



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
ZOOM MEETING OR TELECONFERENCE
June 30th 2021 at 6:00PM

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

Board of Directors

Linnea Ronnegard	exp. 3/24
Liz Senear	exp. 3/24
Kelsey Hayden	exp. 3/23
Greg Meyer	exp. 3/22
Janice Warga	exp. 3/22

CEO

Hannah Sanders, M.D.

OPENING: Call to Order

Roll Call – Linnea Ronnegard, Greg Meyer, Kelsey Hayden, Liz Senear, and Janice Warga.

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. April 29, 2021 Regular Meeting Minutes

Pgs 1-2

E. REPORTS OF OFFICERS OR ADVISORS

1. Board Chair Report
2. CEO Report/s
3. CFO Report/s
4. CNO Reports

Pgs 3-11

Pgs 12-19

Pgs

F. ACTION ITEMS

1. Delineation of Privileges Jason Gray, MD
2. Delineation of Privileges Manon Mashburn, MD
3. Delineation of Privileges Julie MacNeil, MD
4. Delineation of Privileges Heather Kaufman, DPM
5. Delineation of Privileges Regina Fiacco, DPM
6. Joint Administrative Negotiations Team appointee

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Pgs 27-31

Pgs 32-39

Pgs 40-46

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Pg 61

G. DISCUSSION ITEMS - None

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 – CEO Review and Contract

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
April 29, 2021 at 6:02pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Greg Meyer called the Board Meeting to order at 6:04pm.

Board members present: **Greg Meyer, Kelsey Hayden (arrived at 6:07pm), Liz Senear, and Janice Warga.**

Quorum was established. 3 members present, 4th arrived at 6:07pm.

CCMC staff present: Dr. Hannah Sanders, Kelly Kedzierski, Barb Jewell, Tamara Russin, Eric Price, and Faith Wheeler-Jeppson.

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/Senear S/Warga "I move to approve the Agenda."

Warga – yea, Senear – yea, Meyer – yea.

3 yeas, 0 nay, 2 absent; Motion passed.

D. APPROVAL OF MINUTES

1. February 25, 2021 Regular Meeting Minutes

M/Warga S/Senear "I move to approve the November 20, 2020 Special Meeting minutes and the March 25, 2021 Regular Meeting Minutes."

Senear – yea, Meyer – yea, Warga – yea.

3 yeas, 0 nay, 2 absent; Motion passed.

E. REPORTS OF OFFICERS and ADVISORS

1. **Board Chair report** – Greg Meyer reported that he had met with Clay Koplin, Bert Adams, and Helen Howarth. Currently NVE is interested in finding property to build a clinic, Bert is still interested in a collaboration with CCMC, but the priority right now is to buy property and build a new clinic.
2. **CEO Report** – Dr. Sanders stated that written report is in the packet, she added that she is an advocate of collaborating to provide excellent care. Her hope is that if CCMC and NVE move forward that it is in a comprehensive way.
4. **CFO Report** – Eric Price screen shared and reviewed the Income Statement with the Board, a copy of the PowerPoint will be placed into the permanent record.
5. **CNO Report** – Kelly Kedzierski's reports are in the packet, it is important to note that even though all 10 of the long term care beds are full, we could take someone in in a swing bed.
6. **Ancillary Services Quarterly Report** – Tamara Russin stated that her report is in the packet, but would like to mention that the atmosphere in the facility feels hopeful. Covid is winding down and we're finally able to breathe a little. Things seem to be going well.
7. **Sound Alternatives Quarterly Report** – Barb Jewell stated that her report is in the packet. One comment that she would like to make is that the way the financials show the \$130,000 in grants, that \$70,000 or so of that is Behavioral Health grants.

F. ACTION ITEMS

1. Election of Officers

M/Hayden S/Warga "I nominate the following board members to serve as Officers on the Board: Chair - Linnea Ronnegard, Vice Chair – Greg Meyer, and Secretary/Treasurer – Liz Senear."

Senear – yea, Hayden – yea, Meyer – yea, Warga - yea.

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

2. Delineation of Privileges for Laura Henneker, FNP

M/Hayden S/Senear "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Laura Henneker, FNP as presented."

Hayden – yea, Warga – yea, Senear – yea, Meyer – yea.

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

3. Purchase of Cepheid Analyzer

M/Senear S/Hayden "I move that the CCMC Authority Board of Directors approve the purchase of a Cepheid Analyzer to enable better response to the COVID-19 pandemic."

Hayden – yea, Senear – yea, Warga – yea, Meyer – yea.

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

4. HVAC Project – Phase II

M/Hayden S/Warga "I move that the CCMC Authority Board of Directors approve the HVAC Project Phase II."

Warga – yea, Hayden – yea, Senear – yea, Meyer – yea.

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

G. DISCUSSION ITEMS ~ None

H. AUDIENCE PARTICIPATION

1. Kelly Kedzierski – Thank you all for being on the Board, thank you for being on the call, and thank you to Eric.
2. Tamara Russin– It's really nice to have Dr. Sanders and Eric here.
3. Barb Jewell – Thank you.

I. BOARD MEMBERS COMMENTS

Hayden ~ Thank you guys for all of your hard work.

Senear ~ No comment.

Warga ~ Thank you to the CCMC team! You guys are doing great.

Meyer ~ Thanks you for letting me be the Chair for the last couple of years. It's nice to have a CFO doing such a good job, and Dr. Sanders, Tamara and Barb you're doing a good job.

J. EXECUTIVE SESSION ~ None

K. ADJOURNMENT

M/Hayden S/Warga "I move to adjourn"

Greg Meyer declared the meeting adjourned at 7:15pm.

CEO Report Board Meeting May 2021

The hospital continues to close the gap for our financial stability. We are working on developing services so that CCMC can continue to grow. We are closely following the state distributions for the America Rescue Plan and anticipate grants and funding opportunities in the next few months. CCMC has numerous facility capital needs that have been delayed for far too long and are slowly becoming urgent needs. The carpeting throughout the facility is an infection control risk. The design of the long term care area does not provide a home like environment for our residents. Our computer servers are out of date and beyond serviceable life, they are in need of being replaced. The bay doors for the lower garage and the ambulance bay are in need of repair. With so many important needs, we are monitoring grant opportunities in hopes to catch up on many of our delayed facility improvement needs.

Services:

LTC: Dr. Bejes, a long standing part of the CCMC medical staff has assumed the role of Long Term Care Medical Director. His years of experience in medicine and with geriatrics brings an important expertise to our facility. We continue to have a full census in our LTC and continue to give excellent care.

ER/ Hospital/SWING: Dr. Gloe has assumed the role of medical director the Hospital and clinic. He is doing an excellent job in this role. The hospital has significantly improved our ratio of travelers to permanent staff. 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. We are so proud of another of our employees, Mildred Subido, which recently passed her NCLEX and was awarded her Alaska Nursing license.

Clinic: The outpatient clinic continues to support urgent, routine and preventative medicine needs. We have time in our schedules for more patient visits, however the outpatient clinic is a source of revenue for the hospital. CCMC had our first Orthopedic surgery clinic with Dr. Gray last week. We believe Cordova will appreciate his specialty skills and being able to see him here in Cordova for any outpatient problems as well as pre and post-operative evaluations.

Sound Alternatives: No change in services. We continue to recruit for behavioral health staff. Providing substance use rehabilitation services and excellent behavioral health therapy for our community continues to be a priority.

Rehabilitation Services

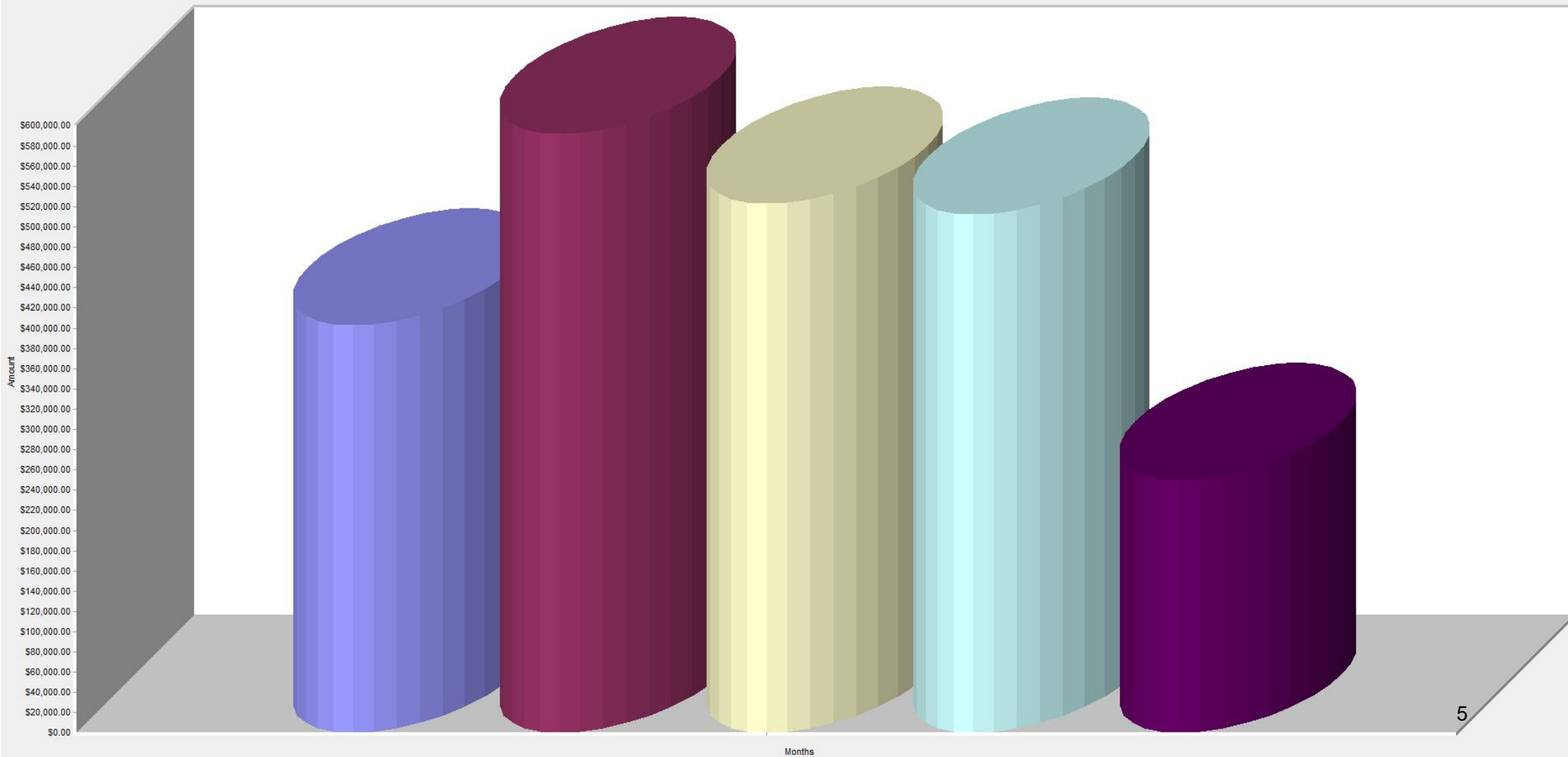
As part of our continued service improvement and revenue cycle evaluation we are looking to expand our outpatient rehabilitation department. We plan to achieve this by moving rehab services out of the basement and into the current administrative area. Admin will maintain a

