don't Delay, get your care today campaign. We have dedicated exam areas for people that are not demonstrating infectious type illness to ensure patient safety. We are reaching out to our community to ensure people have access to care they need.

### **Trauma Committee**

We are working to develop and improve our trauma response. CCMC has a goal of achieving trauma certification by Q3 2020.

To: CCMC Authority Board of Directors  
From: Kelly Kedzierski, RN  
RE: July 2020 Nursing Update

- Staffing:
  - We have 4 permanent nursing staff and 5 traveler nurses.
  - We had a slight delay due to COVID-19 but we are still hoping to be able to get the C.N.A. class participants some clinical hours so they are ready to take their board exam.
- Census:
  - LTC census is 10. Currently, we have 0 swing beds occupied.
- The ongoing challenges:
  - One of the biggest challenges as of now is visitation for the LTC residents and their families. We were able to allow outdoor visits while social distancing and wearing a mask during the 4<sup>th</sup> of July weekend. Unfortunately in person visits again stopped at CCMC because of COVID-19, and we will continue to follow the CMS guidelines on this. We are balancing safety with connection and making every effort to keep families connected. We are taking the residents out for rides for visits with loved ones. The residents enjoy seeing their loved ones through the window of the van, as well as through Zoom meetings, Face time calls, and hearing their loved ones voices through regular phone calls as well.
  - CCMC had an unannounced CMS Focused Infection Control Survey to determine compliance with Federal Medicare/Medicaid requirements for Long Term Care. Based on the results of the survey it was determined that CCMC was in substantial compliance and no deficiencies were found. I am very proud of each and every member of our staff. Everyone here at CCMC works hard to delivery excellent quality care for the people we serve.

Kelly Kedzierski, RN

CNO



To: CCMC Authority Board of Directors  
From: Kelly Kedzierski, RN  
RE: July 2020 Quality Improvement Report

## **Quality Improvement**

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

The last Quality meeting was held on June 15<sup>th</sup>, 2020 where we discussed:

- Working on Process Improvement Projects in each department.
- Environmental services personnel are actively and aggressively cleaning floors, walls, door handles, and all high touch surface areas throughout the entire building.
- Being Survey Ready
- Environmental Care rounds ongoing

Our next Quality meeting will be held on August 18, 2020.

To: CCMC Authority Board of Directors  
From: Kelly Kedzierski, RN  
RE: July 2020 Infection Prevention

## **Infection Control**

CCMC has been conducting testing for the community to stop or at least slow the spread of Covid-19. Our nursing staff, our lab staff and all of our staff are dedicated and working hard for the safety of the community.

CCMC had an unannounced CMS Focused Infection Control Survey to determine compliance with Federal Medicare/Medicaid requirements for Long Term Care. Based on the results of the survey it was determined that CCMC was in substantial compliance and no deficiencies were found. I am very proud of each and every member of our staff. Everyone here at CCMC works hard to deliver excellent quality care for the people we serve.

Our next meeting will be on July 22<sup>nd</sup>, 2020.

## **Fun Facts: According to the CDC**

*Will there be flu along with COVID-19 in the fall and winter?*

While it's not possible to say with certainty what will happen in the fall and winter, CDC believes it's likely that flu viruses and the virus that causes COVID-19 will both be spreading. In this context, getting a flu vaccine will be more important than ever. CDC recommends that all people 6 months and older get a yearly flu vaccine.

*Can I have flu and COVID-19 at the same time?*

Yes. It is possible to have flu (as well as other respiratory illnesses) and COVID-19 at the same time. Experts are still studying how common this can be.

*Will a flu vaccine protect me against COVID-19?*

Getting a flu vaccine will **NOT** protect against COVID-19, however flu vaccination has many other important benefits. Flu vaccines have been shown to reduce the risk of flu illness, hospitalization and death. Getting a flu vaccine this fall will be more important than ever, not only to reduce your risk from flu but also to help conserve potentially scarce health care resources.

### **Clinic**

June Clinic visits were down about 20% compared to the same period last year. Visits continue to be a mix of in person visits and telehealth visits and will likely continue to vary depending on the number of active covid cases in the community. Generally we continue to encourage health maintenance visits and have been ensuring children continue their immunization schedules.

