



CCMC AUTHORITY BOARD OF DIRECTORS AGENDA
ZOOM MEETING OR TELECONFERENCE
April 28, 2022 at 6:00PM REGULAR MEETING

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

Board of Directors

Linnea Ronnegard	exp. 3/24
Ann Linville	exp. 3/25
Liz Senear	exp. 3/24
Kelsey Hayden	exp. 3/23
Chris Iannazzone	exp. 3/23

CEO

Hannah Sanders, M.D.

OPENING: Call to Order

Roll Call – Linnea Ronnegard, Kelsey Hayden, Liz Senear, Ann Linville, and Chris Iannazzone.

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 ~ None

F. REPORTS OF OFFICERS OR ADVISORS - None

- | | |
|--|---------|
| 1. Board Chair Report | |
| 2. CEO Report | Pgs 1-2 |
| 3. CFO Report | Pgs 3-5 |
| 4. Medical Director's Quarterly Report | Pg 6 |
| 5. Ancillary Services Quarterly Report | Pgs 7-8 |
| 6. Nursing Department Quarterly Report | Pg 9 |
| 7. Sound Alternatives | Pg 10 |

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS

- | | |
|--|-----------|
| 1. Delineation of Privileges for Hannah Sanders, MD | Pgs 11-13 |
| 2. Delineation of Privileges for Myron Fribush, MD | Pgs 14-16 |
| 3. Delineation of Privileges for Wesley Gifford, MD | Pgs 17-19 |
| 4. Delineation of Privileges for Yekaterina Batilova, MD | Pgs 20-22 |
| 5. Delineation of Privileges for Suzanne Newman, MD | Pgs 23-26 |
| 6. Delineation of Privileges for Sean Kalagher, MD | Pgs 27-31 |
| 7. Approval of Medical Staff Bylaws | Pgs 32-63 |
| 8. Generator Compliance | Pgs 64 |
| 9. Election of Officers | Pg 65 |

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 ~ None

L. ADJOURNMENT

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.

CEO Report Board Meeting April 2022

This month we had a one day workshop that our hospital staff joined Ilanka and a consulting group with NVE to discuss the healthcare building size and staffing needs for Cordova over the next 10 years. The two entities continue to work together on health care delivery and future planning. This is important now as we are hopeful to find funding for infrastructure improvements with some of the current opportunities.

We just completed our State Medicaid, Federal Licensure, Emergency Preparedness and our Life Safety Code. While there were deficiencies identified, overall the surveys went well. We are working to correct the identified deficiencies. We have learned, improved and implemented change from this process.

Services:

LTC: We have a full census for our LTC beds. A lot has changed in the infection control processes for long term care. Our staff continue to monitor recommended practices and implement process improvements as needed. This includes changes to staff testing and quarantine guidance, vaccination guidance, and ensuring we allow access to visitors.

ER/ Hospital/SWING: The nurse staffing shortage has continued. We are using direct contracts with traveling staff when we can to avoid paying large agency costs. This takes an extra effort from our nursing leadership and HR.

Clinic: This month we are offering health fair labs that are being primarily sent through the clinic. We continue to encourage wellness exams and preventative care.

Sound Alternatives: Once again we are recruiting for a licensed therapist. We have struggled with staff retention in this department. This is multifactorial. At least part of the problem is companies are offering sign on bonuses and salaries that we are not able to compete with. We will not give up our efforts on this search. The need for behavioral health is very significant right now.

Administrative: The challenges of operating a critical access hospital continue to put pressure on all of us. We are working to get our business office to be appropriately staffed. This year we have had several audits of our billing as well as cost reports from previous years. There is evidence that lack of staff impacted the hospitals' ability to record costs accurately and capture this data for cost report. This has had a negative impact on hospital funding. We continue to work to improve how we capture our costs so that we are accurate and ensure we are getting the correct reimbursement.