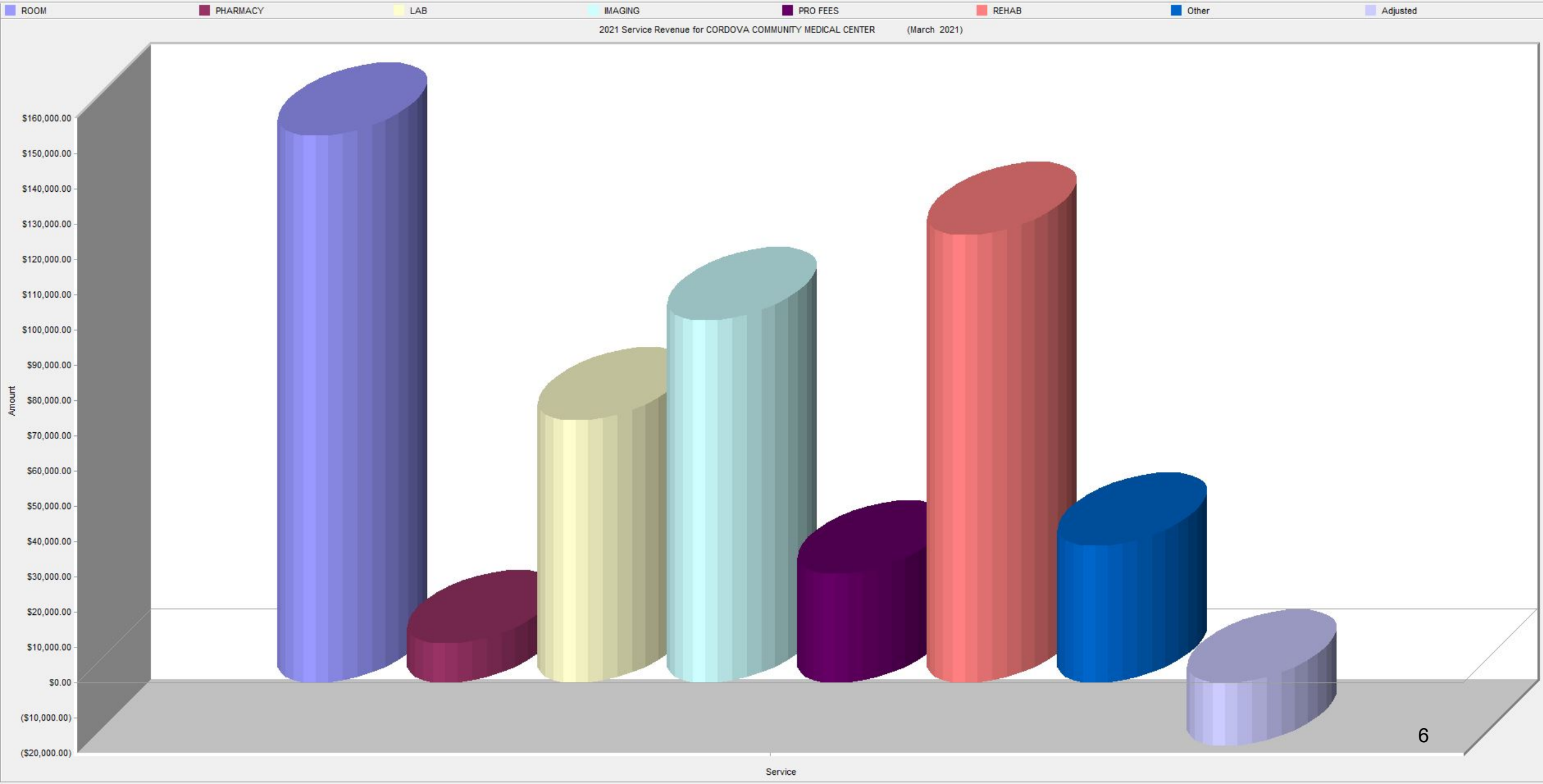
small office near the retail pharmacy, but primarily be located in the hospital basement. This move will help patient access, modernize the outpatient rehab area, and decrease the admin footprint allowing for a larger patient care area in the hospital.

Administrative:

We are working to finish up our 2020 audit and ready to start working on the cost report. All departments are thinly staffed, including the business office. We continue to evaluate business and revenue cycle needs to ensure we are staffed appropriately and able to perform essential revenue cycle tasks to maximize the hospital's financial security.

