



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
ZOOM MEETING AND/OR TELECONFERENCE
March 24, 2022 at 6:30PM SPECIAL MEETING

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

Board of Directors

Linnea Ronnegard	exp. 3/24
Annie Linville	exp. 3/25
Liz Senear	exp. 3/24
Kelsey Hayden	exp. 3/23
VACANT	exp. 3/23

CEO

Hannah Sanders, M.D.

OPENING: Call to Order

Roll Call – Linnea Ronnegard, Kelsey Hayden, Liz Senear, and Annie Linville.

Establishment of a Quorum

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS
(Speaker must give name and agenda item)

1. Audience Comments
2. Guest Speaker

B. BOARD DEVELOPMENT - None

C. CONFLICT OF INTEREST

D. APPROVAL OF AGENDA

E. APPROVAL OF MINUTES

1. February 24, 2022 Meeting Minutes Pgs 1-2

F. REPORTS OF OFFICERS OR ADVISORS - None

1. Board Chair Report Pgs 3-5
2. CEO Report
3. CFO Report

G. DISCUSSION ITEMS - None

H. ACTION ITEMS

1. Approval of the 2021 CCMC CAH Periodic Evaluation Pgs 7-21
2. Letter of Interest to fill a Board of Director's Seat Pgs 22-23

I. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker) Members of the public are given the opportunity to comment on matters which are within the subject matter jurisdiction of the Board and are appropriate for discussion in an open session.

J. BOARD MEMBERS COMMENTS

K. EXECUTIVE SESSION

L. ADJOURNMENT

Due to COVID-19, we ask that the general public 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 24, 2022 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Linnea Ronnegard called the Board Meeting to order at 6:00pm.

Board members present: **Greg Meyer, Janice Warga, Kelsey Hayden, and Liz Senear.**
Quorum was established.

CCMC staff present: Dr. Hannah Sanders, Tamara Russin, Denna Stavig, Eric Price, and Faith Wheeler-Jeppson.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

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

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA

M/Hayden S/Senear "I move to approve the Agenda."

Hayden – yea, Senear- yea, Warga – yea, and Meyer – yea.
4 yeas, 0 nay, 1 absent; Motion passed 4-0.

E. APPROVAL OF MINUTES

- 1. January 27, 2022 Meeting Minutes**

M/Hayden S/Janice "I move to approve the January 27, 2022 Meeting Minutes.

Warga – yea, Meyer – yea, Senear- yea, and Hayden – yea.
4 yeas, 0 nay, 1 absent; Motion passed 4-0.

F. REPORTS OF OFFICERS and ADVISORS

- 1. Board Chair report – Greg Meyer** standing in for Linnea Ronnegard had nothing to report.

- 2. CEO Report – Dr. Sanders** reported that her written report is in the packet, the thing I've highlighted in the last few meetings and will continue to highlight is the significant challenges with getting traveler staff and for keeping staff with the rates that other hospitals are paying right now. The cost for travelers for Nursing, Radiology and CNA's are absolutely outrageous numbers. It's a really big issues and it makes it really hard to find staff. So far, we've been doing pretty good at keeping our local nurses engaged and working with us. We're trying to keep our staff happy, but that's going to be our biggest challenge this year.

3. CFO Report – Eric Price reported that there are two months of financials in the packet to review this month. Finance Department is doing an AR conversion. The lower than anticipated revenues in the Clinic and Ancillary services could be related to the AR conversion, there may be some lag in posted the revenues. We will also be doing a bad debt analysis. On expenses, overall, I think that expenses have tracked the way we had anticipated per budget. Overall, we had a fairly good year.

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS

1. Delineation of Privileges for Dr. George Rhyneer

M/Senear S/Hayden "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for George Rhyneer, MD with Alaska Orthopedic Specialists as presented."

Hayden – yea, Meyer– yea, Warga – yea, and Senear - yea.
4 yeas, 0 nay; 1 absent; Motion passed 4-0.

Dr. Sanders informed the Board that the next meeting is the March 24th, we will be having an Open House from 5:30 – 7:00pm to have the community come and see our new Rehab Services space and then met all of the providers that have joined us in the last year. Since our meeting is the same night, my thought was to have an in-person meeting, we can start at 6:30pm in our Conference Room.