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	2.8	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	2												
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	7												
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	0												
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	79												
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	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	310												
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	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	42												
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	551												
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	251												
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	671												
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	64												
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	36												
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	199												
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	83												

CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT
FOR THE 3 MONTHS ENDING 03/31/22

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	----- S I N G L E -----				----- Y E A R T O -----			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
REVENUE								
ACUTE	45,723	60,400	(14,676)	(24)	154,325	173,700	(19,374)	(11)
SWING BED	227,205	198,200	29,005	14	541,049	582,200	(41,150)	(7)
LONG TERM CARE	409,457	407,700	1,757	0	1,179,074	1,183,600	(4,525)	(0)
CLINIC	60,639	70,100	(9,460)	(13)	174,687	201,600	(26,912)	(13)
ANCILLARY DEPTS	233,761	285,900	(52,138)	(18)	707,202	824,700	(117,497)	(14)
EMERGENCY DEPART	200,697	202,100	(1,402)	(0)	464,112	595,500	(131,387)	(22)
BEHAVIORAL HEALT	25,130	21,400	3,730	17	62,846	61,100	1,746	2
RETAIL PHARMACY	123,908	116,600	7,308	6	321,548	334,600	(13,051)	(3)
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PATIENT SERVIC	1,326,525	1,362,400	(35,874)	(2)	3,604,847	3,957,000	(352,152)	(8)
DEDUCTIONS								
CHARITY	4,675	8,450	3,774	44	22,071	24,750	2,678	10
CONTRACTUAL ADJU	211,917	221,400	9,482	4	895,838	638,800	(257,038)	(40)
ADMINISTRATIVE A	48,279	33,700	(14,579)	(43)	101,222	99,200	(2,022)	(2)
BAD DEBT	0	69,000	69,000	100	0	86,000	86,000	100
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DEDUCTIONS TOT	264,873	332,550	67,676	20	1,019,132	848,750	(170,382)	(20)
COST RECOVERIES								
GRANTS	22,814	27,300	(4,485)	(16)	353,839	209,000	144,839	69
IN-KIND CONTRIBU	16,662	15,500	1,162	7	49,868	45,900	3,968	8
OTHER REVENUE	1,058,633	25,000	1,033,633	4134	1,147,537	75,000	1,072,537	1430
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COST RECOVERIE	1,098,110	67,800	1,030,310	1519	1,551,244	329,900	1,221,344	370
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TOTAL REVENUES	2,159,762	1,097,650	1,062,112	96	4,136,959	3,438,150	698,809	20
EXPENSES								
WAGES	474,528	528,900	54,371	10	1,420,968	1,540,300	119,331	7
TAXES & BENEFITS	251,638	233,300	(18,338)	(7)	693,632	677,700	(15,932)	(2)
PROFESSIONAL SER	166,836	93,900	(72,936)	(77)	437,231	270,500	(166,731)	(61)
SUPPLIES	156,732	130,150	(26,582)	(20)	392,722	374,850	(17,872)	(4)
MINOR EQUIPMENT	6,829	4,200	(2,629)	(62)	17,603	12,600	(5,003)	(39)
REPAIRS & MAINT	12,789	22,200	9,410	42	25,774	63,800	38,025	59
RENTS & LEASES	10,522	11,300	777	6	23,644	33,300	9,655	28
UTILITIES	52,949	41,950	(10,999)	(26)	161,243	121,650	(39,593)	(32)
TRAVEL & TRAININ	11,954	4,350	(7,604)	(174)	34,112	12,050	(22,062)	(183)
INSURANCES	15,721	19,200	3,478	18	47,450	55,200	7,749	14
RECRUIT & RELOCA	3,153	4,800	1,646	34	8,508	14,200	5,691	40
DEPRECIATION	53,019	54,900	1,880	3	156,928	160,000	3,071	1
OTHER EXPENSES	28,596	29,650	1,053	3	158,710	86,350	(72,360)	(83)
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TOTAL EXPENSES	1,245,271	1,178,800	(66,471)	(5)	3,578,532	3,422,500	(156,032)	(4)
	-----	-----	-----		-----	-----	-----	
OPERATING INCO	914,490	(81,150)	995,640	1226	558,427	15,650	542,777	3468
NET INCOME	914,490	(81,150)	995,640	1226	558,427	15,650	542,777	3468
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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 03/31/22