2021 Revenue for CORDOVA COMMUNITY MEDICAL CENTER



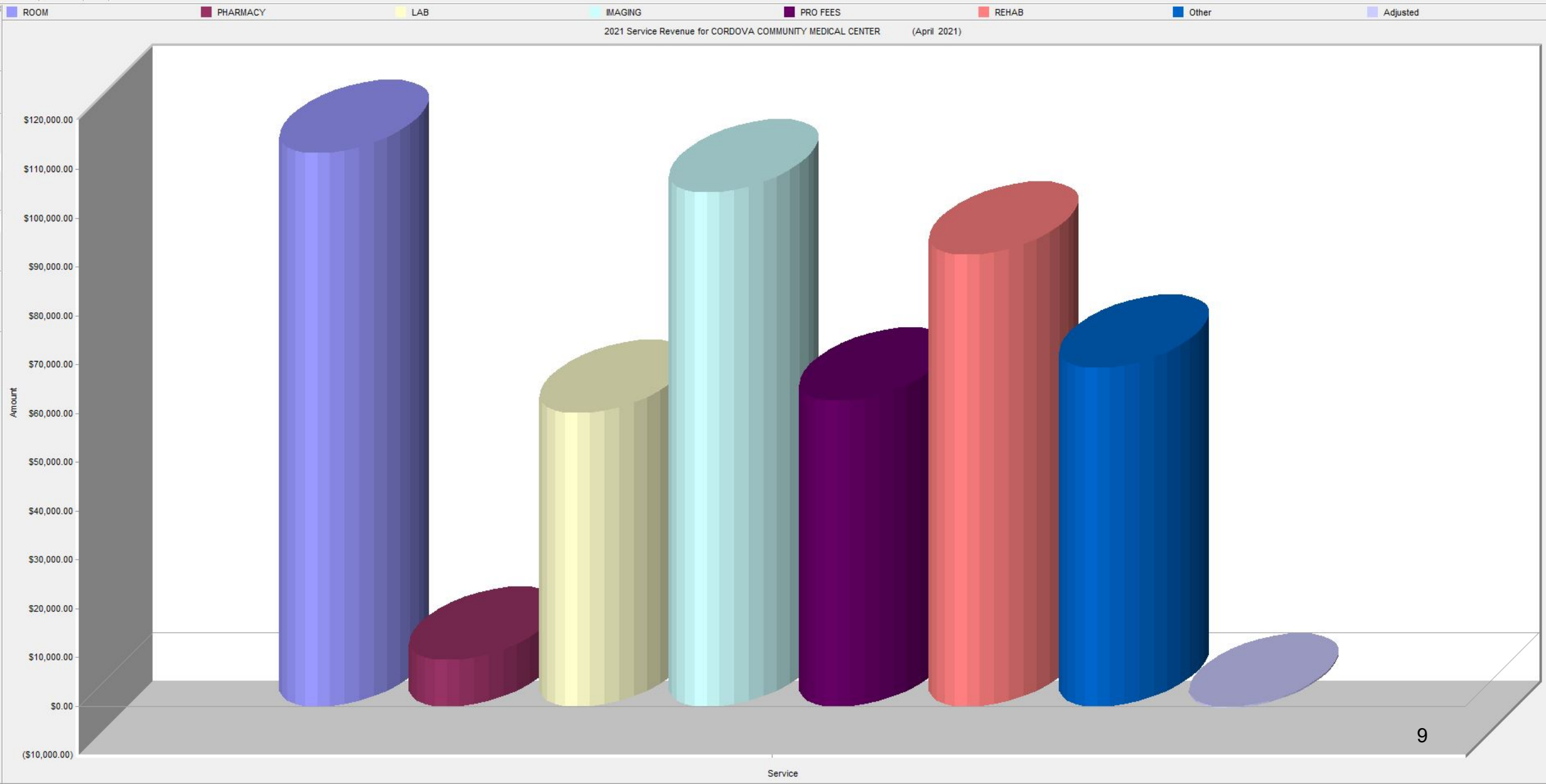


Cordova Community Medical Center Statistics

2

	31	28	31	30	31	30	31	31	30	31	30	31	Cumulative	Monthly
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
Hosp Acute+SWB Avg. Census		29												
FY 2019	3.5	1.6	1.2	1.4	1.2	1.1	2.4	3.3	3.3	3.2	4.0	4.3		2.5
FY 2020	3.3	2.1	2.4	2.7	0.1	0.1	0.5	0.3	0.3	0.1	1.2	0.2		1.1
FY 2021	1.2	3.2	2.2	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.7
Acute Admits														
FY 2019	6	0	2	4	2	1	3	6	4	2	3	3	36	18.0
FY 2020	2	0	1	3	0	0	0	0	0	0	0	0	6	1
FY 2021	2	6	4	1									13	1
Acute Patient Days														
FY 2019	33	0	6	12	7	4	13	10	12	3	10	11	121	60.5
FY 2020	4	0	4	14	4	4	17	9	8	3	36	6	109	9
FY 2021		13	8	2									23	2
SWB Admits														
FY 2019	2	0	0	0	0	0	3	0	0	2	1	1	9	4.5
FY 2020	1	1	1	1	0	0	0	0	0	0	0	0	4	0
FY 2021	2	2	0	1									5	0
SWB Patient Days														
FY 2019	75	44	31	30	31	30	61	93	86	95	109	121	806	403.0
FY 2020	99	61	70	67	0	0	0	0	0	0	0	0	297	25
FY 2021	37	77	60	49									223	19
CCMC LTC Admits														
FY 2019	2	0	1	0	0	0	0	0	0	0	1	0	4	2.0
FY 2020	0	1	0	0	1	0	2	0	0	0	3	0	7	1
FY 2021	0	0	0	0									0	0
CCMC LTC Resident Days														
FY 2019	299	278	308	300	310	300	280	310	300	310	300	303	3,598	1,799.0
FY 2020	310	289	310	293	296	300	301	310	300	309	277	310	3,605	300
FY 2021	300	300	298	300									1,198	100
CCMC LTC Avg. Census														
FY 2019	10	9	10	10	10	10	9	10	10	10	10	10		58.7
FY 2020	10	10	10	10	10	10	10	10	10	10	9	10		10
FY 2021	10	10	10	10	0	0	0	0	0	0	0	0		3
ER Visits														
FY 2019	31	41	47	54	60	55	68	81	64	43	22	28	594	297.0
FY 2020	35	38	34	23	52	51	49	47	35	35	29	38	466	39
FY 2021	38	42	35	44									159	13
PT Procedures														
FY 2019	443	423	438	440	381	358	305	352	294	295	321	311	4,361	2,180.5
FY 2020		409	314	218	285	279	201	242	322	363	320	338	3,291	274
FY 2021	327	494	646										1,467	122
OT Procedures														

FY 2019	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
FY 2020	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FY 2021												0	0	
Lab Tests														
FY 2019	330	356	255	361	423	244	404	473	378	310	392	406	4,332	2,166.0
FY 2020		295	233	355	657	1,441	2,229	1,895	1,319	1,084	1,263	1,165	11,936	995
FY 2021	885	1,010	1,004	805									3,704	309
X-Ray Procedures														
FY 2019	46	48	83			98	94	79	77	59	59	46	689	344.5
FY 2020		49	55	42	0	0	0	0	0	0	0	0	146	12
FY 2021	48	50	49	64									211	18
CT Procedures														
FY 2019	19	12	13	15	26	11	24	35	21	6	12	19	213	106.5
FY 2020		14	13	18	0	0	0	0	0	0	0	0	45	
FY 2021	24	27	26	20									97	8
CCMC Clinic Visits														
FY 2019	162	161	144	178	250	205	247	252	207	360	183	173	2,522	1,260.8
FY 2020		193	141	112	121	151	150	150	152	138	128	127	1,563	130
FY 2021	125	134	161	157									577	48
Behavioral Hlth Visits														
FY 2019	62	98	69	60	89	86	82	94	101	148	112	108	1,109	554.5
FY 2020		138	138	124	113	126	98	104	102	115	123	116	1,297	108
FY 2021	85	62	65	74									286	24



CEO Report Board Meeting June 2021

While we continue to grow and improve our revenue cycle, we do anticipate bumps in the road. The center for medical services and Alaska DHSS continues to evaluate payment structure in anticipation to curb rising medical costs. The impacts of these changes are unknown at this time. We do know that the public health emergency of the last year and a half have demonstrated the value of robust rural healthcare.

Covid19

We continue to follow changes to our business operations and regulatory requirements. OSHA recently published an interim rule for healthcare operations. We have practices in place that are compliant with the guidance and are working to make these practices standard policy and procedure for future operations.

American Rescue Plan

We continue to monitor for funding opportunities. CCMC has several projects and proposals that we will be looking for funding for. These include completion of our HVAC improvement project, design and construction of improved living environment for our long-term care residents, expansion of rehabilitation services, development of home health services, and a comprehensive improvement and integration plan for behavioral health services.

Opiate Crisis

As the sole community hospital CCMC has a large role in facilitating and improving community health. The opiate crisis has impacted our community far too much. We are working with the city, police, first responders, and tribal groups to develop a unified response to manage this crisis in our community. We are taking an approach that will include improved prevention efforts, harm reduction and improved emergency crisis management.

1. Prevention will include
 - a. Community Education
 - b. Continued provider and patient education for decreased opiate use and prescribing. CCMC currently follows strict protocols for controlled substance prescribing and well as ensuring provider education and monitoring of prescriptions through the state department of health
 - c. Behavioral Health expansion for early intervention in substance abuse and well as early treatment of comorbid conditions
2. Harm Reduction
 - a. Improving community access to Narcan
 - b. Providing access to fentanyl test strips through state program
3. Crisis Response
 - a. Training for staff and providers

- b. CCMC to Construct a safe holding area for use as appropriate during crisis intervention
- c. Continued evaluation, process improvement and education for providers and staff

Staffing:

Long Term Care Director of Nursing: At the end of last month our LTC DON let us know she would be leaving our facility. Kadee Goss, who has previously worked for CCMC in the LTC DON, role has accepted the permanent position. We are looking forward to having her expertise back in Cordova.

CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT
FOR THE 4 MONTHS ENDING 04/30/21

05/24/21 11:11 AM

	----- S I N G L E -----				----- Y E A R T O -----			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
REVENUE								
ACUTE	18,679	37,650	(18,970)	(50)	135,870	151,150	(15,279)	(10)
SWING BED	119,793	102,900	16,893	16	599,148	411,100	188,048	45
LONG TERM CARE	382,575	415,750	(33,175)	(7)	1,530,300	1,662,950	(132,650)	(7)
CLINIC	44,931	53,600	(8,668)	(16)	188,747	214,600	(25,852)	(12)
ANCILLARY DEPTS	223,816	174,500	49,316	28	876,227	698,600	177,627	25
EMERGENCY DEPART	202,516	138,400	64,116	46	697,589	553,600	143,989	26
BEHAVIORAL HEALT	13,622	30,900	(17,277)	(55)	70,732	123,600	(52,867)	(42)
RETAIL PHARMACY	121,941	103,700	18,241	17	404,769	414,500	(9,730)	(2)
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PATIENT SERVIC	1,127,876	1,057,400	70,476	6	4,503,385	4,230,100	273,285	6
DEDUCTIONS								
CHARITY	1,010	9,900	8,889	89	23,991	39,500	15,508	39
CONTRACTUAL ADJU	321,128	163,500	(157,628)	(96)	799,319	654,400	(144,919)	(22)
ADMINISTRATIVE A	38,866	10,800	(28,066)	(259)	198,774	82,000	(116,774)	(142)
BAD DEBT	0	45,800	45,800	100	0	183,300	183,300	100
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DEDUCTIONS TOT	361,005	230,000	(131,005)	(56)	1,022,084	959,200	(62,884)	(6)
COST RECOVERIES								
GRANTS	212	95,900	(95,688)	(99)	123,223	383,300	(260,076)	(67)
PPP GRANT	0	0	0	0	1,113,148	0	1,113,148	0
IN-KIND CONTRIBU	2,756	19,300	(16,543)	(85)	77,336	77,200	136	0
OTHER REVENUE	4,574	8,300	(3,725)	(44)	53,845	33,200	20,645	62
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COST RECOVERIE	7,543	123,500	(115,956)	(93)	1,367,553	493,700	873,853	177
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TOTAL REVENUES	774,414	950,900	(176,485)	(18)	4,848,854	3,764,600	1,084,254	28
EXPENSES								
WAGES	402,675	373,500	(29,175)	(7)	1,560,089	1,494,000	(66,089)	(4)
TAXES & BENEFITS	176,919	184,700	7,780	4	709,899	738,500	28,600	3
PROFESSIONAL SER	153,479	131,100	(22,379)	(17)	637,121	559,700	(77,421)	(13)
SUPPLIES	110,096	94,600	(15,496)	(16)	453,570	378,100	(75,470)	(19)
MINOR EQUIPMENT	121	6,300	6,178	98	6,454	24,900	18,445	74
REPAIRS & MAINT	9,291	30,100	20,808	69	71,631	120,900	49,268	40
RENTS & LEASES	10,912	12,300	1,388	11	45,361	49,200	3,838	7
UTILITIES	26,569	38,700	12,131	31	186,547	155,100	(31,447)	(20)
TRAVEL & TRAININ	4,778	1,400	(3,378)	(241)	7,626	5,500	(2,126)	(38)
INSURANCES	16,126	18,300	2,173	11	66,491	67,200	708	1
RECRUIT & RELOCA	335	5,400	5,064	93	10,018	14,300	4,281	29
DEPRECIATION	46,784	53,500	6,715	12	191,051	210,000	18,948	9
OTHER EXPENSES	27,329	30,000	2,670	8	114,310	120,100	5,789	4
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TOTAL EXPENSES	985,418	979,900	(5,518)	(0)	4,060,173	3,937,500	(122,673)	(3)
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OPERATING INCO	(211,003)	(29,000)	(182,003)	(627)	788,680	(172,900)	961,580	556
NET INCOME	(211,003)	(29,000)	(182,003)	(627)	788,680	(172,900)	961,580	556
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05/24/21 11:12 AM