I. AUDIENCE PARTICIPATION ~ None

J. BOARD MEMBERS COMMENTS

Senear ~ Thanks Janice for serving on the Board, I can't believe it's been a year already. I feel like I kind of know what's going on now.

Warga ~ This was a nice meeting, good information. I've really enjoyed being on this Board but my family down south will be needing more of me so I am afraid that I can't commit to the Board. But the hospital is doing well.

Hayden ~ We'll miss you Janice, I'm glad you're not leaving town or anything like that. I hope to make it to the Open House. I am excited about Annie Linville, she put in for one of the seats. I just read her bio in the paper and she has quite the background working in Seward and working on their hospital board, I think that's going to be exciting. Thank you all for your work.

Meyer ~ Thank you all, quick meetings usually reflect that everything is running smooth, so hopefully everything is hunky dory so that should be appreciated by all. Thank you very much.

K. EXECUTIVE SESSION

L. ADJOURNMENT

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

Greg Meyer declared the meeting adjourned at 7:01pm.

Board Chair Report - Board Meeting March 2022

On Monday, 03/07/22, I met with two of the auditors to review a new standard communication that is required at or before the commencement of the audit, see the attached letter.

This letter reviews what the auditor's responsibilities are, what they will be reviewing during the audit, and the potential risks and findings of what could be found. Please note: this letter is listing only potential risks and findings, not actual events.

The audit, as stated in the letter, will begin in March. In order for the audit to be complete the auditors have to have the final PERS reports from the State and the results of the Medicare Cost Report; they are hoping for a June completion date.

All results of the audit will be reported to the board at the conclusion of the audit. If they were to discover fraud, they would report this to the board when discovered rather than waiting until the conclusion of the audit.

Linnea Ronnegard



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

Cordova Community Health Services Board
Cordova Community Medical Center
a Component Unit of the City of Cordova, Alaska
Cordova, Alaska

We are engaged to audit the financial statements of Cordova Community Medical Center, a component unit of City of Cordova, (the Center) for the year ended December 31, 2021. Professional standards require that we provide you with the following information related to our audit. We would also appreciate the opportunity to meet with you to discuss this information further since a two-way dialogue can provide valuable information for the audit process.

Our Responsibilities under U.S. Generally Accepted Auditing Standards and Government Auditing Standards

As stated in our engagement letter dated December 28, 2021, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

As part of our audit, we will consider the internal control of the Center. Such considerations are solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will also perform tests of the Center's compliance with certain provisions of laws, regulations, contracts, and grants. However, providing an opinion on compliance with those provisions is not an objective of our audit.

Planned Scope, Timing of the Audit, Significant Risks, and Other

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested.

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Material misstatements may result from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. We will generally communicate our significant findings at the conclusion of the audit. However, some matters could be communicated sooner, particularly if significant difficulties are encountered during the audit where assistance is needed to overcome the difficulties or if the difficulties may lead to a modified opinion. We will also communicate any internal control related matters that are required to be communicated under professional standards.

We expect to begin our audit in approximately March 2022 and issue our report in approximately June 2022. Shaun Johnson is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

We have identified the following significant risks of material misstatement as part of our audit planning:

1. *Improper Revenue Recognition:*

- i. Patient Accounts Receivable Allowance for Contractual Adjustments and Doubtful Accounts* – The patient accounts receivable allowance for contractual adjustments and doubtful accounts (allowance) contains a risk of improper revenue recognition.
- ii. Estimated Third-Party Settlements* – Estimated third-party payor settlements contains a risk of improper revenue recognition.
- iii. Double-Dipping (Provider Relief Funds and Grants)* – Using the same expenses as qualifying expenses for the Provider Relief Fund, COVID grants, and other grants is a risk of improper revenue recognition.

2. *Management Override of Controls.*

This information is intended solely for the use of the Cordova Community Health Services Board and management of the Center and is not intended to be, and should not be, used by anyone other than these specified parties.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
March 4, 2022