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	2,236,894	1,203,428	1,033,466
NET ACCOUNT RECEIVABLE	1,594,026	1,100,076	493,950
THIRD PARTY RECEIVABLE	47,660	700,090	(652,429)
CLEARING ACCOUNTS	75,519	667,606	(592,087)
PREPAID EXPENSES	103,532	97,413	6,118
INVENTORY	494,935	401,225	93,709
	-----	-----	-----
TOTAL CURRENT ASSETS	4,552,569	4,169,840	382,729
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	7,678,256	7,664,341	13,915
EQUIPMENT	9,526,839	8,740,613	786,225
CONSTRUCTION IN PROGRESS	795,236	893,443	(98,206)
	-----	-----	-----
SUBTOTAL PP&E	18,122,342	17,420,407	701,934
LESS ACCUMULATED DEPRECIATION	(13,598,449)	(13,028,524)	(569,924)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	4,523,892	4,391,883	132,009
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(63,750)	(48,750)	(15,000)
PERS DEFERRED OUTFLOW	1,149,806	1,149,806	
TOTAL OTHER ASSETS	1,236,056	1,251,056	(15,000)
	-----	-----	-----
TOTAL ASSETS	10,312,519	9,812,780	499,739
	=====	=====	=====

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 03/31/22

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	205,431	297,948	(92,517)
PAYROLL & RELATED LIABILITIES	835,013	580,291	254,721
PPP LOAN	41,372	41,372	
UNEARNED REVENUE	926,536	2,571,080	(1,644,543)
INTEREST & OTHER PAYABLES	102	(17,980)	18,083
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	168,493	276,690	(108,196)
	-----	-----	-----
TOTAL CURRENT LIABILITIES	7,643,407	9,215,860	(1,572,452)
LONG TERM LIABILITIES			
2015 NET PENSION LIABILITY	6,428,846	6,428,846	
TOTAL LONG TERM LIABILITIES	6,428,846	6,428,846	
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	43,715	43,715	
TOTAL DEFERRED INFLOWS	43,715	43,715	
TOTAL LIABILITIES	14,115,968	15,688,421	(1,572,452)
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(4,380,390)	(6,891,073)	2,510,682
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	558,427	996,918	(438,491)
	-----	-----	-----
TOTAL NET POSITION	(3,803,449)	(5,875,641)	2,072,191
TOTAL LIABILITIES & NET POSITION	10,312,519	9,812,780	499,739
	=====	=====	=====

To: CCMC Board of Director's
From: Paul Gloe, MD
Re: Medical Director Quarterly Report
Date: 4/25/2022

We have had training on how to use the new Ultrasound machine by a visiting ultrasonographer. We will be able to start using it regularly in clinic and hospital/ER settings and will be able to bill even for some of our exams.

The Antibiotic Stewardship Committee has been meeting quarterly and we have really improved on our culture result reporting to providers. The committee is also tracking antibiotics use. We are currently trying to refine the process of using Vancomycin which is an antibiotic commonly used in Sepsis cases, but requires specific monitoring.

The addition of Occupational Therapy has been a huge asset to our inpatient service and has really helped us offer Rehab and Swing Bed services at CCMC.

Lisa Deleat who works as a social worker with the LTC and Inpatient services has been a huge asset to our facility. She will be missed and tough to replace. CCMC has been advertising for someone to fill her role.

We may be losing Lisa, but we have a great new member of the clinic team. Maddy Adams is working at the front desk as the clinic secretary. She has a very positive attitude and friendly demeanor. Patients have given feedback that they appreciate her. She also is very organized, motivated and productive. She has been a real asset to the clinic.

Dr. Fribush will be returning to work in the clinic and hospital setting. He will be starting this June.