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 04/30/21

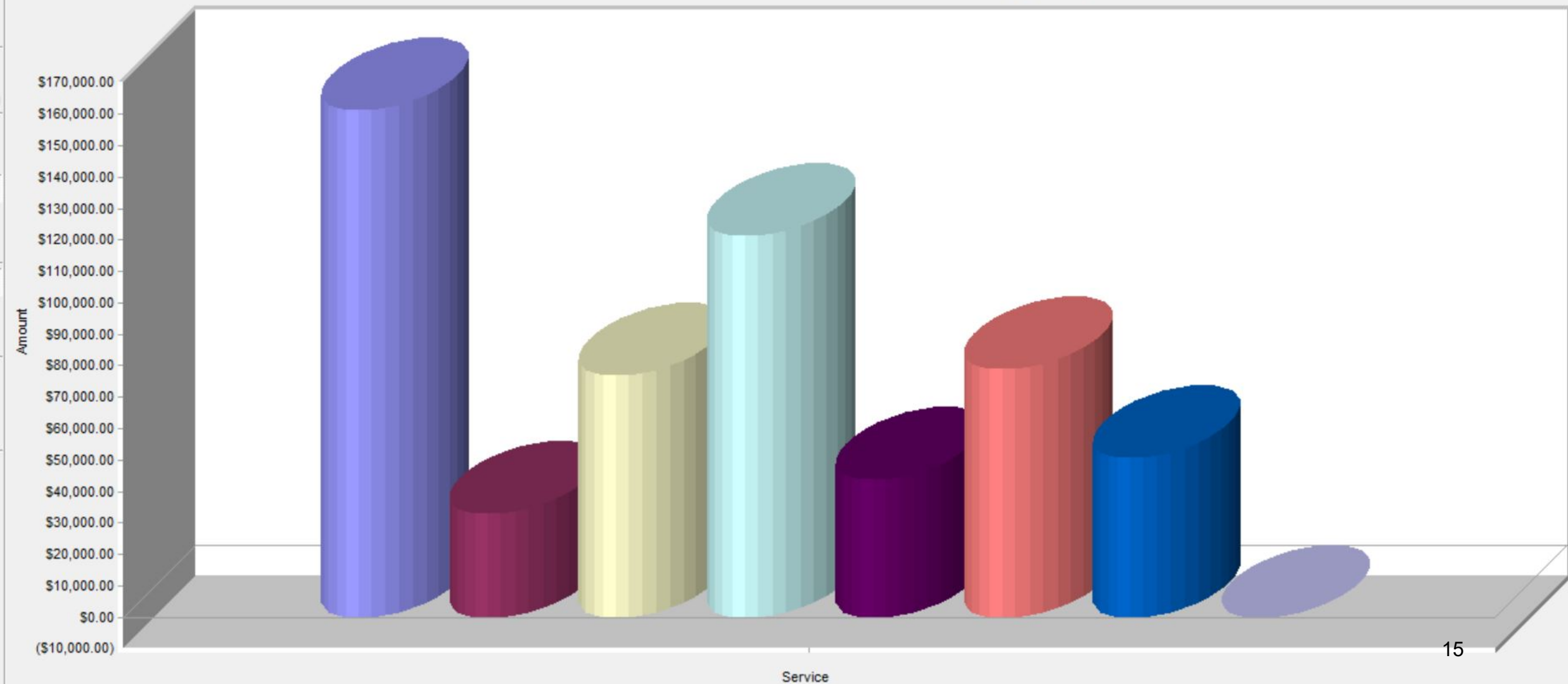
	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	1,692,700	1,562,875	129,824
NET ACCOUNT RECEIVABLE	1,414,987	1,058,242	356,744
THIRD PARTY RECEIVABLE	462	21,527	(21,064)
CLEARING ACCOUNTS	578,887	438,890	139,996
PREPAID EXPENSES	84,937	3,910	81,026
INVENTORY	417,437	401,206	16,230
	-----	-----	-----
TOTAL CURRENT ASSETS	4,189,411	3,486,652	702,758
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	7,664,341	7,664,341	
EQUIPMENT	8,986,593	8,053,776	932,817
CONSTRUCTION IN PROGRESS	660,651		660,651
	-----	-----	-----
SUBTOTAL PP&E	17,433,596	15,840,127	1,593,469
LESS ACCUMULATED DEPRECIATION	(13,076,040)	(12,438,156)	(637,884)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	4,357,556	3,401,970	955,585
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(50,000)	(35,000)	(15,000)
PERS DEFERRED OUTFLOW	832,470	832,470	
TOTAL OTHER ASSETS	932,470	947,470	(15,000)
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TOTAL ASSETS	9,479,438	7,836,094	1,643,344
	=====	=====	=====

05/24/21 11:12 AM

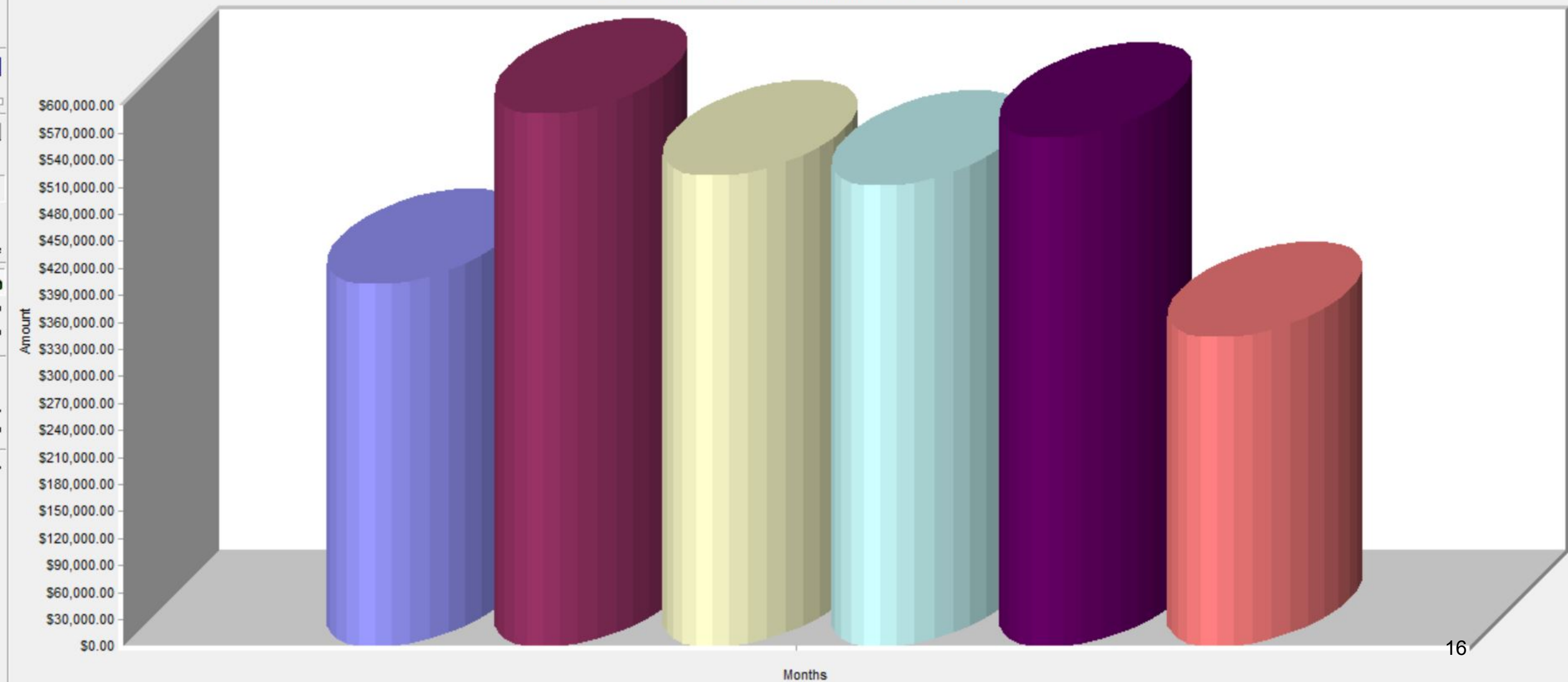
CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 04/30/21

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	176,879	585,984	(409,104)
PAYROLL & RELATED LIABILITIES	616,971	649,014	(32,042)
PPP LOAN		1,113,148	(1,113,148)
UNEARNED REVENUE	3,621,785		3,621,785
INTEREST & OTHER PAYABLES	(17,976)	(13,259)	(4,716)
LONG TERM DEBT - CITY	5,516,458	5,416,458	100,000
OTHER CURRENT LONG TERM DEBT	297,424	406,339	(108,914)
	-----	-----	-----
TOTAL CURRENT LIABILITIES	10,211,542	8,157,684	2,053,858
LONG TERM LIABILITIES			
2015 NET PENSION LIABILITY	5,963,724	5,963,724	
TOTAL LONG TERM LIABILITIES	5,963,724	5,963,724	
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	514,539	514,539	
TOTAL DEFERRED INFLOWS	514,539	514,539	
TOTAL LIABILITIES	16,689,805	14,635,947	2,053,858
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(7,909,689)	(6,215,920)	(1,693,768)
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	818,226	(602,446)	1,420,672
	-----	-----	-----
TOTAL NET POSITION	(7,072,949)	(6,799,853)	(273,096)
TOTAL LIABILITIES & NET POSITION	9,616,856	7,836,094	1,780,762
	=====	=====	=====

2021 Service Revenue for CORDOVA COMMUNITY MEDICAL CENTER (May 2021)



2021 Revenue for CORDOVA COMMUNITY MEDICAL CENTER



CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT
FOR THE 5 MONTHS ENDING 05/31/21