Cordova Community Medical Center Statistics

	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	1.7	1.1	1.0	0.3	0.7	1.0	1.8	1.0		1.6
FY 2021	1.3	3.2	2.2	1.7	2.2	1.6	2.1	2.4	3.3	5.6	4.3	1.4		2.6
FY 2022	1.6	3.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Acute Admits														
FY 2019	6	0	2	4	2	1	3	6	4	2	3	3	36	3.0
FY 2020	2	0	1	3	0	2	7	5	4	1	6	2	33	2.8
FY 2021	2	6	4	1	8	7	4	4	4	3	1	2	46	3.8
FY 2022	6	1												
Acute Patient Days														
FY 2019	33	0	6	12	7	4	13	10	12	3	10	11	121	10.1
FY 2020	4	0	4	14	4	4	17	9	8	3	36	6	109	9.1
FY 2021	4	13	8	2	17	11	9	14	15	18	13	2	126	10.5
FY 2022	15	11												
SWB Admits														
FY 2019	2	0	0	0	0	0	3	0	0	2	1	1	9	0.8
FY 2020	1	1	1	1	0	0	0	0	1	1	0	1	7	0.6
FY 2021	2	2	0	1	1	0	2	2	4	3	1	0	18	1.5
FY 2022	1	3												
SWB Patient Days														
FY 2019	75	44	31	30	31	30	61	93	86	95	109	121	806	67.2
FY 2020	99	61	70	67	49	30	14	0	13	29	19	24	475	39.6
FY 2021	37	77	60	49	50	36	55	60	85	155	117	40	821	68.4
FY 2022	34	81												
CCMC LTC Admits														
FY 2019	2	0	1	0	0	0	0	0	0	0	1	0	4	0.3
FY 2020	0	1	0	0	1	0	2	0	0	0	3	0	7	0.6
FY 2021	0	0	0	0	0	0	2	0	0	0	1	1	4	0.3
FY 2022	0	0												
CCMC LTC Resident Days														
FY 2019	299	278	308	300	310	300	280	310	300	310	300	303	3,598	299.8
FY 2020	310	289	310	293	296	300	301	310	300	309	277	310	3,605	300.4
FY 2021	300	300	298	300	310	299	298	310	300	310	298	309	3,632	302.7
FY 2022	310	280												
CCMC LTC Avg. Census														
FY 2019	10	9	10	10	10	10	9	10	10	10	10	10		9.8
FY 2020	10	10	10	10	10	10	10	10	10	10	9	10		9.8
FY 2021	10	10	10	10	10	10	10	10	10	10	10	10		9.9
FY 2022	10	10												
ER Visits														
FY 2019	31	41	47	54	60	55	68	81	64	43	22	28	594	49.5
FY 2020	35	38	34	23	52	51	49	47	35	35	29	38	466	38.8
FY 2021	38	42	35	44	77	61	74	78	67	34	32	40	622	51.8
FY 2022	38	38												
PT Procedures														
FY 2019	443	423	438	440	381	358	305	352	294	295	321	311	4,361	363.4
FY 2020	404	409	314	218	285	279	201	242	322	363	320	338	3,695	307.9
FY 2021	327	494	646	372	352	444	471	337	413	602	493	310	5,261	438.4
FY 2022	275	459												
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	0.0
FY 2021	25	223	183	49	36	115	174	118	161	350	309	120	1,863	0.0
FY 2022	122	190												
Lab Tests														
FY 2019	330	356	255	361	423	244	404	473	378	310	392	406	4,332	361.0
FY 2020	277	295	233	355	657	1,441	2,229	1,895	1,319	1,084	1,263	1,165	12,213	1,017.8
FY 2021	885	1,010	1,004	805	682	637	1,261	1,115	853	605	614	549	10,020	835.0
FY 2022	825	576												
X-Ray Procedures														
FY 2019	46	48	83	0	0	98	94	79	77	59	59	46	689	57.4
FY 2020	46	49	55	42	52	62	62	58	63	44	47	39	619	51.6
FY 2021	48	50	49	64	64	70	79	86	88	68	53	72	791	65.9
FY 2022	82	63												
CT Procedures														
FY 2019	19	12	13	15	26	11	24	35	21	6	12	19	213	17.8
FY 2020	12	14	13	18	20	23	19	23	22	20	20	20	224	18.7
FY 2021	24	27	26	20	27	32	28	38	25	16	12	22	297	24.8
FY 2022	21	21												
CCMC Clinic Visits														
FY 2019	162	161	144	178	250	205	247	252	207	360	183	173	2,522	210.1
FY 2020	184	193	141	112	121	151	150	150	152	138	128	127	1,747	145.6
FY 2021	125	134	161	157	188	224	265	277	296	452	303	275	2,857	238.1
FY 2022	288	196												
Behavioral Hlth Visits														
FY 2019	62	98	69	60	89	86	82	94	101	148	112	108	1,109	92.4
FY 2020		138	138	124	113	126	98	104	102	115	123	116	1,297	117.9
FY 2021	85	62	65	74	90	96	60	97	50	35	63	76	853	71.1
FY 2022	84	74												



Memorandum

To: CCMC Authority Board of Directors

Subject: 2021 CAH Periodic Evaluation – Annual Report

Date: March 16, 2022

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the 2021 CAH Periodic Evaluation – Annual Report."

