



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
ZOOM MEETING OR TELECONFERENCE
March 25th 2021 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. 3/24
Liz Senear	exp. 3/24
Vacant	exp. 3/22

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

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

B. CONFLICT OF INTEREST

C. APPROVAL OF AGENDA

D. APPROVAL OF MINUTES

1. February 25, 2021 Regular Meeting Minutes Pgs 1-2

E. REPORTS OF OFFICERS OR ADVISORS

1. Board Chair Report
2. CEO Report Pg 3
3. CFO Report Pgs 4-8
4. CNO Report

F. ACTION ITEMS

1. Delineation of Privileges for Curtis Bejes, MD Pgs 9-17
2. Approval of the 2020 Periodic Review Pgs 18-36
3. Letter of Interest to fill a Board of Directors seat Pgs 37-38

G. DISCUSSION ITEMS

H. 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.

I. BOARD MEMBERS COMMENTS

J. EXECUTIVE SESSION - None

K. 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.

Minutes
CCMC Authority – Board of Directors
Via ZOOM Meeting or Teleconference
February 25, 2021 at 6:02pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Greg Meyer called the Board Meeting to order at 6:00pm.

Board members present: **Linnea Ronnegard, Greg Meyer, Gary Graham and Craig Kuntz.**

Quorum was established. 4 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Eric Price, CFO, Kelley Kedzierski, CNO and Faith Wheeler-Jeppson, Executive Assistant to the CEO.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. **Audience Comments** ~ None
2. **Guest Speaker** ~ None

B. CONFLICT OF INTEREST ~ None

C. APPROVAL OF AGENDA

M/Kuntz S/Ronnegard "I move to approve the Agenda."

Kuntz - yea, Ronnegard – yea, Meyer – yea, Graham – yea, Hayden – absent.
4 yeas, 0 nay, 1 absent; Motion passed.

D. APPROVAL OF MINUTES

1. January 28, 2021 Regular Meeting Minutes

M/Kuntz S/Ronnegard "I move to approve the January 28, 2020 Regular Meeting Minutes."

Ronnegard – yea, Kuntz - yea, Graham – yea, Meyer – yea, Hayden – absent.
4 yeas, 0 nay, 1 absent; Motion passed.

E. REPORTS OF OFFICERS and ADVISORS

1. **Board Chair report** – Greg Meyer wanted to thank Gary and Craig for being on the board. And when we have get our new members and give them their binder's maybe we can include a page with frequently used acronyms.
2. **CEO Report** – Dr. Sanders stated that written report is in the packet, something I'd like to include is that Sound Alternatives just finished their Joint Commission survey and there were only seven minor items. Staff has been incredibly busy, and I appreciate everyone.
4. **CFO Report** – Eric Price reported that he booked the PPP income in January. Given that, we are showing a net increase of one million. That number is misleading, the net income is actually -16k. We didn't book any bad debt in January.
5. **CNO Report** – Kelly Kedzierski's Nursing Reports are in the packet. Kelly was present, but had to leave due to a Nursing meeting. Dr. Sanders is here and can answer any Nursing Dept. questions the board may have.

F. ACTION ITEMS

1. Delineation of Privileges for John McCormick, MD.

M/Kuntz S/Ronnegard "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for John McCormick, MD with Alaska Regional as presented."

Meyer – yea, Ronnegard – yea, Graham – yea, Kuntz - yea, Hayden – absent.

4 yeas, 0 nay, 1 absent; Motion passed.

2. ADM 300

M/Ronnegard S/Kuntz "I move that the CCMC Authority Board of Directors approve ADM 300 Policy, Procedure, and Guideline Development and Review Policy as presented."

Kuntz - yea, Ronnegard – yea, Graham – yea, Meyer – yea, Hayden – absent.

4 yeas, 0 nay, 1 absent, Motion passed.

G. DISCUSSION ITEMS ~ None

H. AUDIENCE PARTICIPATION ~ None

I. BOARD MEMBERS COMMENTS

Ronnegard ~ Thank you to everybody!

Kuntz ~ Thanks again to Dr. Sanders and the team. Continued praise and good job to everybody. I'm not going to run for the board again, it's been fun and I've learned a lot.

Meyer ~ Thanks to Gary and Craig!

Graham ~

J. EXECUTIVE SESSION ~ None

K. ADJOURNMENT

M/Kuntz S/Ronnegard "I move to adjourn"

Greg Meyer declared the meeting adjourned at 6:37 pm.

Prepared by: Faith Wheeler-Jeppson

CEO Report Board Meeting March 2021

The hospital continues to operate on a negative margin, however we have made significant strides to close the gap. We are working on developing services so that CCMC can continue to grow. Providing excellent quality care in rural areas is a challenge nationwide. We continue to monitor changes to healthcare reimbursement, and funding opportunities for critical access hospitals.

Services:

LTC: Our LTC remains at capacity. We are following CMS guidance and allowing safe visits for our long term care residents. These visits are long awaited and have helped improve the quality of life for our residents that were missing loved ones. We continue to offer video visits for residents that are unable to have in person visits.

ER/ Hospital/SWING: Swing bed and inpatient utilization is up from last year. We continue to work to bring patients to our facility for rehabilitation and skilled nursing services.

Clinic: No changes in clinic service. Staff continue to be very busy providing Covid19 vaccine distribution to the community!

Sound Alternatives: No change in services. We continue to recruit for behavioral health staff.

Quality:

See periodic evaluation.

Covid Response Capital Update:

- Nurse Call System: Pending, a substantial amount of work has been done and call lights and nurse notification is operational in all key areas of the hospital.
- Wheelchair van: Van has arrived however we are awaiting documents so that the registration process is completed, and will train staff prior to putting the van into service.