We continue our recruitment efforts for an additional full time physician.

The weight loss support group has been a real success. We are currently at week 16 of the 19 week program. It has been a great community outreach project for myself to participate with.

CCMC will also be cosponsoring a bike/run event this May called the Bay to Bay in May. Multiple CCMC employees have volunteered and this will be another positive community outreach event that CCMC will be participating with.

CCMC Authority Board of Director's Quarterly Report
April 20, 2022
Clinic & Ancillary Services
Tamara Russin

Clinic

The Clinic has a full staff with built in support for PTO and added services for the first time since I have been part of CCMC. Maddy Adams is a USCG spouse with experience in patient registration/insurances and is a great addition to the team at the Clinic front desk.

Dr Gray from Alaska Orthopedic Specialists returned to Cordova March 25 and plans to return July 15. He is willing to see Cordova patients via telemed, when possible, and of course in his Anchorage office in the meantime. Dr. Kaufman from Anchorage Foot and Ankle has scheduled her next Cordova visit June 6. Registration and scheduling for these providers is done through their Anchorage offices.

Dr. Batilova, part of the Alaska Neonatology group that includes the other two visiting pediatricians, will be seeing pediatric patients May 24. The other two providers in that group have completed a year of visits with CCMC and are giving Dr. Batilova her turn. Cordova is a favorite place to come!

Second covid booster shots have been authorized for anyone 50+ who received the first booster >four months ago, as well as immunocompromised individuals 18+. Call the Clinic to schedule: 907-424-8200.

CCMC hosted the Medical Group out of Ithaca NY on the nationally-funded NIOSH research project on health issues within the commercial fishing industry April 11-13. The group here in Cordova consisted of a physician, a nurse, and an intake coordinator. They were ecstatic to see 23 fishermen (and had to turn some away) and said this would not be the end of the research. They were happy to visit Cordova and have a great space for the exams.

Lab/Radiology/Rehab Services

The Radiology department has received a Siemens ultrasound machine. Nurses and providers were trained by Siemens staff and CCMC has hired a permanent, full-time radiology technician to cover all the services available: x-rays, CTs, and ultrasounds. We are currently working on getting everything set up for ultrasound capability in the EHR and with a radiology group to be ready to offer services. The new tech is scheduled to begin May 23.

Health Fair labs are currently being offered along with regular lab services March 30-May 6. After a two-year break from the Health Fair due to covid, we have revamped the lab orders to provide better provider oversight. There is a self-ordered option for a lipid panel, vitamin D, and/or blood type order. There is also a provider ordered option to include the regular Health Fair panel (CMP, CBC, lipid panel), TSH, PSA, A1C, Vitamin D and/or blood type. Lab results for the provider orders go directly to the ordering provider. It is hoped these options, along with six weeks of Health Fair pricing, will allow patients time to get labs done in a cost-effective way.

Rehab Services is settled into the new upstairs space. I have checked in with several patients that have been discharged from their rehab plan to see what suggestions they might have regarding the new space. They have offered a couple of creative ideas for replacing the long hallway downstairs often used for gait training and are very appreciative of the new Rehab location and accessibility from the main door. Brittany Vanderwerf, the new permanent, full-time Physical Therapist, begins April 25. This will complete the Rehab Services permanent staff.



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

Date: April 2022
To: CCMC Authority Board of Directors
From: Chief Nursing Officer, Kadee Goss
RE: Nursing Report

April 2022 Nursing Activity Update:

1. Staffing:
 - a. We are continuing to seek out permanent nursing staff. We currently have 5 full time nurses, 2 travel nurses, and 2 casual/as needed nurses.
 - b. All CNA positions are currently filled.
2. Census:
 - a. LTC census is 10 residents. Currently, we have one Swing bed occupied. We have had several acute and observation stays over the last three months, and ten medevacs.
3. The ongoing challenges:
 - a. Filling open positions, we are currently looking for a Case Manager, ER and LTC nurses.
4. Systems being implemented at this time:
 - a. Guardian flight has a computer software that will be installed on the ER computers, at no cost to CCMC, this will help us track the guardian flights coming and going to CCMC.
 - b. CCMC was able to purchase an ultrasound machine through a grant. The ultrasound machine will help providers with fast exams in the ER and help nurses with placing IV's when there is a difficulty. We are working on securing an ultrasound tech at this time to be able to expand what tests can be performed.
5. Quality Projects
 - a. The nursing managers are gathering data each month of any areas that need improvement and reporting the tracked results with the nursing staff. We are working on hitting 100% compliance. A few things we are working to improve include assessment screenings, monitoring fridge temps, and documentation.
 - b. We are updating our annual education and training process for the nursing staff. Ensuring to cover all areas that need annually reviews such as tasks or equipment that may not be used regularly.

Please let me know if there are any questions.

Kadee Goss
CNO

April 2022 Board Report

Community Services

Barb Jewell-Director of Community Services

Behavioral Health

Sound Alternatives had 46 individual clients enrolled in this past quarter, 36 of whom were actively participating in services. The program had 241 visits during this quarter, a 28% increase over last quarter. These increases are due to having a full time clinician and adding a Case Manager and a Peer Support Specialist. Unfortunately as of this writing, our Peer support Specialist and our Case Manager are working through paperwork issues with the state of Alaska and our new clinician has been recruited away. His last day will be May 18th. We are actively recruiting for a temporary and/or permanent clinician.

We continue to see an increase in families seeking support for their children. We have additionally seen an increase in the number of people seeking services due to anxiety. We have seen a slight increase in the requests for crisis intervention. We are also seeing an increase in the number of individuals successfully completing treatment.

CCMC recently signed an MOU with UAA to have graduate students come and shadow throughout the hospital to see how Behavioral Health works in a rural setting. Our first student will arrive May 1st.

We are continuing to work with CFRC to explore where Community Behavioral Health best fits. CFRC received a grant from the Rasmuson Foundation to fund a feasibility study and we have met with Mike Walsh from Foraker to develop a scope of work. The scope of work should be finalized by April 22nd. We are tentatively planning for Foraker to commence work the week of May 9th with an in person visit. We will be working to schedule time with key stakeholders that week. We are additionally working on forming a steering committee to assist with this process.

Developmental Disabilities

Sound Alternatives continues to provide some limited support for individuals with developmental disabilities but are hampered by lack of staff and a very small number of participants (2).

Community Programs

We submitted our continuation application for our Cordova Safe Housing Program. We provided very few shelter nights this quarter which is consistent with past years.

Senior Services

Over the last quarter the Senior Services program provided 3129 home delivered meals and 694 rides. It is of note that the meals are in addition to the approximately 300 meals a week made for the hospital and Long Term Care residents. We are planning to reopen for congregate dining the week of May 9th. We are in the process of developing the advertising for the reopening and look forward to seeing folks in person again!



Memorandum

To: CCMC Authority Board of Directors
From: Administration
Subject: Recredentialing of Hannah Sanders, MD
Date: 04/19/2022

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the recredentialing of Hannah Sanders, MD as presented."



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

PRACTITIONER CREDENTIALING

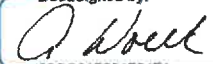
April 28, 2022

Linnea Ronnegard, Chair
Hospital Authority Board
Cordova Community Medical Center
Cordova, AK 99574

Dear Chairperson and Hospital Authority Board,

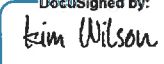
Cordova Community Medical Center has reviewed Hannah Sanders, MD application for privileges to our hospital. In accordance with our medical staff bylaws, the credentialing committee has reviewed the application including practitioner licenses, professional references, and case logs. We recommend Hannah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

Sincerely,

DocuSigned by:

C3CC6AF284FD4FA...
Chief of Staff

04 April 2022 | 9:44 PM CDT

Date

DocuSigned by:

C3BDSF905A90404...
Chief Executive Officer (or Designee)