To: Cordova Community Medical Center Authority Board

From: Hannah Sanders, CEO

Re: Annual Critical Access Hospital Evaluation for 2021

A review of Cordova Community Medical Center was conducted for the year 2021, 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 behavioral health. We have increased specialty clinics for podiatry and orthopedic surgery in the family practice clinic. We have added new providers including hiring a permanent occupational therapist and permanent physical therapy assistant.

We have seen improvement in hospital utilization since the Covid pandemic. Our long-term care volume has remained stable with an average daily census of 10.

Our average length of stay is 74.6 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 continued to perform quality and process improvement while providing an extensive covid-19 vaccine delivery with minimal additional staff. We are very proud of the providers and staff who are driving our substantial improvements. We improved and implemented several process improvement plans this last year including:

- Contract Review Process
- Infection Prevention for Covid
- Nutritional Services
- Infection Control on Kitchen Sanitation
- Antibiotic Stewardship Program
- Patient education: Test using Teach-Back, a closed-loop communication model
- Prior Authorizations Process
- Lab interface to Electronic Health Record:

- OT Services - Increasing peoples understanding of OT
- Radiology - improving radiologist communication
- Referral Tracking and Trending
- Environmental Services improvement

Consultative services:

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

- Occupational Therapist
- Physical Therapy
- Podiatry
- Orthopedic Surgery

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 an effort to educate and mentor one another based on actual clinical cases, to learn what colleagues and patients experience through the review process. A representative sample consisting of at least 10% of records was 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 15 records were submitted for external peer review.

Services

Each clinical service impacting health and safety, including contract services, was 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. We have added occupational therapy to our rehab services and expanded physical therapy by adding a physical therapy assistant. This will better meet the needs of our community that has a high percentage of individuals with rehabilitation needs. Needing to travel to an outside community for these services creates an undue burden.

Contracted Services

Dietician

Radiology

Tele behavioral Health

Policies and Procedures Summary

The clinical policies were reviewed by the quality management committee which included Hannah Sanders, MD, Paul Gloe, MD Laura Henneker, FMNP, Kelly Kedzierski, RN, Vivian Knop, Eric Price, Barbara 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 2021 we saw increase in our swing bed utilization. This was due to expansion of rehab services as well as the pandemic. As other hospitals managed surges we have accepted patients into swing to assist with outside hospital capacity.

	Hospital	Clinic	LTC	Total	Percent by Payor
Medicare	\$ 2,651,218.74	\$ 153,187.73	\$ -	\$ 2,804,406.47	22.42%
Medicaid	\$ 2,275,937.85	\$ 180,704.39	\$ 3,457,773.57	\$ 5,914,415.81	47.29%
Blue Cross	\$ 774,444.90	\$ 148,868.51	\$ -	\$ 923,313.41	7.38%
Commercial	\$ 2,134,855.20	\$ 400,310.86	\$ -	\$ 2,535,166.06	20.27%
Private Pay	\$ 189,534.53	\$ 55,849.67	\$ 83,290.37	\$ 328,674.57	2.63%
Total	\$ 8,025,991.22	\$ 938,921.16	\$ 3,541,063.94	\$ 12,505,976.32	100.00%

	2020		2021		YOY Variance	YOY %
Medicare	\$	1,749,325.79	\$	2,804,406.47	\$ 1,055,080.68	60.31%
Medicaid	\$	4,896,983.53	\$	5,914,415.81	\$ 1,017,432.28	20.78%
Other Third Party	\$	3,018,387.79	\$	3,794,364.37	\$ 775,976.58	25.71%
Charity Care	\$	13,552.00	\$	36,396.96	\$ 22,844.96	168.57%
Administrative	\$	579,132.15	\$	324,204.60	\$ (254,927.55)	-44.02%
Revenues	\$	9,664,697.11	\$	12,513,186.65	\$ 2,848,489.54	29.47%

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 recognition that hospital capacity may need to be expanded for emergency response, we have reviewed contingency plans to expand our capacity if needed.