CORDOVA COMMUNITY MEDICAL CENTER
 OPERATING/INCOME STATEMENT
 FOR THE 2 MONTHS ENDING 02/28/21

03/22/21 10:47 AM

----- M O N T H -----			----- Y E A R T O D A T E -----			
ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	
REVENUE						
56,836.93	35,300.00	21,536.93	72,942.94	74,400.00	(1,457.06)	
220,877.57	96,100.00	124,777.57	301,867.77	202,150.00	99,717.77	
357,070.00	388,000.00	(30,930.00)	752,397.50	817,600.00	(65,202.50)	
45,782.44	50,200.00	(4,417.56)	88,741.29	105,600.00	(16,858.71)	
213,141.22	163,100.00	50,041.22	420,562.71	343,600.00	76,962.71	
146,846.08	129,200.00	17,646.08	364,950.36	272,200.00	92,750.36	
15,900.82	28,700.00	(12,799.18)	40,204.61	60,700.00	(20,495.39)	
74,913.21	96,800.00	(21,886.79)	168,307.10	203,800.00	(35,492.90)	
-----	-----	-----	-----	-----	-----	
1,131,368.27	987,400.00	143,968.27	PATIENT SERVICES TOTAL	2,209,974.28	2,080,050.00	129,924.28
DEDUCTIONS						
615.21	9,200.00	8,584.79	CHARITY	4,666.09	19,400.00	14,733.91
189,587.93	164,700.00	(24,887.93)	CONTRACTUAL ADJUSTM	390,643.37	340,900.00	(49,743.37)
34,264.38	15,000.00	(19,264.38)	ADMINISTRATIVE ADJU	58,891.32	30,000.00	(28,891.32)
(175.00)	45,800.00	45,975.00	BAD DEBT	(400.00)	91,600.00	92,000.00
-----	-----	-----	-----	-----	-----	
224,292.52	234,700.00	10,407.48	DEDUCTIONS TOTAL	453,800.78	481,900.00	28,099.22
COST RECOVERIES						
96,332.75	91,800.00	4,532.75	GRANTS	110,875.22	189,600.00	(78,724.78)
.00	.00	.00	PPP GRANT	1,113,148.12	.00	1,113,148.12
35,990.33	19,300.00	16,690.33	IN-KIND CONTRIBUTIO	55,219.13	38,600.00	16,619.13
4,361.93	8,100.00	(3,738.07)	OTHER REVENUE	9,632.61	16,500.00	(6,867.39)
-----	-----	-----	-----	-----	-----	
136,685.01	119,200.00	17,485.01	COST RECOVERIES TOTAL	1,288,875.08	244,700.00	1,044,175.08
-----	-----	-----	-----	-----	-----	
1,043,760.76	871,900.00	171,860.76	TOTAL REVENUES	3,045,048.58	1,842,850.00	1,202,198.58
EXPENSES						
441,764.86	373,500.00	(68,264.86)	WAGES	797,096.43	747,000.00	(50,096.43)
194,958.87	184,600.00	(10,358.87)	TAXES & BENEFITS	347,780.97	369,200.00	21,419.03
149,924.15	144,800.00	(5,124.15)	PROFESSIONAL SERVIC	315,352.36	284,300.00	(31,052.36)
79,483.79	88,300.00	8,816.21	SUPPLIES	171,050.31	185,900.00	14,849.69
4,496.34	6,000.00	1,503.66	MINOR EQUIPMENT	4,534.33	12,300.00	7,765.67
18,462.53	30,000.00	11,537.47	REPAIRS & MAINTENAN	51,311.40	60,300.00	8,988.60
20,986.23	12,300.00	(8,686.23)	RENTS & LEASES	21,191.03	24,600.00	3,408.97
69,641.59	36,200.00	(33,441.59)	UTILITIES	111,181.31	76,200.00	(34,981.31)
91.00	1,300.00	1,209.00	TRAVEL & TRAINING	2,112.01	2,700.00	587.99
15,277.57	15,300.00	22.43	INSURANCES	35,086.53	33,600.00	(1,486.53)
5,387.46	2,700.00	(2,687.46)	RECRUIT & RELOCATE	7,813.72	5,800.00	(2,013.72)
49,437.58	51,500.00	2,062.42	DEPRECIATION	98,999.64	103,000.00	4,000.36
24,332.72	28,300.00	3,967.28	OTHER EXPENSES	52,859.99	59,200.00	6,340.01
-----	-----	-----	-----	-----	-----	
1,074,244.69	974,800.00	(99,444.69)	TOTAL EXPENSES	2,016,370.03	1,964,100.00	(52,270.03)
-----	-----	-----	-----	-----	-----	
(30,483.93)	(102,900.00)	72,416.07	OPERATING INCOME	1,028,678.55	(121,250.00)	1,149,928.55
-----	-----	-----	-----	-----	-----	
(30,483.93)	(102,900.00)	72,416.07	NET INCOME	1,028,678.55	(121,250.00)	1,149,928.55
=====	=====	=====	=====	=====	=====	

03/22/21 10:46 AM

CORDOVA COMMUNITY MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 02/28/21

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	1,881,899.09	(100,109.97)	1,982,009.06
NET ACCOUNT RECEIVABLE	1,406,355.80	2,168,187.77	(761,831.97)
THIRD PARTY RECEIVABLE	462.21	21,527.00	(21,064.79)
CLEARING ACCOUNTS	622,105.19	384,395.89	237,709.30
PREPAID EXPENSES	122,101.13	16,404.75	105,696.38
INVENTORY	531,065.60	373,509.35	157,556.25
	-----	-----	-----
TOTAL CURRENT ASSETS	4,563,989.02	2,863,914.79	1,700,074.23
PROPERTY PLANT & EQUIPMENT			
LAND	122,010.00	122,010.00	.00
BUILDINGS	7,664,341.06	7,664,341.06	.00
EQUIPMENT	8,820,073.33	8,053,776.09	766,297.24
CONSTRUCTION IN PROGRESS	727,024.10	.00	727,024.10
	-----	-----	-----
SUBTOTAL PP&E	17,333,448.49	15,840,127.15	1,493,321.34
LESS ACCUMULATED DEPRECIATION	(12,986,488.73)	(12,311,937.91)	(674,550.82)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	4,346,959.76	3,528,189.24	818,770.52
OTHER ASSETS			
GOODWILL - PHARMACY	150,000.00	150,000.00	.00
GOODWILL - PHARMACY	(47,500.00)	(30,000.00)	(17,500.00)
PERS DEFERRED OUTFLOW	832,470.85	832,470.85	.00
TOTAL OTHER ASSETS	934,970.85	952,470.85	(17,500.00)
	-----	-----	-----
TOTAL ASSETS	9,845,919.63	7,344,574.88	2,501,344.75
	=====	=====	=====

CORDOVA COMMUNITY MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 02/28/21

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	6,493.47	967,590.96	(961,097.49)
PAYROLL & RELATED LIABILITIES	689,289.92	553,345.76	135,944.16
UNEARNED REVENUE	3,621,785.24	.00	3,621,785.24
INTEREST & OTHER PAYABLES	(17,984.38)	(12,455.10)	(5,529.28)
LONG TERM DEBT - CITY	5,516,458.55	5,216,458.55	300,000.00
OTHER CURRENT LONG TERM DEBT	307,450.38	425,244.68	(117,794.30)
	-----	-----	-----
TOTAL CURRENT LIABILITIES	10,123,493.18	7,150,184.85	2,973,308.33
LONG TERM LIABILITIES			
2015 NET PENSION LIABILITY	5,963,724.00	5,963,724.00	.00
TOTAL LONG TERM LIABILITIES	5,963,724.00	5,963,724.00	.00
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	514,539.00	514,539.00	.00
TOTAL DEFERRED INFLOWS	514,539.00	514,539.00	.00
TOTAL LIABILITIES	16,601,756.18	13,628,447.85	2,973,308.33
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(6,215,920.79)	(6,215,920.79)	.00
TEMPORARY RESTRICTED FUND BALANCE	18,513.60	18,513.60	.00
CURRENT YEAR NET INCOME	(558,429.36)	(86,465.78)	(471,963.58)
	-----	-----	-----
TOTAL NET POSITION	(6,755,836.55)	(6,283,872.97)	(471,963.58)
TOTAL LIABILITIES & NET POSITION	9,845,919.63	7,344,574.88	2,501,344.75
	=====	=====	=====

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET - UNAUDITED
AS OF FEBRUARY 28, 2021