06/23/21 10:24 AM

	----- S I N G L E M O N T H -----				----- Y E A R T O D A T E -----			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
REVENUE								
ACUTE	76,541	39,100	37,441	95	212,412	190,250	22,162	11
SWING BED	131,320	106,050	25,270	23	730,468	517,150	213,318	41
LONG TERM CARE	395,327	429,600	(34,272)	(7)	1,925,627	2,092,550	(166,922)	(7)
CLINIC	59,827	55,400	4,427	7	248,574	270,000	(21,425)	(7)
ANCILLARY DEPTS	160,952	180,500	(19,547)	(10)	1,037,179	879,100	158,079	17
EMERGENCY DEPART	227,741	143,000	84,741	59	925,331	696,600	228,731	32
BEHAVIORAL HEALT	10,744	32,000	(21,255)	(66)	81,477	155,600	(74,122)	(47)
RETAIL PHARMACY	94,590	107,000	(12,409)	(11)	499,360	521,500	(22,139)	(4)
	-----	-----	-----		-----	-----	-----	
PATIENT SERVIC	1,157,045	1,092,650	64,395	5	5,660,430	5,322,750	337,680	6
DEDUCTIONS								
CHARITY	4,253	10,200	5,946	58	28,244	49,700	21,455	43
CONTRACTUAL ADJU	191,153	167,200	(23,953)	(14)	990,472	821,600	(168,872)	(20)
ADMINISTRATIVE A	25,320	11,000	(14,320)	(130)	224,094	93,000	(131,094)	(140)
BAD DEBT	0	45,800	45,800	100	0	229,100	229,100	100
	-----	-----	-----		-----	-----	-----	
DEDUCTIONS TOT	220,726	234,200	13,473	5	1,242,811	1,193,400	(49,411)	(4)
COST RECOVERIES								
GRANTS	92,729	97,800	(5,070)	(5)	215,952	481,100	(265,147)	(55)
PPP GRANT	0	0	0	0	1,113,148	0	1,113,148	0
IN-KIND CONTRIBU	19,360	19,300	60	0	96,696	96,500	196	0
OTHER REVENUE	2,966	8,400	(5,433)	(64)	56,812	41,600	15,212	36
	-----	-----	-----		-----	-----	-----	
COST RECOVERIE	115,056	125,500	(10,443)	(8)	1,482,609	619,200	863,409	139
	-----	-----	-----		-----	-----	-----	
TOTAL REVENUES	1,051,374	983,950	67,424	6	5,900,228	4,748,550	1,151,678	24
EXPENSES								
WAGES	430,697	373,500	(57,197)	(15)	1,990,787	1,867,500	(123,287)	(6)
TAXES & BENEFITS	276,672	184,600	(92,072)	(49)	1,075,347	923,100	(152,247)	(16)
PROFESSIONAL SER	162,891	126,200	(36,691)	(29)	800,012	685,900	(114,112)	(16)
SUPPLIES	113,232	97,600	(15,632)	(16)	581,424	475,700	(105,724)	(22)
MINOR EQUIPMENT	11,368	6,300	(5,068)	(80)	17,822	31,200	13,377	42
REPAIRS & MAINT	10,343	30,400	20,056	65	81,975	151,300	69,324	45
RENTS & LEASES	11,905	12,400	494	3	57,266	61,600	4,333	7
UTILITIES	42,075	40,000	(2,075)	(5)	228,622	195,100	(33,522)	(17)
TRAVEL & TRAININ	2,332	1,400	(932)	(66)	9,959	6,900	(3,059)	(44)
INSURANCES	15,278	15,300	21	0	81,770	82,500	729	0
RECRUIT & RELOCA	24,277	7,300	(16,977)	(232)	34,295	21,600	(12,695)	(58)
DEPRECIATION	39,505	55,500	15,994	28	230,556	265,500	34,943	13
OTHER EXPENSES	15,944	30,900	14,955	48	130,255	151,000	20,744	13
	-----	-----	-----		-----	-----	-----	
TOTAL EXPENSES	1,156,524	981,400	(175,124)	(17)	5,320,096	4,918,900	(401,196)	(8)
	-----	-----	-----		-----	-----	-----	
OPERATING INCO	(105,149)	2,550	(107,699)	(4223)	580,132	(170,350)	750,482	440
NET INCOME	(105,149)	2,550	(107,699)	(4223)	580,132	(170,350)	750,482	440
	=====	=====	=====		=====	=====	=====	

06/23/21 11:29 AM

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 05/31/21

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	1,781,184	5,000,918	(3,219,733)
NET ACCOUNT RECEIVABLE	1,359,719	1,223,387	136,331
THIRD PARTY RECEIVABLE	462	21,527	(21,064)
CLEARING ACCOUNTS	706,193	432,132	274,061
PREPAID EXPENSES	72,989	(1,636)	74,626
INVENTORY	414,882	402,254	12,627
	-----	-----	-----
TOTAL CURRENT ASSETS	4,335,431	7,078,583	(2,743,151)
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	7,664,341	7,664,341	
EQUIPMENT	9,010,051	8,053,776	956,275
CONSTRUCTION IN PROGRESS	739,477		739,477
	-----	-----	-----
SUBTOTAL PP&E	17,535,880	15,840,127	1,695,753
LESS ACCUMULATED DEPRECIATION	(13,114,296)	(12,501,468)	(612,827)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	4,421,584	3,338,658	1,082,925
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(51,250)	(36,250)	(15,000)
PERS DEFERRED OUTFLOW	832,470	832,470	
TOTAL OTHER ASSETS	931,220	946,220	(15,000)
	-----	-----	-----
TOTAL ASSETS	9,688,237	11,363,463	(1,675,226)
	=====	=====	=====

06/23/21 11:29 AM

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 05/31/21

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	285,216	581,485	(296,268)
PAYROLL & RELATED LIABILITIES	797,699	687,790	109,908
PPP LOAN		1,113,148	(1,113,148)
UNEARNED REVENUE	3,621,785	3,621,785	
INTEREST & OTHER PAYABLES	(17,972)	(13,037)	(4,935)
LONG TERM DEBT - CITY	5,516,458	5,466,458	50,000
OTHER CURRENT LONG TERM DEBT	287,534	396,450	(108,915)
	-----	-----	-----
TOTAL CURRENT LIABILITIES	10,490,721	11,854,080	(1,363,359)
LONG TERM LIABILITIES			
2015 NET PENSION LIABILITY	5,963,724	5,963,724	
TOTAL LONG TERM LIABILITIES	5,963,724	5,963,724	
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	514,539	514,539	
TOTAL DEFERRED INFLOWS	514,539	514,539	
TOTAL LIABILITIES	16,968,984	18,332,343	(1,363,359)
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(7,909,689)	(6,215,920)	(1,693,768)
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	610,427	(771,473)	1,381,901
	-----	-----	-----
TOTAL NET POSITION	(7,280,747)	(6,968,880)	(311,866)
TOTAL LIABILITIES & NET POSITION	9,688,237	11,363,463	(1,675,226)
	=====	=====	=====



Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Delineation of Privileges for Jason Gray, MD

Date: 05/17/2021

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



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

PRACTITIONER CREDENTIALING

May 12, 2021

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

Dear Chairperson and Hospital Authority Board,

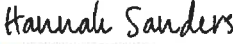
Cordova Community Medical Center has reviewed Jason Gray, MD application for privileges to our hospital. In accordance with our medical staff bylaws, the credentialing committee has reviewed the application including practitioner licenses, professional references, and case logs. We recommend Jason Gray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

Sincerely,

DocuSigned by:

A2A8E3C008DD410...
Chief of Staff

15 May 2021 | 9:48 AM AKDT
Date

DocuSigned by:

A926981E6177466...
Chief Executive Officer

16 May 2021 | 9:38 AM AKDT
Date



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

May 12, 2021

Jason Gray, MD

Via email: [REDACTED]

RE: Credentialing application

We have received the primary source verification information back from our Credentials Verification Organization on your application for privileges at Cordova Community Medical Center. In accordance with the Medical Staff Bylaws, and after consultation with our Medical Director/Chief of Staff. I am granting you Emergency Privileges effective May 16, 2021. Per the Bylaws, these Emergency Privileges will expire on July 14, 2021 (60 days later). Your credentialing application will be presented to the Cordova Community Medical Center Authority Board of Directors for final granting of privileges at the next CCMC Authority Board meeting.

DocuSigned by:

Hannah Sanders

A9258C1E5177480...

Hannah Sanders, MD

Chief Executive Officer

Cordova Community Medical Center

16 May 2021 | 9:38 AM AKDT

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) 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:

949877CF1BE2416...
Practitioner Signature

12 May 2021 | 12:10 PM AKDT

Date

Jason Gray
Practitioner Print

DocuSigned by:

A9259C1E5177486...
CEO

16 May 2021 | 9:38 AM AKDT

Date

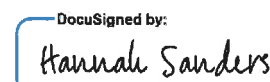
DocuSigned by:

A2A8E3C009DD41D...
Chief of Staff or Designee Verification

15 May 2021 | 9:48 AM AKDT

Date

Clinic Privileges are based on standard Orthopedic procedures

DocuSigned by:

A9259C1E5177486...

**Cordova Community Medical Center
Request for Clinical Privileges
Page 7 of 7**

Practitioner Name (please print): Jason Gray, MD

Medical Director Review

The Medical Director has reviewed the attached list of requested privileges and the following information related to the applicant:

- | | |
|---|---|
| <input type="checkbox"/> Pertinent results of performance improvement activities | <input type="checkbox"/> Peer Review results |
| <input type="checkbox"/> Mortality data | <input type="checkbox"/> Peer Recommendations |
| <input type="checkbox"/> Professional performance | <input type="checkbox"/> Outcomes of procedures and treatment |
| <input type="checkbox"/> Clinical judgment and technical skills in performing procedures and treating and managing patients | |

Recommendation:

- ☒ Approve as requested
☐ Approve with conditions / modifications (see explanation below)
☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

Approved for privileges at CCMC

DocuSigned by:

Paul Goe

145ED39394D14BA

Medical Director Signature

16 May 2021 | 9:51 AM PDT

Date

CCMC – Health Services Board

- ☐ Approve as requested
☐ Approve with conditions / modifications (see explanation below)
☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

HSB President Signature

Date



Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Delineation of Privileges for Manon Mashburn, MD

Date: 06/10/2021

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Manon Mashburn, MD with Alaska Regional as presented."