2.Volume

Utilization of services was reviewed as outlined in the table below. Overall volume has increased. This is directly a result of the COVID19 pandemic. It is unclear if the pressure for increased hospital utilization and surges will continue into 2022 so volume projections are unlikely to be accurate.

Volume	Current year	Prior year	% Change
Inpatient Admits	46	33	39% Increase
Acute patient days	126	109	16% Increase
Swing Bed patient days	821	475	72% Increase
ER visits	622	466	33% Increase

The volume of outpatient visits for laboratory tests has varied widely over the last 3 years. The numbers are 10,020 for 2021, 12,213 for 2020 and 4,332 in 2019. This is due to the covid-19 pandemic with increased covid-19 testing. Medical Imaging for xray procedures was 791 in 2021 up from 619 in 2020. CCMC completed 297 CT scans in 2021 up from 224 in 2020.

3.Average Length of Stay

The average length of stay for the year was 74.6 hours. The average for all patients in a 12-month period is less than 96 hours.

Average length of stay is tracked and reported monthly to the Utilization Review (UR) Committee. Cases exceeding the 96-hour threshold are reviewed by the medical director, utilization review nurse and the UR committee.

Average Length of Stay	Current year	Prior year
Inpatient average length of stay (days)	2.8	3.1
Number of patients (or %) with LOS of more than 96 hours	6	5
Swing Bed average length of stay (days)	25.9	40.1
Observation average length of stay (hours)	1.3	1.0
Emergency Department Visits	622	466

4. Medical Necessity Reviews

The utilization review nurse or director of nursing screens every inpatient, swing bed and observation patient to determine if provider documentation supports the status. We have begun implementation of utilization review software InterQual. Currently, any issues or questions regarding medical necessity are discussed with Dr. Gloe, the physician advisor, and Kelly

Kedzierski, the utilization review nurse. 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 2020 we had 32 transfers which represented 6.9% of the 466 ED visits that we had in the year. In 2021 we had 47 transfers which represented 7.6% of ED visits.

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 an effort to educate and mentor one another on the basis of actual clinical cases, to learn what colleagues and patients experience through the review process.

In 2021 a total of 99 charts were internally reviewed. 15 cases were sent for external review that were sent as part of our random sample. A total of 112 records were reviewed which is 16% of patient encounters.

2. Chart Review

Chart reviews involve both a concurrent and retrospective process as illustrated below. As a result of the medical record reviews for 2021 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 completed by utilization review staff for appropriateness of admission, continued stay and delivery of Important Message from Medicare regarding observation stays. In addition reviews are done to evaluate documentation related to core measure compliance.

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. Each year the scorecard data is challenging to evaluate as our volume is so low that indicators do not meet statistical significance. 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, was 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: 46 inpatient admissions,

2. Medical Imaging

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

Volume/Activity: 791 Xray and 297 CT scan radiology studies completed

3.Laboratory

Both in-house testing and outside laboratory services are available.

Volume/Activity: 10,020 studies

4.Rehabilitation

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

Volume/Activity: 5,261 visits.

Occupational Therapy offers full panel of services to both inpatient and outpatients.

Volume/Activity: 1,863

5.Outpatient Clinics

Behavioral Health - Sound Alternatives

Volume: 853 visits

6.Family medicine clinic: 2,857 visits which includes nurse visits, and provider clinic visits

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: 10 beds remain at capacity

8.Dietary / Food Service

Patient meals as well as cafeteria and delivered meals for seniors.Volume/Activity: 10,854 LTC Meals, 2941 Hospital, Other meals (includes cafeteria and delivered) 11,803

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 ,tele-neurology and remote radiology. 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 2021, likely secondary to Covid pandemic.

2. Tele behavioral health and Tele Neuro

Contracting Entity: MindCare

Description/Scope including any new services or modalities:

Volume/Activity: Small, pay per use contract for emergency service. Small monthly fee for equipment rental.

3. Dietician

Contracted dietician provides remote monitoring of diets, and nutrition monitoring for hospital and long term care patients. Onsite visits are made at least yearly and remote visits made more frequently.