	<u>CURRENT MONTH</u>	<u>31-Jan-21</u>	<u>DEC 31, 2020</u>
ASSETS			
CURRENT ASSETS			
Cash	\$ 1,881,899	\$ 1,523,252	\$ 2,569,960
Net Patient Receivables	1,406,356	1,115,503	1,022,520
Grant Receivable	462	462	462
Clearing accounts	622,105	616,698	(313,167)
Prepaid Expenses	122,101	129,502	119,920
Inventory	531,066	521,215	543,519
Total Current Assets	<u>4,563,989</u>	<u>3,906,632</u>	<u>3,943,214</u>
PROPERTY PLANT & EQUIPMENT			
Land	122,010	122,010	122,010
Buildings	7,664,341	7,664,341	7,664,341
Equipment	8,820,073	8,778,359	8,708,643
Construction in Progress	727,024	727,024	727,024
Total PP&E	<u>17,333,448</u>	<u>17,291,734</u>	<u>17,222,018</u>
Less Accumulated Depreciation	(12,986,489)	(12,889,989)	(12,889,989)
Net Property Plant & Equipment	<u>4,346,960</u>	<u>4,401,745</u>	<u>4,332,029</u>
OTHER ASSETS			
Goodwill - Pharmacy	150,000	150,000	150,000
Goodwill - Amortization	(47,500)	(46,250)	(45,000)
PERS Deferred Outflow	832,471	1,233,359	1,233,359
Total Other Assets	<u>934,971</u>	<u>1,337,109</u>	<u>1,338,359</u>
	-	-	-
Total Assets	<u>\$ 9,845,920</u>	<u>\$ 9,645,486</u>	<u>\$ 9,613,602</u>
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
Accounts Payable	\$ 6,493	\$ 231,669	\$ 200,191
Payroll & Related Liabilities	689,290	689,191	573,554
PPP Loan	-	-	1,113,148
Unearned Revenue	3,621,785	3,621,785	3,621,785
Interest and Other Payables	(17,984)	(17,988)	(18,599)
City Short Term Debt	5,516,459	5,516,459	5,516,459
Other Current Liabilities	307,450	317,339	327,229
Total Current Assets	<u>10,123,493</u>	<u>10,358,455</u>	<u>11,333,766</u>
LONG TERM LIABILITIES			
Net PERS Liability	5,963,724	5,175,441	5,175,441
PERS Deferred Inflow	514,539	1,744,755	1,696,443
Total LTD	<u>6,478,263</u>	<u>6,920,196</u>	<u>6,871,884</u>
FUND BALANCE			
Unrestricted Fund Balance	(6,215,921)	(7,122,053)	(7,122,053)
Tempory Restricted Fund Balance	18,514	18,514	18,514
Net Income - Current Year	(558,429)	(529,625)	(1,488,509)
Total Fund Balance	<u>(6,755,837)</u>	<u>(7,633,165)</u>	<u>(8,592,048)</u>
	-	-	-
Total Liabilities and Fund Balance	<u>\$ 9,845,920</u>	<u>\$ 9,645,486</u>	<u>\$ 9,613,602</u>

**CORDOVA COMMUNITY MEDICAL CENTER
STATEMENT OF CASH FLOWS
FOR THE MONTH OF FEBRUARY 2021, AND YTD**

	Current Mo.	YTD
<i>Cash Flows From Operating Activities:</i>		
Net Income (Loss)	\$ (30,484)	\$ 1,028,679
Adjustments to Reconcile Net Income to Net Cash:		
Depreciation and Amortization	49,438	99,000
Changes In:		
Net Patient Receivables	(290,853)	(383,836)
Grant Receivables	-	-
Clearing Accounts	622,105	(935,272)
Inventories	(9,851)	12,453
Prepaid Expenses	7,401	(2,182)
Accounts Payable	(225,176)	(193,697)
Payroll & Related Liabilities	99	115,736
PERS Payable	-	-
Cost Report Payable	-	-
Interest and Other Payables	4	615
Other Current Liabilities	277,677	793,789
Net Cash Provided (Used) By Operating Activities	400,361	535,285
<i>Cash Flows From Financing Activities:</i>		
New PPP loan	-	-
Unearned Revenue	-	-
Conversion of PPP Liability	-	(1,113,148)
Interest Earned from CD	-	1,233
City Short-Term Debt	-	-
Net Cash Provided (Used) By Financing Activities	-	(1,111,915)
<i>Cash Flows From Investing Activities:</i>		
Purchases of Property, Plant & Equipment	(41,714)	(111,431)
Purchases of PP&E (Construction in Progress)	-	-
Net Cash Provided (Used) By Investing Activities	(41,714)	(111,431)
Net Increase (Decrease) in Cash	358,646	(688,061)
Cash at Beginning of Period	1,523,252	2,569,960
Cash at End of Period	\$ 1,881,899	\$ 1,881,899



Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Delineation of Privileges for Curtis Bejes, MD

Date: 03/22/2021

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Curtis Bejes, MD as presented."



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

PRACTITIONER CREDENTIALING

March 3, 2021

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

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed Curtis Bejes, 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 Curtis Bejes, MD for privileges at Cordova Community Medical Center.

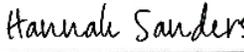
Sincerely,

DocuSigned by:

A2A8E3C009DD41D...
Chief of Staff

03 March 2021 | 11:48 AM AKST

Date

DocuSigned by:

A9259C1E5177486...
Chief Executive Officer

03 March 2021 | 12:27 PM AKST

Date



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

Cordova Community Medical Center (CCMC) Request for Core Privileges:

Core Privileges include care in the following departments:

- Emergency Department
- Hospital Admissions
- Long term Care
- Family Medicine Clinic

To be eligible to apply for core privileges at CCMC, the initial applicant must meet the following criteria:

- Degree: MD or DO
- Current ACLS, Pals and ATLS
- Board Certified Emergency medicine physicians will not be required to have or maintain ATLS.
- Successful completion of a residency or fellowship training program approved by the Accreditation Council for Graduate Medical Education ("ACGME") or the American Osteopathic Association ("AOA").

Board Certification: As stated in the Medical Staff Bylaws, applicants must have current

certification OR active participation in the examination process leading to achievement of board certification within (5) years by the American Board of Emergency, Family or Internal Medicine or the American Osteopathic Board, or lose his/her right for reappointment to the Cordova Community Medical Center Medical Staff.

Required Previous Experience: The successful applicant must demonstrate involvement as an admitting physician for at least (20) patients during the past two (2) years.

References: Two peer references must come from peers in the same discipline who have worked with an applicant in the past (24) months; at least one in the same specialty.

Maintenance of Privileges:

- Demonstration of the provision of inpatient services to at least (2) patients in the past (2) years.
- Maintain ACLS, PALS AND ATLS (unless ABEM certified)
- Performance of (15) procedures per year, to include either hospital or office procedures.

Privileged providers are expected to assess, evaluate, diagnose, and initially treat patients of all ages who present to the Emergency Department with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilized patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary.

CORE PRIVILEGE Procedures: - Please check the boxes next the procedure you are requesting privileges for. Line through any individual core procedure that you wish to exclude.

ADULT CARE:

- Arterial Puncture
- Paracentesis
- Arthrocentesis
- Thoracentesis
- Central Venous Pressure
- Transtracheal aspiration
- Subclavian or internal jugular placement
- Emergency tracheotomy/tracheostomy
- Cardiopulmonary Resuscitation (Basic and Advanced)
- Diagnostic lumbar puncture
- Incision, local excision lesion (skin & subcutaneous)
- Simple suture
- Suture muscle, tendon and/or fascia
- Rigid sigmoidoscopy with biopsy
- Incision/excision perirectal or perianal
- Removal of nail, nail bed or nail fold
- Closed reduction of fractures
- Closed reduction wrist, elbow, shoulder region Patellar, Hip
- Splint and Cast Placement
- Joint Injection _____ Shoulder _____ Knee _____ Wrist _____ Other
- Tendon Sheath Injections

GYNECOLOGY PRIVILEGES

- Care of gynecologic infectious disease
- Endometrial biopsy
- Incision and drainage or excision of vaginal or vulvar cyst abscess
- Simple excision or biopsy lesion on vulva or perineum are included but do not necessarily limit the scope of these privileges
- IUD Insertion

EMERGENCY OBSTETRICAL PRIVILEGES

- Emergency normal labor, delivery and postpartum care, including amniotomy, spontaneous delivery, episiotomy and repair including 3rd and 4th degree lacerations
- Repair of vaginal lacerations

- Care of 1st trimester spontaneous abortion (threatened, incomplete, complete) including follow up and medical management; gestational diabetes controlled by diet;

ADULT MODERATE SEDATION

- Education: Completion of the approved Moderate Sedation Competency Relias Examination with a passing score of 85% and review of the Cordova Community Medical Center policy on Moderate Sedation.
- Maintenance Criteria: Passing score of 85% or better on the Cordova Community Medical Center Relias Moderate Sedation Competency Examination.