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

June 8, 2021

Medical Staff Recommendation & Confirmation

Cordova Community Medical Center (CCMC) Medical Staff recommends Facility issue Telemedicine privileges to the added Physicians, per each Physician's Alaska Regional Hospital Delineation of Privileges. The other Physicians names on the roster currently hold active Telemedicine privileges at CCMC.

Medical Staff has:

☐ conducted its own full review of credentials of the added Physicians.

☒ relied upon the decisions of Telemedicine Entity.

DocuSigned by:

Hannah Sanders

A9259C1E5177486...

Authorized Representative of Medical Staff

10 June 2021 | 6:48 AM AKDT

Date

Hannah Sanders

Print Name and Title

Issuance of Privileges

Effective the date signed below, CCMC governing body has issued the added Physicians the same privileges shown on the Physician's Delineation of Privileges received from Telemedicine Entity.

Authorized Governing Body Representative

Date

Print Name and Title

**Cordova Community Medical Center
Request for Clinical Privileges
Page 7 of 7**

Practitioner Name (please print): Manon Mashburn, MD Alaska Regional

Medical Director Review

The Medical Director has reviewed the attached list of requested privileges and the following information related to the applicant:

- | | |
|--|---|
| <input type="checkbox"/> Pertinent results of performance improvement activities | <input type="checkbox"/> Peer Review results |
| <input type="checkbox"/> Mortality data | <input type="checkbox"/> Peer Recommendations |
| <input type="checkbox"/> Professional performance | <input type="checkbox"/> Outcomes of procedures and treatment |
| <input checked="" type="checkbox"/> Clinical judgment and technical skills in performing procedures and treating and managing patients | |

Recommendation:

- ☒ Approve as requested
☐ Approve with conditions / modifications (see explanation below)
☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:
No modifications needed

DocuSigned by:

Paul Glor

Medical Director Signature

10 June 2021 | 9:17 AM PDT

Date

CCMC – Health Services Board

- ☐ Approve as requested
☐ Approve with conditions / modifications (see explanation below)
☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

HSB President Signature

Date

Details

LICENSE DETAILS

License #: 175907**Program:** Prescription Drug Monitoring Program**Type:** PDMP Medical**Status:** Active**Issue Date:** 03/22/2021**Effective Date:** 04/12/2021**Expiration Date:** 12/31/2022**Mailing Address:** NEW ORLEANS, LA, UNITED STATES

Owners

Owner Name	Entity Number
Manon Brooke Mashburn	

Relationships

Title	License/Entity #	Name	License Status	Expiration Date
Physician Courtesy License	171115	Manon Mashburn	Active	09/12/2021

Designations

No Designations Found

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

[Close Details](#)[Print Friendly Version](#)

ABMS Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

Provider Name : Manon Brooke Mashburn

ABMS UID: 873935

Date of Birth : Private

Education : 2004, MD

Address : 2400 Canal St
New Orleans LA 70119

Certification:

American Board of Psychiatry & Neurology

Psychiatry - General	Certification Status: Certified
----------------------	--

Status	Duration	Occurrence	Start Date	End Date	Re-verification Date	Participating in MOC
Active	MOC	Recertification	04/15/2019		03/01/2022	Yes
Expired	Time-Limited	Initial Certification	04/03/2009	12/31/2019		Yes

Psychosomatic Medicine - Subspecialty	Certification Status: Certified
---------------------------------------	--

Status	Duration	Occurrence	Start Date	End Date	Re-verification Date	Participating in MOC
Active	Time-Limited	Initial Certification	06/06/2011	12/31/2021		Yes

- Subspecialty	Certification Status: Certified
----------------	--

Status	Duration	Occurrence	Start Date	End Date	Re-verification Date	Participating in MOC
Active	MOC	Recertification	04/15/2019		03/01/2022	Yes

Participating in Maintenance of Certification (MOC):

Verified on: 05/04/2021 01:51:35	Source Data Updated on: 04/01/2021
---	---



Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Delineation of Privileges for Julie MacNeil, MD

Date: 06/21/2021

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Julie MacNeil, MD with Alaska Regional Hospital as presented."



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

PRACTITIONER CREDENTIALING

June 9, 2021

Linnea Ronnegard, Chair
Hospital Authority Board
Cordova Community Medical Center
Cordova, AK 99574
CCMCBoardSeatC@cdvcmc.com

Dear Chairperson and Hospital Authority Board,

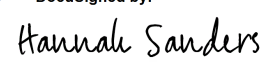
Cordova Community Medical Center has reviewed Julie MacNeil, MD application for privileges to our hospital. In accordance with our medical staff bylaws, the credentialing committee has reviewed the application including practitioner licenses, professional references, and case logs. We recommend Julie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

Sincerely,

DocuSigned by:

A2A8E3C009DD41D...
Chief of Staff

19 June 2021 | 10:36 AM AKDT
Date

DocuSigned by:

A9259C1E5177480...
Chief Executive Officer

19 June 2021 | 10:46 AM AKDT
Date

**Cordova Community Medical Center
Request for Clinical Privileges
Page 7 of 7**

Practitioner Name (please print): Julie MacNeil, MD

Medical Director Review

The Medical Director has reviewed the attached list of requested privileges and the following information related to the applicant:

- | | |
|---|---|
| <input type="checkbox"/> Pertinent results of performance improvement activities | <input type="checkbox"/> Peer Review results |
| <input type="checkbox"/> Mortality data | <input type="checkbox"/> Peer Recommendations |
| <input type="checkbox"/> Professional performance | <input type="checkbox"/> Outcomes of procedures and treatment |
| <input type="checkbox"/> Clinical judgment and technical skills in performing procedures and treating and managing patients | |

Recommendation:

- ☒ Approve as requested
☐ Approve with conditions / modifications (see explanation below)
☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:
No modifications/conditions

DocuSigned by:

Paul Gloc

Medical Director Signature

18 June 2021 | 11:03 AM PDT

Date

CCMC – Health Services Board

- ☐ Approve as requested
☐ Approve with conditions / modifications (see explanation below)
☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

HSB President Signature

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) 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.


Practitioner Signature

05-23-2021

Date

Julie MacNeil

Practitioner Print

DocuSigned by:

A9259C1E5177486...
CEO

19 June 2021 | 10:46 AM AKDT

Date

DocuSigned by:

A2A8E3C009DD41D...
Chief of Staff or Designee Verification

19 June 2021 | 10:36 AM AKDT

Date

Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS & PROFESSIONAL
LICENSING**

[State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Professional Licenses / License Details](#)

LICENSE DETAILS

License #: 153469

Program: Medical

Type: Physician

Status: Active

Issue Date: 02/18/2020

Effective Date: 11/20/2020

Expiration Date: 12/31/2022

Mailing Address: ANCHORAGE, AK, UNITED STATES

Owners

Owner Name	Entity Number
Julie MacNeil	

Relationships

Title	License/Entity #	Name	License Status	Expiration Date
Practitioner with DEA Registration	158803	Julie MacNeil	Active	12/31/2022

Designations

Type	Group
DEA Registered	DEA Registration
Pediatrics	Specialties

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

ABMS Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

Provider Name : Julie A. Macneil

ABMS UID: 1181877

Date of Birth : Private

Education : 2015, MD

Address : Private

Little Rock AR 72205

Certification:

American Board of Pediatrics

Pediatrics - General				Certification Status: Certified		
Status	Duration	Occurrence	Start Date	End Date	Re-verification Date	Participating in MOC
Active	MOC	Initial Certification	10/18/2018		02/15/2022	Yes

Participating in Maintenance of Certification (MOC):

Verified on: 05/27/2021 01:58:58	Source Data Updated on: 05/10/2021
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Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Delineation of Privileges for Heather Kaufman, DPM

Date: 06/21/2021

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Heather Kaufman, DPM as presented."



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

PRACTITIONER CREDENTIALING


June 9, 2021

Linnea Ronnegard, Chair
Hospital Authority Board
Cordova Community Medical Center
Cordova, AK 99574
CCMCBoardSeatC@cdvcmc.com

Dear Chairperson and Hospital Authority Board,

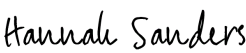
Cordova Community Medical Center has reviewed Heather Kaufman, DPM Anchorage Foot & Ankle Clinic, LLC 1000 E Dimond Blvd., Suite 201, Anchorage, AK 99515, application for privileges to our hospital. In accordance with our medical staff bylaws, the credentialing committee has reviewed the application including practitioner licenses, professional references, and case logs. We recommend Heather Kaufman, DPM for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:

A2A8E3C009DD41D...
Chief of Staff

19 June 2021 | 10:37 AM AKDT

Date

DocuSigned by:

A9259C1E5177486...
Chief Executive Officer

19 June 2021 | 10:47 AM AKDT

Date

Cordova Community Medical Center
Request for Clinical Privileges
Page 7 of 7

Practitioner Name (please print):

Heather Kaufman, DPM

Medical Director Review

The Medical Director has reviewed the attached list of requested privileges and the following information related to the applicant:

- | | |
|---|---|
| <input type="checkbox"/> Pertinent results of performance improvement activities | <input type="checkbox"/> Peer Review results |
| <input type="checkbox"/> Mortality data | <input type="checkbox"/> Peer Recommendations |
| <input type="checkbox"/> Professional performance | <input type="checkbox"/> Outcomes of procedures and treatment |
| <input type="checkbox"/> Clinical judgment and technical skills in performing procedures and treating and managing patients | |

Recommendation:

- ☒ Approve as requested
☐ Approve with conditions / modifications (see explanation below)
☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

No conditions or modifications needed.