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

Section 6: Infection Control infection control plan attached

- 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 process improvement projects include:

Contract Review Process: The objective is to make sure that all the annual contract reviews are done for the contracts/agreements, and this will ensure that no contracts lapse. Process evaluations with necessary changes and improvements is ongoing.

Infection Prevention for Covid: Infection prevention on keeping residents, patients, and staff free of Covid 19 with importance of recognizing any signs or symptoms of Covid 19 as well as any breaches in Infection Prevention practices to prevent infection. This includes but is not limited to: monitoring Infection prevention practices such as environmental cleaning; hand hygiene; respiratory etiquette; standard and transmission-based precautions; use of PPE; and

daily screening of all staff and visitors. Process evaluations with necessary changes and improvements is ongoing.

Nutritional Services: The goals of nutritional services process improvement projects is 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. We continue to make sure that we are staffed in a manner that ensures that the nutritional needs to the residents in the community of Cordova are also met by CCMC staff being able to provide meals safely and efficiently directly to their homes or available for pick up per their preference. Process evaluations with necessary changes and improvements is ongoing.

Infection Control on Kitchen Sanitation: To ensure sanitation guidelines are being adhered to in the kitchen we do random surveillance audits and environment of care rounds with educational time outs to ensure all staff understand and maintain sanitation guidelines. Process evaluations with necessary changes and improvements is ongoing.

Antibiotic Stewardship Program: We strive to minimize antibiotic use when not indicated. To ensure this the pharmacist 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 use our EMR for antibiotic use monitoring along with data from cultures to ensure the right antibiotic is being administered. Process evaluations with necessary changes and improvements is ongoing.

Patient education: Test using Teach-Back (a closed-loop communication model, in which the recipient of information repeats the information back to the speaker) with a small group of patients, in hopes of improving patients' understanding of their plan of care both in the hospital and upon discharge. Process evaluations with necessary changes and improvements is ongoing.

Prior Authorizations: We are working on improving our prior authorization process from insurance companies to avoid delays in care which can lead to significant negative clinical outcomes as well as cause denials of coverage from insurance companies and pose unnecessary financial obligations to patients. Process evaluations with necessary changes and improvements is ongoing.

Lab interface to Electronic Health Record: This was a long process that involved linking lab tests from one system to the other, checking any previously built links and updating or fixing each item that was already built in the system to ensure it was working as required. CCMC lab department worked closely with Evident to get reports and test codes, build links and rename items appropriately as needed. Having a lab tech update the test codes, build links, and rename tests was efficient and the best way to get the correct test tied to the Evident test. Once complete, tests can be added or modified with confidence. Ongoing maintenance is required to

keep the interface at its best. Being able to build links on the spot ensures results flow into Evident as they should from the first interface. Process evaluations with necessary changes and improvements is ongoing.

OT Services: Increasing peoples understanding of OT will help to increase referrals to OT. We have had Physical therapy at CCMC for some time, but Occupation therapy has recently been added and we need to increase understanding of what exactly OT does. The Occupational Therapist will provide information to CCMC providers about types of OT services most appropriate when referring patients. The PT referral form was changed to include OT and providers and staff were educated on OT. It takes a bit of time for new services to become part of routine referrals. We will continue to promote OT services when appropriate, both with CCMC providers and specialists. CCMC providers are much more familiar with OT services here now and reach out for clarification when needed. The next step will be introducing those services to the public and specialist offices in ANC that do not travel to CDV. Process evaluations with necessary changes and improvements is ongoing.

Radiology: When sending orders over to the Radiologist the comments are getting cut off and not allowing the Radiologist to get all of the information sent to him or her. The Rad Tech worked closely with IT to determine and test the number of allowable text characters in the order comments box. IT then modified all orders to increase the allowable number of characters to be transmitted. This has been tested and so far, has proven to be a successful quality improvement. Process evaluations with necessary changes and improvements is ongoing.

Referral Tracking and Trending: The goal is maintaining records of referrals on a spreadsheet. Keeping track of phone calls made seeking out referrals for swing bed patients and being able to network with other facilities throughout Alaska requires building good rapport and excellent business relationships with these facilities. By keeping record of referrals, we can see which facilities are more apt to utilize our services and make referrals to us. We have also been able to track and trend where most referrals come from as well as track and trend our efforts to get referrals and which facilities are least likely to utilize our services. Process evaluations with necessary changes and improvements is ongoing.