PEDIATRIC MODERATE SEDATION

- Education: Completion of the approved Moderate Sedation Competency Relias Examination with a passing score of 85% and review of the Cordova Community Medical Center policy on Moderate Sedation.
- Maintenance Criteria: Passing score of 85% or better on the Cordova Community Medical Center Relias Moderate Sedation Competency Examination.

PEDIATRIC PRIVILEGES:

Procedures:

- Incision, local excision lesion (skin & subcutaneous)
- Simple skin suture or mucous membrane
- Closed reduction of fractures
- Closed reduction wrist, elbow or shoulder region (simple shoulder, elbow & patellar dislocations)
- Other ^{none} _____

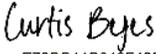
Pediatric Admission Privileges:

- Pediatric care admission privileges include ability to admit and care for patients with illness or problems requiring observation in a hospital setting or requiring supportive care (e.g. Rule out Appendicitis, Asthma, Diabetes, Failure to Thrive, Pneumonia, Pyelonephritis, Diarrheal Illness with Mild Dehydration, Uncomplicated Injuries), Metabolic Support, O2 Support (not ventilator), or IV Medications (e.g. meningitis, overdose, seizures, etc.), and uncomplicated Trauma.

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Cordova Community Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Medical Staff bylaws, policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

DocuSigned by:

E79DD11B943F429...
Practitioner Signature

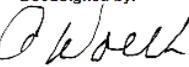
20 February 2021 | 4:13 AM AKST
Date

curtis bejes
Practitioner Print

DocuSigned by:

A9259C1E5177486...
CEO

23 February 2021 | 8:27 AM AKST
Date

DocuSigned by:

A2A8E3C069DD41D...
Chief of Staff or Designee Verification

23 February 2021 | 8:25 AM AKST
Date

Cordova Community Medical Center (CCMC) Ambulatory Clinic Privileges:

Outpatient Clinic Privileges include care in the Family Medicine Clinic department.

Required Previous Experience: The successful applicant must demonstrate involvement as a clinical provider for at least (20) patients during the past two (2) years.

References: Two peer references must come from peers in the same discipline who have worked with an applicant in the past (24) months; at least one in the same specialty.

Granting of such clinical privileges is based upon education, clinical training, experience, demonstrated current competence, documented results of patient-care, and other quality review and monitoring deemed appropriate.

Primary care medicine is a dynamic and comprehensive field. Adult medicine, OB-GYN, pediatric care, and mental health care are integral components of a continuity of care. As a result, privileges in these areas are identified to pertain to primary care specialties of pediatrics, internal medicine, family practice, obstetrics/gynecology and community oriented behavioral health services.

The privileges for CCMC will be granted in the following classes:

LEVEL ONE (GENERAL)

This class includes privileges for uncomplicated, basic procedures and clinical application of cognitive skills. Providers applying for privileges in this class will be graduates of approved medical/osteopathic/Podiatric Medicine schools or licensed schools for physician assistants or nurse practitioners. Providers will be properly licensed, and have demonstrated skills in appropriate general medicine practice.

LEVEL TWO

Privileges in this class include Level One privileges, as well as privileges for those procedures and cognitive skills involving more serious medical problems and which normally are taught in residency programs. This privilege form will also be used by visiting specialist providers that are not seeking emergency or hospital privileges. Privileges may include procedures and clinical application of cognitive skills appropriate to the care in perinatal, behavioral health services, advanced pediatric care, cardiology, gynecological, orthopedic or adult medicine. Providers requesting privileges in this class will have met the criteria in Level One, and will also have either completed training in a residency program and/or will be Board Certified in the area of specialty, or will have documented experience, demonstrated abilities and current competence for the requested specific privileges.

IT SHOULD BE NOTED THAT, EVEN THOUGH A PROVIDER IS ASSIGNED ONE OF THE TWO CLASSES, HE OR SHE MAY ALSO ELECT TO APPLY FOR INDIVIDUAL PRIVILEGES THAT MAY BE CONSIDERED TO BE IN A HIGHER CLASS.

Please check the boxes next the procedure you are requesting privileges for. Line through any individual core procedure that you wish to exclude.

LEVEL ONE

- Management of Routine Pediatric Care
- Management of Routine Adolescent Care
- Management of Routine Adult Care
- Management of Routine Gynecologic Care
- Management of Routine Prenatal Care
- Management of Routine Geriatric Care
- Supervision of Residents & Students
- Cardiopulmonary resuscitation (BLS)
- Initial evaluation of musculoskeletal problems
- Suturing of simple lacerations (one layer)
- Use of local anesthetics for wound repair
- Superficial Nerve Block
- Debridement, skin or subcutaneous, tissue
- Treatment uncomplicated dermatological conditions
- Needle aspiration of subcutaneous lesion
- Excision, benign skin lesion
- I&D, Paronychia,
- I&D, uncomplicated soft tissue abscess
- Treatment of planter warts
- Dressing/Debridement, burn
- Foreign body removal, nose
- Foreign body removal, eye (not corneal)
- Foreign body removal, ear
- Incisional removal of foreign body
- EKG Interpretation
- PFT (pulmonary function test) interpretation
- IUD removal
- I&D, Bartholin Cyst
- Waived Laboratory Testing
- Provider Performed Microscopy

LEVEL TWO

- I&D complicated abscess
- I&D perirectal abscess
- Biopsy, skin
- Ingrown toenail excision
- Joint aspiration and injection of major joints (i.e. shoulder, hip, knee)
- Lacerations, infected
- Suturing of simple 2 layer lacerations
- Trigger point injection
- Endometrial Biopsy

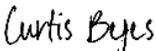
- IUD insertion
- Cervical Biopsy
- Colposcopy
- Cervical Cryotherapy
- LEEP
- Prenatal care with moderate risk, including
- history of genital herpes
- mild chronic hypertension during pregnancy
- gestational diabetes
- mild pre-eclampsia
- Outpatient subcutaneous heparin/LMW heparin management
- Joint Aspirations
- Procedures involving destruction of nail bed
- Treatment of Closed Dislocations and uncomplicated fractures
- Clinical Cardiology Care

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Cordova Community Medical Center and I understand that:

a. In exercising any clinical privileges granted, I am constrained by Medical Staff bylaws, policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situations my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

DocuSigned by:

E73DD11B843F429...

 Practitioner Signature

20 February 2021 | 4:13 AM AKST

 Date

curtis bejes

 Practitioner Print

DocuSigned by:

A9259C1E5177486...

 CEO

23 February 2021 | 8:27 AM AKST

 Date

DocuSigned by:

A2ABE3C009DD41D...