04 April 2022 | 9:51 AM AKDT

Date

**Cordova Community Medical Center
Request for Clinical Privileges**

Practitioner Name (please print) **HANNAH SANDERS, 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 improvements activities	<input type="checkbox"/>	Peer Review results
<input type="checkbox"/>	Mortality data	<input type="checkbox"/>	Peer Recommendation
<input type="checkbox"/>	Professional performance	<input type="checkbox"/>	Outcomes of procedures and
<input checked="" type="checkbox"/>	Clinical judgement and technical skills in performing procedures and treating and managing patient		

Recommendation:

<input checked="" type="checkbox"/>	Approved as requested
<input type="checkbox"/>	Approve with conditions/modifications (see explanation below)
<input type="checkbox"/>	Deny (see explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:

Approved for full privileges.

DocuSigned by:

Paul Doe

6C24C08B672F40A

Medical Director Signature

04 April 2022 | 9:15 PM AKDT

Date

CCMC BOARD OF AUTHORITY

<input type="checkbox"/>	Approved as requested
<input type="checkbox"/>	Approve with conditions/modifications (see explanation below)
<input type="checkbox"/>	Deny (See explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:

Board of Authority Chair

Date



Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Privileges Myron Fribush, MD

Date: 04/19/2022

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



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

PRACTITIONER CREDENTIALING

April 28, 2022

Linnea Ronnegard, Chair
Hospital Authority Board
Cordova Community Medical Center
Cordova, AK 99574

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed Myron Fribush, 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 Myron Fribush, MD for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:

93CC6AF284F04FA...
Chief of Staff

08 April 2022 | 1:52 PM CDT

Date

DocuSigned by:

A8258C1E5177466...
Chief Executive Officer

06 April 2022 | 2:53 PM AKDT

Date

**Cordova Community Medical Center
Request for Clinical Privileges**

Practitioner Name (please print) Myron Fribush, 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 improvements activities	<input type="checkbox"/>	Peer Review results
<input type="checkbox"/>	Mortality data	<input type="checkbox"/>	Peer Recommendation
<input type="checkbox"/>	Professional performance	<input type="checkbox"/>	Outcomes of procedures and
<input checked="" type="checkbox"/>	Clinical judgement and technical skills in performing procedures and treating and managing patient		

Recommendation:

<input checked="" type="checkbox"/>	Approved as requested
<input type="checkbox"/>	Approve with conditions/modifications (see explanation below)
<input type="checkbox"/>	Deny (see explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:

Approve with full privileges

DocuSigned by:

Paul Gior
6C24CD6B672F40A...

Medical Director Signature

17 April 2022 | 10:39 AM AKDT

Date

CCMC BOARD OF AUTHORITY

<input type="checkbox"/>	Approved as requested
<input type="checkbox"/>	Approve with conditions/modifications (see explanation below)
<input type="checkbox"/>	Deny (See explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:

Board of Authority Chair

Date



Memorandum

To: CCMC Authority Board of Directors

From: Administration

Subject: Approval of Privileges Wesley Gifford, MD

Date: 04/22/2022

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



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

PRACTITIONER RE-CREDENTIALING

PRACTITIONER NAME: Wesley Gifford, MD

CCMC Privileges Board Date: April 2022

The following documents must be obtained as part of the Delegated practitioner application process:

- ☒ Recommendation to the Board for Privileges (CEO and Chief of Staff to Sign)
- ☒ To Board for Approval (Medical Director and Chair of Authority to Sign)
- ☒ Provider (Re)Application
- ☒ CORE Privileges Request for Clinic
- ☒ Copy of current state of Practitioner license
- ☒ Copy of DEA registration for AK
- ☒ Copy of Board Certification –
- ☒ CV
- ☒ CME's
- ☒ AK Background Application
- ☒ NPDB
- ☒ PALS and NRP
- ☒ BLS
- ☒ NPI Number #:1316331341
- ☒ Symplr Application
- ☒ Norcal Application or Certificate of Insurance from Provider



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

PRACTITIONER CREDENTIALING

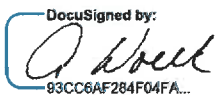
April 28, 2022

Linnea Ronnegard, Chair
Hospital Authority Board
Cordova Community Medical Center
Cordova, AK 99574

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed Wesley Gifford, 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 Wesley Gifford, MD for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:

83CC6AF284F04FA...