DocuSigned by:

Paul Goe

Medical Director Signature

17 June 2021 | 9:51 AM PDT

Date

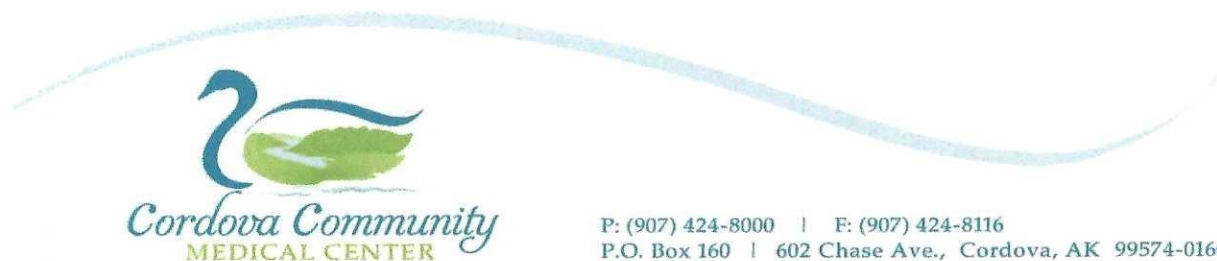
CCMC – Health Services Board

- ☐ Approve as requested
☐ Approve with conditions / modifications (see explanation below)
☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

HSB President Signature

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

- ☐ Suturing of simple lacerations (one layer)
- ☐ Use of local anesthetics for wound repair, revision
- ☐ Debridement, skin or subcutaneous, tissue
- ☐ Needle aspiration of subcutaneous lesion
- ☐ Excision, benign skin lesion
- ☐ I&D, uncomplicated soft tissue abscess
- ☐ Treatment of planter warts
- ☐ Incisional removal of foreign body

LEVEL TWO

- ☐ I&D complicated abscess
- ☐ Biopsy, skin
- ☐ Biopsy, bone
- ☐ Shave biopsy
- ☐ Punch biopsy
- ☐ Excision of benign skin lesions
- ☐ Ingrown toenail excision
- ☐ Lacerations, infected
- ☐ Excision of ganglions
- ☐ Excision of cysts
- ☐ Suturing of simple 2 layer lacerations
- ☐ Procedures involving destruction of nail bed
- ☐ Treatment of Closed Dislocations and uncomplicated fractures

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:
 Sign: Heather Kaufman Date: 16 June 2021 | 10:29 AM PDT
 1212047DABE34EF...
 Print: Heather Kaufman

Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS & PROFESSIONAL
LICENSING**

[State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Professional Licenses / License Details](#)

LICENSE DETAILS

License #: MEDP7927

Program: Medical

Type: Podiatrist

Status: Active

Issue Date: 03/18/2014

Effective Date: 12/21/2020

Expiration Date: 12/31/2022

Mailing Address: ANCHORAGE, AK, UNITED STATES

Owners

Owner Name	Entity Number
HEATHER DAWN KAUFMAN	

Relationships

Title	License/Entity #	Name	License Status	Expiration Date
Practitioner with DEA Registration	172088	Heather Kaufman	Active	12/31/2022

Designations

Type	Group
DEA Registered	DEA Registration

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

CAQH Team Site - Home x PSV Order/ Work Order: Case: P x Data Element: Information: DE 1 x The American Board of Podiatr x +

abpmed.org/pages/credentials/verify?state=AK&city=&firstname=Heather&lastname=Kaufman#searchresults

ABPM
The American Board of Podiatric Medicine

Home About Us Members Residents/Fellows Exam Info Credentials Find a Doctor

Credentials - Subscriber (Log Out)

Membership Verification

Order Date: 05/23/2021

State/Province: Alaska City: [Redacted]

First Name: Heather Last Name: Kaufman

[Green Bar]

No Results

The American Board of Podiatric Medicine
11001 Aviation Blvd. #1100
Hermosa Beach, CA 90254

Facebook Twitter LinkedIn Instagram

19:20 PM 5/23/2021



Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Delineation of Privileges for Regina Fiacco, DPM

Date: 06/21/2021

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Regina Fiacco, DPM as presented."



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

PRACTITIONER CREDENTIALING

June 9, 2021

Linnea Ronnegard, Chair
Hospital Authority Board
Cordova Community Medical Center
Cordova, AK 99574
CCMCBoardSeatC@cdvcmc.com

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed Regina Fiacco, DPM Anchorage Foot & Ankle Clinic, LLC 1000 E Dimond Blvd., Suite 201, Anchorage, AK 99515, 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 Regina Fiacco, DPM for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:

A2A8E3C009DD41D...

Chief of Staff

19 June 2021 | 10:36 AM AKDT

Date

DocuSigned by:

A9259C1E5177488...

Chief Executive Officer

19 June 2021 | 10:47 AM AKDT

Date

Cordova Community Medical Center
Request for Clinical Privileges
Page 7 of 7

Practitioner Name (please print):

Regina Fracco, DPM

Medical Director Review

The Medical Director has reviewed the attached list of requested privileges and the following information related to the applicant:

- | | |
|---|---|
| <input type="checkbox"/> Pertinent results of performance improvement activities | <input type="checkbox"/> Peer Review results |
| <input type="checkbox"/> Mortality data | <input type="checkbox"/> Peer Recommendations |
| <input type="checkbox"/> Professional performance | <input type="checkbox"/> Outcomes of procedures and treatment |
| <input type="checkbox"/> Clinical judgment and technical skills in performing procedures and treating and managing patients | |

Recommendation:

- ☒ Approve as requested
☐ Approve with conditions / modifications (see explanation below)
☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:
No modifications needed

DocuSigned by:

Paul Glor

Medical Director Signature

16 June 2021 | 2:19 PM PDT

Date

CCMC – Health Services Board

- ☐ Approve as requested
☐ Approve with conditions / modifications (see explanation below)
☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

HSB President Signature

Date

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

- ☐ Suturing of simple lacerations (one layer)
- ☐ Use of local anesthetics for wound repair, revision
- ☐ Debridement, skin or subcutaneous, tissue
- ☐ Needle aspiration of subcutaneous lesion
- ☐ Excision, benign skin lesion
- ☐ I&D, uncomplicated soft tissue abscess
- ☐ Treatment of planter warts
- ☐ Incisional removal of foreign body

LEVEL TWO

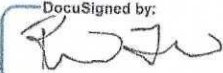
- ☐ I&D complicated abscess
- ☐ Biopsy, skin
- ☐ Biopsy, bone
- ☐ Shave biopsy
- ☐ Punch biopsy
- ☐ Excision of benign skin lesions
- ☐ Ingrown toenail excision
- ☐ Lacerations, infected
- ☐ Excision of ganglions
- ☐ Excision of cysts
- ☐ Suturing of simple 2 layer lacerations
- ☐ Procedures involving destruction of nail bed
- ☐ Treatment of Closed Dislocations and uncomplicated fractures

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:
Sign: 

Date: 16 June 2021 | 10:51 AM PDT

Print: Regina Fiacco DPM

5/19/2021

Division of Corporations, Business and Professional Licensing

Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS & PROFESSIONAL
LICENSING**State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download /
Professional Licenses / License Details**LICENSE DETAILS****License #:** 143150**Program:** Medical**Type:** Podiatrist**Status:** Active**Issue Date:** 04/05/2019**Effective Date:** 11/19/2020**Expiration Date:** 12/31/2022**Mailing Address:** ANCHORAGE, AK, UNITED STATES**Owners****Owner Name**

Regina Christine Fiacco

Entity Number**Relationships**

Title	License/Entity #	Name	License Status	Expiration Date
Practitioner with DEA Registration	154903	Regina Fiacco	Active	12/31/2022

Designations**Type**

DEA Registered

Group

DEA Registration

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found



AMERICAN BOARD OF
FOOT AND ANKLE SURGERY

PROFILE PLUS
STATUS VERIFICATION®

Physician	
ABFAS ID:	105484
Name:	Regina Fiacco, DPM
City, State, Zip:	Anchorage, AK 99515-2029
Board Status	
Board Status:	Foot Surgery Qualified - Active
Achieved Date:	3/12/2019
Expires On:	8/31/2026
Board Status:	Reconstructive Rearfoot/Ankle Surgery Qualified - Active
Achieved Date:	3/12/2019
Expires On:	8/31/2026
College Graduation	
College Name:	New York College of Podiatric Medicine
Graduation Year:	2016
Address:	53 E 124th St New York, NY 10035-1815
Telephone:	212-410-8023
Date Verified:	10/10/2017
Residency Information	
Sponsoring Institution:	JFK Medical Center
Institution Address:	5301 South Congress Avenue Atlantis, FL 33462
Institution Telephone:	561-548-1711
Program Type:	PMSR/RRA
Year Completed:	2019



AMERICAN BOARD OF
FOOT AND ANKLE SURGERY

PROFILE PLUS
STATUS VERIFICATION®

Licensure Information	
Licensure 1	
State License:	AK
License Number:	143150
Expires On:	12/31/2022
License Status:	Current
Agency:	Alaska State Medical Board
Agency Address:	PO Box 110806 Juneau, AK 99801-0806
Telephone:	907-269-8163
Website:	https://www.commerce.alaska.gov/web/cbpl/professionallicensing/statemedicalboard.aspx
Last Verified:	12/9/2020



AMERICAN BOARD OF
FOOT AND ANKLE SURGERY



Primary Source Verification

The American Board of Foot and Ankle Surgery (ABFAS) is the only foot and ankle surgery certification board recognized by the Council on Podiatric Medical Education (CPME) through the Joint Committee on the Recognition of Specialty Boards. The American Podiatric Medical Association (APMA) delegated responsibility to recognize specialty certifying boards in podiatry to the Council.