 Chief of Staff or Designee Verification

23 February 2021 | 8:25 AM AKST

 Date



Memorandum

To: CCMC Authority Board of Directors

From: Dr. Hannah Sanders, CEO

Subject: CAH Periodic Evaluation

Date: 03/18/2021

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the 2020 Critical Access Hospital Periodic Evaluation as presented."

To: Cordova Community Medical Center Authority Board

From: Hannah Sanders, CEO

Re: Annual Critical Access Hospital Evaluation for 2020

A review of Cordova Community Medical Center was conducted for the year 2020, as required by the Center for Medicare and Medicaid Services (CMS) Conditions of Participation for Critical Access hospitals. The annual report is submitted to you for review and approval. The information for the review was completed by Hannah Sanders. The report was reviewed by the Leadership Team and by the Medical Staff Executive Committee.

EXECUTIVE SUMMARY

We have adapted to significant change this year and have added services including telemedicine in both behavioral health and family practice clinics overseen by our licensed physicians, and other providers. We have added new providers including Dr. Gloe to our hospital staff and Dr Watts as our behavioral health psychiatrist who provides telehealth services.

We have seen a significant decline in all service lines except for laboratory services directly related to covid-19. We attribute this to the covid pandemic. This contraction of service utilization is similar to what has been occurring nationwide. Our long-term care volume has remained relatively stable with an average daily census of 10.

Our average length of stay is 21.6 hours, below the CAH requirement of 96 hours. (More detailed information is included in the main report.)

Quality and Process Improvement

We have strengthened our quality program and have made substantial improvement throughout our facility. We are developing a telephone reassurance program to check in on patients after discharge, this has significantly increased our patient satisfaction – we expect patient satisfaction scores to increase as this program is developed. We are very proud of the providers and staff who are driving our substantial improvements. We implemented several process improvement plans this last year including:

- Contract review process improvement.
- Policy management review and documentation improvement.
- Development of a Trauma Committee
- Streamline and improve credentialing
- Environmental Services dashboard

- Work order documentation
- Discharge planning and referrals
- Hand Hygiene surveillance
- updated orientation check list for Radiology, Protocols - CT machine and ER results improvement
- Lab-Quest Interface complete,
- Cultures reporting and timing ongoing process.
- Outpatient Cancer screening woman working with Mountain Pacific

Consultative services:

Coordination of care with consulting specialists to meet the needs of our residents.

- o Physical Therapy
- o Speech Therapy (on Hold for now due to Covid)
- o Occupational Therapist

Peer Review

To ensure continued quality improvement and patient safety in an educational and objective method, our peer review process is twofold. Peer review is conducted both internally and through an external contract peer review service. This arrangement provides an unbiased outsider's view of our care, while providing knowledge of regional and national care standards, and gives the opportunity for our staff to learn from other healthcare professionals.

Internal review is completed in effort to educate and mentor one another based on actual clinical cases, to learn what their colleagues and patients experience through the review process. A representative sample consisting of 10% of records were reviewed including chart review conducted as part of medical staff Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE).

We have signed an agreement with Washington Hospital Services to provide external peer review. Every physician has a minimum of 8 records reviewed each year. A total of 6 records were submitted for external peer review.

Services

Each clinical service impacting health and safety, including contract services, were evaluated and information provided to the medical staff executive committee for their review.

As a result of the review, we identified the need to expand the scope of rehabilitation services. In the next fiscal year, we are adding an occupational therapist. We will bring in a physical therapy assistant as needed and work to expand our rehabilitation services for our community. This will better meet the needs of our community that has a high percentage of individuals with rehabilitation needs.

In addition, we have identified a need for inpatient pharmacy services. By the second quarter of the next fiscal year, we will have an inpatient pharmacist on staff. Having an inpatient pharmacist available onsite to oversee pharmacy services and compounding will further help protect our community. The pharmacist will also help improve and develop our antibiotic stewardship program.

Contracted Services

Pharmacy
Dietician
Radiology
Tele behavioral Health

Policies and Procedures Summary

The clinical policies were reviewed by the quality management committee which included Hannah Sanders, MD, Laura Henneker FMNP, Kelly Kedzierski RN, Vivian Knop, Eric Price, Barbra Jewell, Ria Beedle, Kim Wilson. Recommendations for changes were submitted for approval.

Recommendation

The Critical Access Hospital program continues to meet our needs from a clinical and patient care perspective as this year has brought awareness of the importance of hospitals in small communities. We are continuing to struggle with financial solvency and would be unable to sustain our hospital without the Critical Access designation.

MAIN REPORT

Section 1: Financial

During 2020 we saw significant decreases in utilization of outpatient services due to Covid-19 pandemic. Additionally, we had a decrease of swing bed and inpatient admissions. We anticipate this will continue for the early part of 2021. The impact of the pandemic on the economy and our community continues to be an issue with unknown future impacts.

Payor Mix	Current year%	Prior year %
MEDICARE	30.0	33.1
MEDICAID	24.8	21.9
BLUE CROSS	10.5	7.0
COMMERCIAL	31.5	22.5
PRIVATE	3.1	15.6

	2019	2020	YOY Variance	YOY %
Medicare	\$2,084,970	\$1,614,140	\$(470,830)	-22.6%
Medicaid	\$6,241,342	\$5,977,229	\$(264,114)	-4.2%
Other Third Party	\$2,956,739	\$2,423,579	\$(533,161)	-18.0%
Charity Care	\$105,371	\$13,552	\$(91,819)	-87.1%
Administrative	\$41.02	\$379,061	\$379,020	923988.0%
COVID-19	0	\$264,904	\$264,904	
REVENUES	\$11,177,639	\$9,357,430	\$(1,820,210)	-16.3%

Section 2: Volume and Utilization of Services

1.Capacity

We have 13 set-up beds available for inpatient, observation and swing bed patients. We did not exceed more than 12 patients at any time. With anticipation and many unknowns of the covid-19 pandemic, contingency plans are in place to expand our capacity if needed.

2.Volume

Utilization of services was reviewed as outlined in the table below. Overall volume has decreased in all areas except the inpatient admissions. This is directly a result of the COVID19 pandemic. We expect these numbers to increase for 2021.

<u>Volume</u>	<u>Current year</u>	<u>Prior year</u>	<u>% Change</u>
Inpatient days	37	34	8% Increase
Swing Bed patient days	8	13	38% Decrease
Observation Admissions	27	49	44% Decrease
ER visits	460	592	22% Decrease

Outpatient visits for Medical Imaging and Laboratory Tests are currently reported in aggregate. For 2019 we had 1919 visits. For 2020 we had 5416 outpatient hospital visits. This increase is directly due to Covid19 testing. A significant portion of this testing was provided as part of our community response to the pandemic and was covered with CARES funding.

3.Average Length of Stay

The average length of stay for the year was **74.4** hours. The average for all patients in a 12-month period is less than 96 hours.

During January and February our length of stay exceeded 96 hours, but our average for the year was well below the thresh-hold. Average length of stay is tracked and reported monthly to the Utilization Review Committee.

Average Length of Stay	Current year	Prior year	% Change
Inpatient average length of stay (days)	3.1	2.9	6.8%
Number of patients (or %) with LOS of more than 96 hours	5	3	40%
Swing Bed average length of stay (days)	40.1	63.4	36%
Observation average length of stay (hours)	1.0	1.1	10%
Emergency Department Visits	468	596	79%

4. Medical Necessity Reviews

The utilization review nurse or director of nursing screen every inpatient, swing bed and observation patient to determine if provider documentation supports the status. We have identified the need for utilization review software and will be implementing utilization of Interqual criteria the next fiscal year. Currently, any issues or questions regarding medical necessity are discussed with Dr. Sanders, the physician advisor. Reports are submitted to the Utilization Review Committee monthly for review and discussion.