Chief of Staff

15 April 2022 | 2:11 PM CDT

Date

DocuSigned by:

A9259C1E5177486...

Chief Executive Officer

17 April 2022 | 10:45 AM AKDT

Date

Memorandum

To: CCMC Authority Board of Directors

From: Administration

Subject: Approval of Privileges Yekaterina Batilova, MD

Date: 04/13/2022

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



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

PRACTITIONER CREDENTIALING

April 28, 2022

Linnea Ronnegard, Chair
Hospital Authority Board
Cordova Community Medical Center
Cordova, AK 99574

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed Yekaterina Batilova 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 Yekaterina Batilova for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:

93CC6AF284F04FA...

Chief of Staff

20 April 2022 | 3:58 AM CDT

Date

DocuSigned by:

A9259C1E5177486...

Chief Executive Officer

20 April 2022 | 6:55 AM AKDT

Date

Cordova Community Medical Center
Request for Clinical Privileges

Practitioner Name: Yekaterina Batilova, 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 improvements 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 judgement and technical skills in performing procedures and treating and managing patient		

Recommendation:

<input checked="" type="checkbox"/>	Approved as requested
<input type="checkbox"/>	Approve with conditions/modifications (see explanation below)
<input type="checkbox"/>	Deny (see explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:

Approve with full privileges

Medical Director Signature  6C24CD6B672F40A...

Date 20 April 2022 | 6:52 AM AKDT

CCMC BOARD OF AUTHORITY

<input type="checkbox"/>	Approved as requested
<input type="checkbox"/>	Approve with conditions/modifications (see explanation below)
<input type="checkbox"/>	Deny (See explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:

Board of Authority Chair

Date



Memorandum

To: CCMC Authority Board of Directors

From: Administration

Subject: Approval of Privileges Suzanne Newman, MD

Date: 04/22/2022

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



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

DATE: 4/28/2022

RE: Suzanne Newman, MD

TO: CCMC Board of Authority Chairperson

Medical Staff Recommendation & Confirmation

Cordova Community Medical Center (CCMC) Medical Staff recommends Facility issue Telemedicine privileges to the added Physician(s), per each Physician's MindCare Solutions Delineation of Privileges.

Medical Staff has:

{ } conducted its own full review of credentials of the added Physicians.

X } relied upon the decisions of Telemedicine Entity.

DocuSigned by:

Paul Gloe

6C24CD6B672F40A...

Authorized Representative of Medical Staff

21 April 2022 | 12:51 PM AKDT

Date

Paul Gloe, MD
Medical Director
Cordova Community Medical Center

DocuSigned by:

Hannah Sanders

A9259C1E5177486...

Authorized Representative of Cordova Community Medical Center

21 April 2022 | 1:04 PM AKDT

Date

Hannah Sanders, MD CEO
Chief Executive Officer
Cordova Community Medical Center

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



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

TELEMEDICINE PRIVILEGES (Delegated)

Telemedicine privileges for consult services are provided by organizations contracted with Cordova Community Medical Center. Process for credential verification and privileges is delegated to the contracted entity. Quality improvement is also monitored and maintained by the contracted entity.

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

- Degree: MD or DO, PA or NP
- Successful completion of a residency or fellowship training program approved by the specialty specific governing board
- Maintain active privileges with a contracted organization, with copy of privileges provided to Cordova Community Medical Center.
- Participate in quality improvement and peer review through contracted organization

Telemedicine privileges may be granted to a practitioner pursuant to credentialing performed by the distant site hospital, distant site telemedicine entity, or through credentialing performed by the Hospital.