The pediatrician, Dr. Gifford, is in Clinic today after doing telehealth visits in May. His continued dedication to Cordova provides opportunities for a number of children to be seen without the risk of each family traveling to Anchorage for care, either through in person visits here at CCMC or via telehealth.

### **Lab/Radiology/PT**

The digital portable xray machine and the digital upgrade to the xray room have been utilized for about a month. The switch to the radiology group at AK Imaging has also been completed. There are a few more details to be worked out with all the systems, but things are going well. CCMC is now in the digital radiology age!

The lab is busy with covid testing along with other labwork. CCMC continues to provide three mornings for walk through community testing as well as resulting tests done at the airport five days a week. Additionally CCMC is testing and/or resulting tests for canneries as needed and resulting tests for AMHS workers on the MV Kennicott. A lot of testing and resulting! CCMC remains fortunate to have a good supply of testing materials and be able to provide testing to the community.

PT appointments are available both in person and via telehealth. Angela recently took PTO and Tina McLean from Soldotna filled in for her. Tina sold her PT practice last year and has many years of experience. She enjoyed her time here in Cordova and is willing to fill in for future needs as they arise. Having someone in state to provide coverage as needed is great for CCMC.

Overall PT and Radiology numbers remain lower than last year. Lab is doing a lot of tests but regular labwork is also down from previous years. While there has been some travel to specialists in Anchorage, more elective surgeries, and some continued routine labwork, it is likely numbers in these departments will remain lower than usual but steady throughout the pandemic, provided active covid cases remain mild or asymptomatic in Cordova.

## **July Board Report (5/1/2020-6/30/2020)**

### **Sound Alternatives Behavioral Health and Developmental Disabilities Services**

Barb Jewell-Behavioral Health Program Manager

#### Behavioral Health

We served 49 individual clients during this time, slightly down from the previous quarter. Referrals significantly declined due to Covid-19 but began to pick back up in late June. The number of services remained roughly the same at 373 for the quarter. We continued to provide services through telehealth. Clients who did not have access to devices or private space for telehealth were screened for symptoms and travel, and then allowed to use Sound Alternatives equipment for video visits with their clinician. We had two requests for emergency services neither of which came through or required the Emergency room.

Our Continuation grant was approved for \$285,093 for FY21. Additionally we were approved, in collaboration with CFRC for a Community Initiative Matching grant in the amount of \$27,449 to provide short term shelter for homeless individuals.

Also in collaboration with CFRC, we completed our first online and bilingual Parenting class this quarter. Necessity is the mother of invention. This project was funded by a grant from Alaska Children's Trust.

Dennis Manson, LCPC, announced his retirement this quarter and his last day was 7/16/20. We have a temporary clinician arriving late July to fill in until we can recruit a new permanent clinician.

#### Developmental Disabilities:

This report remains the same. We still have 4 participants with a 5<sup>th</sup> on the State's waitlist for services. Lifeskill classes continue to be offered twice a week, as well as ongoing individual services. We are providing services remotely and have had great feedback from participants and families which attests to the skills our Direct Service Providers have to meet the needs of our participants!

We continue to have difficulty recruiting and retaining staff for these challenging positions. We did not have any applicants for positions this quarter despite continuing and active outreach.



# Memorandum

To: CCMC Authority Board of Directors

From: Hannah Sanders, MD CCMC CEO

Subject: Approval of Delineation of Privileges for Paul Gloe III, MD

Date: 07/20/2020

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**Suggested Motion:** “I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Paul Gloe III, MD as presented.”



# Memorandum

To: CCMC Authority Board of Directors

From: Hannah Sanders, MD CCMC CEO

Subject: Approval of Delineation of Privileges for Andrew Moran, MD

Date: 07/20/2020

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



# Memorandum

To: CCMC Authority Board of Directors

From: Hannah Sanders, MD, CCMC CEO

Subject: Approval of Delineation of Privileges for Alaska Regional Telehealth

Date: 07/20/2020

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**Suggested Motion:** “I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Kevin Carmen, MD; Christine Charles, MD; Michelle Denault, MD; Venkata Diddi, MD; Suzanne Newman, MD; Stefani Parrisbalogun, MD; Sara Peuning, MD; Ali Samee, MD; Michele Siegele, MD; Ashley Smith, MD; and Daron Watts, MD.”