5. Transfers

Transfers from the Emergency Department have remained essentially the same as the prior year. In 2019 we had 45 transfers which represented 7.5% of ED visits. In 2020 32 transfers which represented 6.9% of the 463 ED visits that we had in the year.

All transfers are reviewed by the medical staff and utilization review to determine both appropriateness of transfer as well as to identify any potential issues with EMTALA compliance. There were no instances in which medical staff determined that the transfer was inappropriate. There were no instances of lack of compliance with EMTALA regulations.

Section 3: Medical Record Review

1. Medical Record Peer Review

To ensure continued quality improvement and patient safety in an educational and objective method, our peer review process is twofold. Peer review is conducted both internally and through an external contract peer review service. This arrangement provides an unbiased outsider's view of our care, while providing knowledge of regional and national care standards, and gives the opportunity for our staff to learn from other healthcare professionals. Internal review is completed in effort to educate and mentor one another on the basis of actual clinical cases, to learn what their colleagues and patients experience through the review process.

2020 peer review summary a total of 76 charts were internally reviewed. 2 cases were sent for external review during Q3 and currently there are 4 cases pending for external review that were sent as part of our random sample. A total of 76 records were reviewed which is 14% of patient encounters.

2. Chart reviews involve both a concurrent and retrospective process as illustrated below. As a result of the medical record reviews for 2020 the following focus areas for improvement were identified:

- (1) Timeliness of provider signature on telephone orders; and
- (2) Antibiotic use appropriateness.
- (3) Falls

Medical Record Review

Review by utilization review staff for appropriateness of admission, continued stay and delivery of Important Message from Medicare.

Documentation related to core measure compliance (Pneumonia, Congestive Heart Failure, SCIP).

- Documentation reviews by the Quality/utilization nurse
- o History and Physical
- o Progress Notes
- o Discharge Summary
- o Timing and Dating of Orders
- o Provider signatures
- o Consents
- o Blood Utilization
- o Medication errors
- o Morbidity and Mortality
- o Falls
- o Infection Rates
- o Blood Utilization
- o AMAs

Patient Satisfaction is evaluated through a contract group, NRC picker, that sends out after care surveys and compiles the data. This year the scorecard data is challenging to evaluate as the major volume of our patients came from covid testing. Surveys generated through utilization covid testing has significantly skewed the results. We are working on a solution for this for next year. The organizational scorecard which shows performance for many of these measures is attached.

Section 4: Review of Services

Each patient care service affecting patient health and safety, including contract services, were evaluated based on activity (volume), patient/client/resident satisfaction if available and clinical outcomes. Each department is responsible for developing departmental indicators each year that reflect the scope and complexity of the department.

1. Nursing

Emergency, med-surg, swing

Volume/Activity: 34 inpatient admissions, 29 observations.

2. Medical Imaging

CT scan and digital xray services available on outpatient scheduled and also available as 24/7 emergency service.

Volume/Activity: 356 radiology studies completed

3. Laboratory

Description/Scope including any new services or modalities

Volume/Activity: 4629

4. Rehabilitation

Physical therapist offers a full panel of PT services including inpatient and outpatient rehab services.

Volume/Activity: 387 patients, 8,800 visits.

5. Outpatient Clinics

Behavioral Health - Sound Alternatives

Volume: 1528 visits

6. Family medicine clinic:

551 nurse visits, 1630 clinic visits of those 52 were OB visits and 132 were telehealth.

Currently we offer a full spectrum outpatient family medicine clinic which includes procedures such as biopsy, joint injections, trigger point injections, prenatal care with OB consultation, CDL exams, pediatric and adult wellness.

7. Long Term Care/Skilled Nursing Facility

Description/Scope including any new services or modalities

Volume/Activity:

8. Dietary / Food Service

Description/Scope including any new services or modalities

Volume/Activity: 10775 LTC Meals, 1974 Hospital, Other meals (cafeteria and delivered) 5708

Satisfaction data is collected from a contract with NRC Health. This group sends after care surveys to patients. In general, our survey response rate is less than 20%. Overall evaluation of the surveys demonstrates overall satisfaction is greater than 80% in key service areas.

There are some areas such as answering phones and seeing a provider quickly that scores are below 65%. Interpretation of this data is limited due to small sample size but has helped us identify and improve on key areas that define patient experience and build trust.

Section 5: Contract Services

We contract for the following services: dietician, home sleep studies, tele-psychiatry, radiology, and inpatient pharmacy. Each service has a separate contract with performance criteria. A review of each service was completed and provided to the medical staff for review. We do not anticipate any new contracted services in the next fiscal year.

1. Home Sleep Study

Contracting Entity: Global Sleep Solutions and Peak Neurology

Description/Scope: home sleep studies, with remote Neurologist sleep study review. Volume/

Activity: 9 sleep studies

Very limited use in 2020, likely secondary to Covid pandemic.

2. Tele behavioral health

Contracting Entity: Mindcare

Description/Scope including any new services or modalities:

Volume/Activity: New provider, expect case load to increase in 2021

Satisfaction data not available due to new service Q4

3. Dietician

Contracted dietician provides remote monitoring of diets, and nutrition monitoring for long term care patients.

4. Radiology

Contracting Entity: Alaska Imaging Associates

Description/Scope including any new services or modalities: teleradiology reads. Performance

Indicator(s): Images are read timely, without concern

5. Inpatient Pharmacy

Contracting Entity: Adam Baxter

Description/Scope including any new services or modalities: oversees pharmacy services for inpatient pharmacy as well as LTC medication reviews.

Performance Indicator: data reviewed on time, accurate, without error.

Section 6: Infection Control See attached infection control plan

- Risk Assessment
- Goals / Plan
- Outcomes

Section 7: Performance Improvement

We have an active Quality Committee chaired by Kelly Kedzierski. During the past twelve months, the Committee has chartered with department heads. The processes improvement projects include:

Hand Washing

Direct observation of the healthcare workers hand hygiene practices is done by the nursing staff, DON and CNO. This allows CCMC to proactively record the number of hand hygiene indications and opportunities. The observer records the department, the health care worker (HCW) type and if the HCW performed hand hygiene before entering the room and touching the patient, if they donned gloves, if they performed hand hygiene upon exiting the room. We improved from 81% overall compliance at end of the first quarter of 2020 to 95% overall compliance at the end of the fourth quarter 2020 as shown below.