In accordance with standards published by the National Committee for Quality Assurance (NCQA) and The Joint Commission, ABFAS conducts primary source verification of the podiatric medical school graduation, residency training completion, and state licensure for each ABFAS certified and board qualified podiatric surgeon.

Sections

The ABFAS Profile Plus Status Verification© includes the following information:

TYPE

Important Notice: ABFAS made the decision to cancel the 2021 Recertification and Self-assessment examinations due to the impacts of COVID-19. Diplomates certified in Foot Surgery and/or Reconstructive Rearfoot/Ankle (RRA) Surgery after 1990, whose Foot and/or RRA Surgery certificate expires August 31, 2021 and who are meeting all requirements of their certification have been granted a three-year extension of their certification until August 31, 2024. Their status will show as "Certified – Extension", with the expiration date August 31, 2024.

Certified:

Ambulatory – A podiatric surgeon who became certified by the American Board of Ambulatory Surgery board before it joined with ABFAS.

Foot and Ankle Surgery – A podiatric surgeon who became ABFAS certified pre-1991.

Foot – A podiatric surgeon who has passed the ABFAS Part I and Part II foot surgery examinations, holds hospital privileges, and has an active license.

Reconstructive Rearfoot/Ankle (RRA) – A podiatric surgeon who is certified in foot surgery and has also passed the ABFAS Part I and Part II RRA surgery examinations, holds hospital privileges, and has an active license.

Board Certified podiatric surgeons are Diplomates of ABFAS.

Qualified:

Foot – A podiatric surgeon who has passed the ABFAS Part I Foot surgery examinations, holds hospital privileges, and has an active license.

Reconstructive Rearfoot/Ankle (RRA) – A podiatric surgeon who has passed the ABFAS Part I Foot surgery and has also passed the ABFAS Part I RRA surgery examinations, holds hospital privileges, and has an active license.

STATUS

Active: Engaged in the active practice of podiatry; has fulfilled all relevant exam requirements; maintains an active, unrestricted license; and holds current, active surgical privileges at a hospital or surgery center.



AMERICAN BOARD OF
FOOT AND ANKLE SURGERY



Administrative: Engaged primarily in an administrative capacity directly related to the profession of podiatry.

Expired: A board qualified or certified podiatric surgeon whose status has expired.

Extension (Board Qualified): A board qualified podiatric surgeon who has received an extension for the time period they can be qualified.

Extension (Board Certified): A Diplomate certified after 1990 who is meeting all requirements of their certification and has been granted a three-year extension of their certification due to the cancellation of the 2021 Recertification examinations.

Inactive: Not engaged in the active practice of podiatry.

Incomplete: A podiatric surgeon who has taken and passed the ABFAS Board Qualification examinations but has not submitted the necessary documentation to become fully qualified; a podiatric surgeon has one year after passing the board qualification examinations to submit the required documentation. After one year, the podiatric surgeon is non-compliant with ABFAS board qualification policy.

No Board Status: A podiatric surgeon who has graduated from, or is in their final year of, a CPME-approved residency program and who has not achieved ABFAS board status.

Non-Compliant: : A podiatric surgeon who has taken the necessary ABFAS Board Qualification examinations but did not submit all the required documentation within one year of passing the board qualification examinations. A board-certified podiatric surgeon holding foot and ankle certified status who is not compliant with ABFAS Maintenance of Certification requirements.

Surgically Inactive: Engaged in the active practice of podiatry but no longer has an active foot and ankle surgical practice; has fulfilled all relevant exam requirements; maintains an active, unrestricted license; holds current, active privileges at a hospital or surgery center.

Suspended: A board qualified or certified podiatric surgeon whose Foot status has expired and who has met the requirements for RRA qualification or certification. The Foot status must be active in order for the RRA status to be active as well.

Resigned: Has voluntarily given up certification.

Retired: An ABFAS Diplomate who has retired from active practice.

Revoked:

Administrative: Unrelated to any professional review action (e.g., non-payment of annual fee or special assessment).

Legal: Upon professional review related to any of the following possibilities; misrepresents certification status or provides false information to ABFAS, has cheated on any ABFAS exam, violates the Code of Ethics of the APMA; conviction of either a felony related to the delivery of a healthcare item or service or any offense which causes his/her license revocation.

Please contact our verifications department if you have additional questions regarding suspended or revoked status.

NOTE: ABFAS does not have a board eligible status.

College Graduation: Physicians must graduate from a four-year podiatric medical college accredited by the Council on Podiatric Medical Education (CPME). ABFAS includes the name, graduation year, address, and telephone number of the college and the date the verification was performed.



AMERICAN BOARD OF FOOT AND ANKLE SURGERY



Residency Information: For physicians who were required to complete CPME-approved residency training, the sponsoring institution is listed plus the program type, and the year completed. If the program is not closed, the address and telephone number are also listed. More than one residency may be listed. The surgery-related residency type abbreviations are:

POR	Podiatric Orthopedics Residency
PPMR	Primary Podiatric Medical Residency
PSR	Podiatric Surgical Residency (12 or 24 months); PSR-24+ is a PSR-24 program that took 36 months to complete
PM&S	Podiatric Medicine and Surgery (24 or 36 months)
PMSR	Podiatric Medicine and Surgery Residency
PMSR/RRA	Podiatric Medicine and Surgery Residency with added credential in Reconstructive Rearfoot/Ankle Surgery
RPR	Rotating Podiatric Residency

License Information: ABFAS verifies the physician's state podiatric license(s) upon application. The license is subsequently reverified when it nears the expiration date. ABFAS includes the licensing board's address, telephone number, web site (if available), and the last verified date. Please contact the respective state for questions about the physician's podiatric license status.

ABFAS Contact:

Please contact ABFAS by telephone at 415-553-3080 or by email (verifications@abfas.org) if you have any questions.



Membership Verification

Order Date: 05/18/2021

Regina Fiacco, DPM

1000 E Dimond Blvd
#201
Anchorage, AK 99515
(907) 344-2155

Verify As:	Diplomate
Certificate Number:	5388
ABPM Start Date:	10/7/2019
ABPM End Date:	12/31/2029
Enrolled in MOC:	Yes



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

PEER REFERENCE

Information Requested from: John Levin

Re: Regina Fiacco, DPM

Professional Relationship:

1. Do you personally know the applicant? Yes ☒ No ☐
2. What type of affiliation have you had? Personal ☐ Hospital ☒ Practice ☐
Other (please specify) RESIDENCY
3. How long have you known the applicant? 5 YEARS
4. If the affiliation was at a hospital and that affiliation has been terminated, was it in any way associated with a proposed reduction, revocation or suspension of privileges or due to any disciplinary measure pending or contemplated? Yes ☐ No ☒

Privileges:

Attached is a list of the clinical privileges the applicant is requesting:

1. Do you have any doubts as to the applicant's qualification for the attached privileges? Yes ☐ No ☒
If yes, please explain _____
2. In what capacity did you observe the applicant's clinical practice? RESIDENCY TRAINING
3. Has the applicant successfully performed the procedures being requested? Yes ☒ No ☐
4. Would you recommend the applicant for appointment with privileges as delineated? Yes ☒ No ☐
5. Would you accept the applicant at your hospital with the privileges as delineated? Yes ☒ No ☐

Disciplinary Actions:

To your knowledge has the applicant ever withdrawn or failed to proceed with application for, ever been, or are currently in the process of being denied, revoked, suspended, reduced, restricted, placed on probation, not renewed, voluntarily or involuntarily relinquished for any of the following?

- | | |
|--|---|
| 1. Medical License in any state? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2. Other professional registration, certification, or license? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. DEA/Controlled Substance Registration? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 4. Membership on any hospital medical staff? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 5. Clinical privileges? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 6. Prerogatives/Rights on any medical staff? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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7. Other institutional affiliation or status? Yes ☐ No ☒
8. Professional society membership or fellowship/board certification? Yes ☐ No ☒
9. Any other type of professional sanction? Yes ☐ No ☒
10. Professional liability insurance? Yes ☐ No ☒

Professional Behavior:

1. Were the applicant's practice patterns acceptable and did they conform to high standards of professional conduct? Yes ☒ No ☐
2. To your knowledge has the applicant ever been convicted of any crime other than minor traffic violations? Yes ☐ No ☒
3. To your knowledge has the applicant been involved in any professional liability suits to include cases brought, pending, settled or decided? Yes ☐ No ☒
4. Did the applicant behave in a moral and ethical manner while at your facility? Yes ☒ No ☐
5. To your knowledge is the applicant in good physical condition? Yes ☒ No ☐
6. To your knowledge is the applicant in good mental health? Yes ☒ No ☐
7. To your knowledge has the applicant ever shown any signs of behavior, drug or alcohol problems? Yes ☐ No ☒

General Rating:

Please rate the applicant in the following categories:

	Excellent	Good	Fair	Poor	No Info
General Medical Knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Expertise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Usage Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Case Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Usage Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy and Therapeutics Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with Patients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with Hospital Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulfillment of ER or On-Call Duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at Meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Medical Staff Bylaws	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to Hospital Policy and Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Adherence to Hospital Policy and Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Please feel free to offer any comments you feel are pertinent to this application or which may clarify a response to one of the above questions. All responses are used only in the credentialing process and are held in strictest confidence.

Signed: _____

Title: Dpm, FAE, FAS

Date Completed: 5/3/21

Telephone: (907) 344-2156



Memorandum

To: CCMC Authority Board of Directors
Subject: Joint Administrative Negotiations Team
Date: 05/20/2021

Helen Howarth, City Manager has been tasked with forming and appointing the members of a Joint Administrative Negotiations Team. One member of that team is the CCMC Board Chair or appointee. At this time you have an opportunity to decide if the Board Chair will be on the team or if another board member will go and represent the Board in the negotiations.

Suggested Motion: "I move that the CCMC Authority Board of Directors select _____ to represent the Board on the Joint Administrative Negotiations Team."