Environmental Services: 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. Environmental Cleaning dashboards have been created to help guide staff. Random surveillance audits and environment of care rounds with educational time outs are done regularly to ensure all staff understand and maintain a clean and comfortable environment for our residents, patients, and one another. Process evaluations with necessary changes and improvements is ongoing.

Patient Room Cleaning		Enviromental Staff Initial					
Before Entering Room	Sunday Date:	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Saturday Date:
Check Isolation status							
Preform Hand Hygiene							
Don proper PPE							
Place wet floor sign in front of the door							
Check the sharps container(change if needed)							
Empty and clean trash containers							
Patient Bed							
Raise and wipe down arm rails							
Clean bed control							
Wipe head and foot of bed							
Clean mattress							
Clean cords							
Move Clockwise from the door and sanitize all equipment							
Door handles and knobs							
Light switches							
Call box and cords							
Lights above the bed							
Bumpers behind the head of the bed							
Telephone							
Overbed table							
Night stand/ Bedside tables- move items if needed							
Chairs							
Walls							
Window sill and ledges							
Baseboards							
Top of dressers- Move items if needed							
All other wall mounted items- TV and cords, pictures, decorations							
Patient restroom							
Mirror							
Light switches							
Door knobs							
Hand rails							
Sink and counter							
Clean soap and paper towel dispensers							
Wipe shower							
Spot walls							
Clean commode frame and seat cover							
Toilet handle							
Toilet seat, rim and bowl							
Under the bowl							
Before Leaving room							
Remove gloves and preform hand hygiene							
Restock supplies							
Mop floor- behind and under bed, all corners of the room							
Preform hand hygiene							
Make Bed							
Remove wet floor sign after the floor has dried							
Notify Maintenance of any repairs needed							
Weekly Cleaning	Sunday Date:	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Saturday Date:
Window Screen							
Vent cleaning							
Bed frames							

Quality measure reporting and monitoring occurs on the following events:

MRSA Rate
Readmission Rate
Pressure Ulcer Rate
C.difficile (CDI) Rate
CAUTI
PE/DVT Rate
Antimicrobial Utilization/Antimicrobial Stewardship
Opioid Prescribing Practices
Adverse Drug Event Rates (ADE's)
Opioid Related ADE's
Glycemic Related ADE's
Anticoagulation Related ADE's
Sepsis Mortality Rate
Falls
Healthcare Personnel Covid -19 Vaccination Rate
Healthcare Provider Influenza Vaccination Rate
HCAPS
ED through put Time
Chest pain to EKG, Fibrinolytics use
Stroke to CT Scan
Patient leaving Against Medical Advice (AMA)

Section 8: Policy Review

We utilize a cloud-based software for our policy management. CCMC has 786 active policies. Of these 397 policies were revised last year. 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. In future years our intent is to review 100% of LTC policies every year. Hospital only policies will be reviewed every other year.

Section 9: Organizational Plans

All organizational plans have been updated during the past year. Each plan was reviewed and approved by senior leadership, board of directors 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 **July 2, 2021**. We have filed an independent dispute resolution regarding civil money penalty assessment as a result of this survey. We are waiting to learn the outcome of this request. We have had a site revisit and were found to be in substantial compliance effective August 31, 2021.

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.



Memorandum

To: CCMC Authority Board of Directors
Subject: Chris Iannazzone Letter of Interest
Date: 3/21/2022

Suggested Motion: "I move that the CCMC Authority Board of Directors accept the letter of interest from Chris Iannazzone to fill the vacant Board of Director's seat until the March 2023 City of Cordova election."

CCMC Authority Board of Directors

Christopher Iannazzone <iannazzone510@gmail.com>

Mon 3/21/2022 12:42 PM

To: Faith Wheeler-Jeppson <fwheeler-jeppson@cdvcmc.com>; Hannah Sanders <hsanders@cdvcmc.com>

Some people who received this message don't often get email from iannazzone510@gmail.com. [Learn why this is important](#)

Hi Faith and Hannah,

I am writing to express interest in filling a seat on the CCMC Authority Board of Directors.

I have lived in Cordova for 3 years and work at the Cordova Vol. Fire Dept. as an EMT/Firefighter.

I'm interested in joining the board to assist with decision making, learn more about the medical community, and bring my perspective from my current role with the City.

Please let me know if there are any steps I need to take to move forward or if you have any questions.

Thanks,

Chris