CCMC 2020 Hand Hygiene Surveillance							
January 1, 2020 through March 31, 2020							
Summary by Department	Total Observations	Gloves	% Compliance	Wash In	% Compliance	Wash Out	% Compliance
Acute	5	3	60%	4	80%	4	80%
Emergency	27	27	100%	23	85%	19	70%
LTC	44	31	70%	32	72%	39	89%
Observation	8	8	100%	5	63%	7	88%
Swing	15	15	100%	10	67%	14	93%
Average Compliance			86.00%		73%		84%
April 1, 2020 through June 31, 2020							
Summary by Department	Total Observations	Gloves	% Compliance	Wash In	% Compliance	Wash Out	% Compliance
Acute	12	12	100%	9	75%	12	100%
Emergency	18	18	100%	13	72%	18	100%
LTC	57	49	86%	57	100%	57	100%
Observation	4	4	100%	3	75%	4	100%
Swing	12	12	100%	12	100%	9	75%
Average Compliance			97.20%		84%		95%
August 2020 through October 2020							
Summary by Department	Total Observations	Gloves	% Compliance	Wash In	% Compliance	Wash Out	% Compliance
Acute	7	5	71%	6	86%	7	100%
Emergency	20	20	100%	17	85%	19	85%
LTC	90	73	81%	98	98%	90	100%
Observation	8	8	100%	5	63%	7	88%
Swing	18	15	83%	18	100%	17	94%
Average Compliance			87.00%		86%		93%
November 2020 through December 2020							
Summary by Department	Total Observations	Gloves	% Compliance	Wash In	% Compliance	Wash Out	% Compliance
Acute	30	30	100%	30	100%	30	100%
Emergency	16	16	100%	14	88%	14	88%
LTC	27	27	100%	26	96%	27	100%
Observation	4	4	100%	3	75%	4	100%
Swing	10	10	100%	8	80%	10	94%
Average Compliance			100.00%		88%		96%

Environment of Care Rounds

Each Department to do quarterly EOC round and submit to Quality

Environmental Care

-Cleaning for the comfort and dignity of residents and patients with a multi-disciplinary approach to planning for deep cleaning with staff from environmental services, infection control, nursing, dietary, and facilities/maintenance all contributing to the agenda.

-Each Department has 1:10 Bleach: water solution for cleaning designated work areas

HIM

PT notes signed by provider- was at 0% has increased to 100% with new protocol and procedures put in place.

Fire Safety

Orientation, annual education, and fire drills. (Work in progress)

Outpatient Service

From registration to quality of care for increased resident and patient satisfaction.

Nutritional Services

Process improvement project to ensure that Nutritional Services is organized, directed and staffed in a manner that ensures that the nutritional needs of the residents and patients are met in accordance with the physician's orders and acceptable standards of practice.

Infection Control on Kitchen Sanitation

Process improvement project to ensure sanitation guidelines are being adhered to. Surveillance on these random audits.

Suspected Infection

-Process improvement for employees/Nursing staff to ensure competent infection control practices and timely reporting on suspected infections to Infection Preventionist. We are at 100% compliance on this.

- Nursing staff will take temperature on all residents each shift. COVID19 assessment will be done on all residents every shift. We are at 100% compliance on this.

- Written documentation will be sent to IP immediately when suspected infection from nurse or LTC DON. Chart audits will be done daily by LTC DON or designee. Including ensuring COVID-19 Assessment on all residents is done twice daily. So far we are at 100% compliance on this.

Antibiotic Stewardship Program. We strive to minimize antibiotic use when not indicated. To ensure this the infection control nurses reviews all antibiotics. A secondary review is completed by the medical director for prescriptions in which a culture was not obtained, or a clinical diagnosis was not provided that necessitates antibiotics. The medical director also reviews cases in which multiple antibiotics are used. We are working to implement use of EMR for antibiotic use monitoring.

We strive to engage every staff member in process improvement. We have trained 3 individuals in LEAN Six Sigma and they are in turn training all staff.

Core Measures

We participate in the MBQIP initiative and are submitting data for all of their current measures including:

- ED Time
- Time to transfer for MI
- Chest Pain time to EKG, fibrinolytics use
- Stroke time to CT scan, documentation
- Influenza Vaccination rate for healthcare personal
- Patient that leave AMA

Section 8: Policy Review

We utilize a cloud-based software for our policy management. During the 3rd quarter we discovered an issue with the approval process within the software program and have worked to correct this. Because of this correction to the approval process every policy is identified as having had changes applied. This inaccuracy in data will be resolved by the 2nd quarter of 2021. A committee consisting of department heads, met quarterly to review policies and procedures. Over the twelve-month period, 100% of policies and procedures affecting patient care were reviewed. Due to the error in our software we had to modify the date on every single policy, therefore impacting the reported number of modified policies which indicates 100% were modified. This has been corrected and will not occur in the future.

Section 9: Organizational Plans

1. Organizational Plans

All organizational plans have been updated during the past year. Each plan was reviewed and approved by senior leadership and the medical staff. There were no significant changes.

1. Quality Plan
2. Infection Control Plan
3. Emergency Operations Plan

Section 10: Survey Readiness

1. State Survey

The State of Alaska completed a Long-Term Care Critical Access Hospital survey **February 5th and 18th 2020** and well as a Covid infection control survey **June 2020**. The Joint Commission

conducted the survey of Sound Alternatives and gave an excellent report identifying only very minor issues.

2. Continuous Survey Readiness

Continuous survey readiness is part of our Quality Committee agenda each quarter and part of our monthly leadership meetings. We complete patient tracers monthly, environment of care reviews monthly and focused mock surveys.

CORDOVA COMMUNITY MEDICAL CENTER	POLICY # IC 001
SUBJECT/TITLE: Infection Control Plan w/Statement of Purpose	PAGE: 1 OF: 4
	EFFECTIVE: 9/28/2017
DEPARTMENT/SCOPE: Infection Control	REVISED: 11/15/2018

Purpose and/or Policy Statement:

Cordova Community Medical Center will have an Infection Control Committee to provide guidelines to adopt, implement, and monitor a comprehensive hospital-wide Infection Control Program. The committee will meet on a quarterly basis. Monthly auditing will be done in each department and reported to the Infection Control Nurse to monitor trends and opportunities for improvement and / or in-services.

Purpose/Scope

The infection prevention program is comprehensive in that it addresses detection, prevention, and control of infections among patients, residents, and personnel. The scope of services depends on the patient/resident population, function, and specialized needs of the healthcare facility.

Goals

The goals of the infection prevention program are to:

- Decrease the risk of infection to patients/residents and personnel
- Monitor for occurrence of infection and implement appropriate control measures
- Identify and correct problems relating to infection prevention practices
- Limit unprotected exposure to pathogens throughout the hospital
- Minimize the risk associated with procedures, medical devices, and medical equipment
- Maintain compliance with state and federal regulations relating to infection prevention

The major activities of the program include the following:

- Surveillance of infections with implementation of control measures and prevention of infections:
 - There is ongoing monitoring for infections among patients/residents and personnel and subsequent documentation of infections that occur.
 - Prevention of spread of infections is accomplished by use of standard precautions and other barriers, appropriate treatment and follow-up, and employee work restrictions for illness. Physical separation, implementation of respiratory hygiene/cough etiquette protocols, and appropriate isolation precautions will be utilized when potentially infectious individuals are identified.
 - Staff, patient/resident, family and visitor education focuses on risk of infection and practices to decrease risk. Policies, procedures, and aseptic practices are followed by personnel in performing procedures and in disinfection of equipment.
 - Immunizations are offered as appropriate to patients/residents and personnel to decrease the incidence of preventable infectious diseases. Per the hospital handbook, this testing will occur prior to the employee starting work. In an emergent situation, this time frame can be extended

CORDOVA COMMUNITY MEDICAL CENTER	POLICY # IC 001
SUBJECT/TITLE: Infection Control Plan w/Statement of Purpose	PAGE: 2 OF: 4
	EFFECTIVE: 9/28/2017
DEPARTMENT/SCOPE: Infection Control	REVISED: 11/15/2018

to within 14 days per state guidelines. TB testing is repeated on an annual basis for employees.

- The antibiotic stewardship program is a subcommittee of the Infection Prevention Program (see Policy IC 130). The Medical Director will provide reports from this program on a quarterly basis to the Infection Prevention Committee.
- The Infection Preventionist is responsible for reporting infection rates both for inpatient and outpatient for the committee to review. All infections believed to be acquired in the healthcare facility will be reported and tracked.

- Outbreak investigation:
Systems are in place to facilitate recognition of increases in infections as well as clusters and outbreaks.

- Policy and procedure review and revision:
Policies and procedures for infection prevention are reviewed on a regular schedule and updated as needed.

- Staff education:
Training of staff in infection prevention begins with orientation of new hires and occurs at least annually. Staff will be trained on policies and practices pertinent to their responsibilities and activities.

- Quality assurance/Performance improvement (QAPI):
Infection prevention is a component of the facility's quality assurance/performance improvement program and infection prevention reports are made to this committee. In addition, infection prevention rounds are made to assess the level of quality provided and actions for improvement are taken as needed.

- Consultation:
The infection preventionist serves as a resource for all staff and all departments relating to prevention of infections.

- Division of responsibilities for infection prevention activities:
The Administrator is ultimately responsible for the infection prevention program.

- Infection preventionist:

CORDOVA COMMUNITY MEDICAL CENTER	POLICY # IC 001
SUBJECT/TITLE: Infection Control Plan w/Statement of Purpose	PAGE: 3 OF: 4
	EFFECTIVE: 9/28/2017
DEPARTMENT/SCOPE: Infection Control	REVISED: 11/15/2018

Responsibility is designated to the Infection Control Manager (ICM) to carry out the daily functions of the infection prevention program. Those functions are described in the job description. The ICM has knowledge, competence, and interest in infection prevention.

- Infection prevention committee:
The infection prevention committee meets on a quarterly basis and provides input and direction for the infection prevention program. Policies and procedures relating to infection prevention are approved by the committee. Reports of infections are presented to the committee which recommends actions and control measures when needed. The infection program is evaluated and revised as needed. The findings of this committee are reported at least quarterly to the Quality Committee.

Definitions:

CDC-Centers for Disease Control
 APIC-Association for Professionals in Infection Control
 SHEA-Society for Healthcare Epidemiology of America
 AJIC-American Journal of Infection Control
 Infection Preventionist-The Infection Preventionist directs interventions that protect patients/residents from healthcare-associated infections (HAIs) in clinical and other settings around the world. They work with clinicians and administrators to improve patient and systems-level outcomes and reduce HAIs and related adverse events.

Policy

- The Cordova Community Medical Center Infection Prevention Program supports the organization’s mission, vision and values through the use of targeted surveillance, prevention activities and control of infections. Infection Prevention is integrated into the organization’s overall safety and clinical quality strategies as demonstrated by strategic goal setting and committee relationships.
- The Infection Prevention Program accomplishes it goals through risk reduction, staff education, identification of transmissible infections, data analysis, and the implementation of evidence based interventions to reduce the risks of acquiring and transmitting infections in patients/residents, healthcare workers, and visitors.

CORDOVA COMMUNITY MEDICAL CENTER	POLICY # IC 001
SUBJECT/TITLE: Infection Control Plan w/Statement of Purpose	PAGE: 4 OF: 4
	EFFECTIVE: 9/28/2017
DEPARTMENT/SCOPE: Infection Control	REVISED: 11/15/2018

- The Infection Prevention Program recognizes preventing infections is a community effort and partners with community agencies to provide resources and safe care of patients/residents with communicable diseases.

Procedure

Reporting mechanisms for infection prevention

- Patient/resident infection cases are monitored by the Infection Preventionist/designee who completes the appropriate forms summarizing infections and reports to the Infection Prevention Committee. This data is also provided to the QM Committee and is shared with staff members as appropriate.
- Employee infections are reported by the employee to the employee’s supervisor and then to the Infection Preventionist. The Infection Preventionist completes the employee infection form and reports to the Infection Prevention Committee.
- Compliance with infection prevention practices is monitored and documented by staff evaluation and observation of practices. The topics being evaluated at this time are: Handwashing and Cleaning of patient care equipment. Audit tools are available for these two topics and data will be collected on a quarterly basis. Education of the nursing staff will also emphasize these areas.
- The Quality Manager and the Infection Control Manager and appropriate department managers review the compliance monitoring and initiate appropriate actions.
- For a list of reportable diseases for the state of Alaska, the following website provides guidance regarding the time frame for reporting and lists the diseases to report: .
http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/ConditionsReportable_HCP.pdf

Note: Policies and procedures for the infection prevention program may be found in the infection prevention manual. Minutes of the infection prevention committee meetings are maintained.

CGCAHPS Spotlight Report

Discharge Dates From Apr 1, 2020 to Dec 31, 2020

https://catalyst.nrcpicker.com/corcmc/cgcahps/default.aspx

February 9, 2021



Picker Dimensions		Benchmarks	Cordova Community Medical Center		
Overall		NRC Average*	Qtr 4 2020‡	Qtr 3 2020	Qtr 2 2020
CG-A: Rate provider		89.1%	82.8%µ	77.8%µ	70.6%µ
Key Drivers		NRC Average*	Qtr 4 2020‡	Qtr 3 2020	Qtr 2 2020
POV-A: Confidence and trust in provider	Emotional Support	91.3%	89.7%µ	85.2%µ	100.0%µ
POV-A: Got enough info re: condition/treatment from provider	Information and Education	86.0%	82.8%µ	81.5%µ	82.4%µ
POV-A: Involved in care decisions	Respect for Patient Preferences	90.0%	86.2%µ	88.9%µ	94.1%µ
Highest Scores		NRC Average*	Qtr 4 2020‡	Qtr 3 2020	Qtr 2 2020
CG-A: Clerks/receptionists courtesy/respect	Respect for Patient Preferences	96.6%	100.0%µ	81.5%µ	100.0%µ
CG-A: Got answer calling after office hrs in past year	Access to Care	68.3%	100.0%µ	--	100.0%µ
CG-A: provider spent enough time with patient	Respect for Patient Preferences	95.2%	93.1%µ	96.3%µ	100.0%µ
Lowest Scores		NRC Average*	Qtr 4 2020‡	Qtr 3 2020	Qtr 2 2020
CG-A: Got answer calling during office hrs in past year	Access to Care	64.8%	63.6%µ	33.3%µ	71.4%µ
CG-A: Provider seen within 15 min of appt time in past year	Access to Care	65.6%	66.7%µ	55.6%µ	77.8%µ
CG-A: Provider knew medical history	Coordination of Care	89.4%	70.4%µ	59.3%µ	83.3%µ

Green - score is equal to or greater than the NRC Average

Yellow - score is less than the NRC Average, but may not be significantly

Red - score is significantly less than the NRC Average

µ - Warning: n-size is low!

‡ - Data is not final and subject to change.

* - Benchmark that is used to determine the color on each line.

PR=Percentile Rank



Memorandum

To: CCMC Authority Board of Directors
Subject: Janice Warga Letter of Interest
Date: 3/22/2021

Suggested Motion: "I move that the CCMC Authority Board of Directors accept the letter of interest from Janice Warga to fill the vacant Board of Director's seat until the March 2022 City election."

3-8-21

To whom it may concern,

I am writing this letter to express my interest in serving on the hospital board. I feel that every citizen should help in their community. I believe strongly in our local hospital and staff, and would be honored to serve on the board.

Janice Warga

A handwritten signature in cursive script, appearing to read 'Jm y', with a long horizontal flourish extending to the right.