If a practitioner's credentialing and privileging are performed under a contractual agreement with a distant site hospital or distant site telemedicine entity and the Hospital terminates its telemedicine agreement with the distant site hospital or distant site telemedicine entity, the practitioner's telemedicine privileges will automatically terminate.

Telemedicine privileges shall be for a period of not more than three years.

CCMC's peer review committee will maintain evidence of its internal peer review of the distant site hospital. CCMC's peer review committee will send information related to all adverse events that result from the telemedicine services provided by the distant site hospital or distant site telemedicine entity practitioner to a Hospital patient and all complaints the

Hospital has received about a distant site hospital or distant site telemedicine entity practitioner. Any information exchanged between the Hospital and a distant site hospital or distant site telemedicine entity in connection with a distant site hospital or distant site telemedicine entity practitioner's credentialing or performance will be handled by the CCMC's peer review committee.

All telemedicine practitioners will be categorized as "telemedicine staff" and will not be eligible to vote or hold office. Practitioners will follow other medical staff or hospital requirements that apply only to practitioners that provide direct patient care.

Please provide a copy of credential and privileges from the contracted organization along with this application.

Acknowledgement of Practitioner

I have requested privileges for telemedicine practitioner in Psychiatry (field of specialty). I have only requested those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise via telemedicine on behalf of Cordova Community Medical Center. I understand that 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.

Suzanne Newman

Practitioner Signature

3/30/2022

Date

Suzanne Newman

Practitioner Print

DocuSigned by:

Hannah Sanders

A9259C1E5177486...

CEO

21 April 2022 | 1:04 PM AKDT

Date

DocuSigned by:

[Signature]

93CC6AF284F04FA...

Chief of Staff or Designee Verification

21 April 2022 | 3:49 PM CDT

Date



Memorandum

To: CCMC Authority Board of Directors

From: Administration

Subject: Approval of Privileges Sean Kalagher, MD

Date: 04/18/2022

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Sean Kalagher, MD, Radiologist with Alaska Imaging Associates as presented."



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

DATE: April 28, 2022

RE: Dr Sean Kalagher MD

TO: CCMC Board of Authority Chairperson

Medical Staff Recommendation & Confirmation

Cordova Community Medical Center (CCMC) Medical Staff recommends Facility issue Telemedicine privileges to the added Physician(s), per Physician's Alaska Imaging Delineation of Privileges.

Medical Staff has:

{ } conducted its own full review of credentials of the added Physicians.

{X} relied upon the decisions of Telemedicine Entity.

DocuSigned by:

Paul Gloe

EC24CD9B072F40A...

Authorized Representative of Medical Staff

12 April 2022 | 6:30 AM AKDT

Date

Paul Gloe, MD

Medical Director

Cordova Community Medical Center

DocuSigned by:

Adam Woelk

03C7C6A2-284FD0A...

Authorized Representative of Medical Staff

14 April 2022 | 6:01 PM CDT

Date

Adam Woelk, MD

Chief of Staff

Cordova Community Medical Center

DocuSigned by:

Hannah Sanders

A9259C1E51774EE...

Authorized Representative of Cordova Community Medical Center

12 April 2022 | 6:42 AM AKDT

Date

Hannah Sanders, MD CEO

Chief Executive Officer

Cordova Community Medical Center

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

~ Healthy People Create a Healthy Community ~



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

PROVIDER NAME: Sean Kalagher, MD

RADIOLOGY PRIVILEGES

Requested

Recommended By CCMC staff

Yes

Interpretation of Radiographs

Yes

Interpretation of CT Scan


Yes

Interpretation of Ultrasound

Yes

Fluoroscopies: including but not
limited to Colon, UGI, Esophagus,
Cholecystograms

Any special procedures as deemed
necessary. Please list:



Signature of Applicant

4/1/2022

Date

DocuSigned by:

6C24CD8B672F40A...

Signature of Medical Director

12 April 2022 | 6:30 AM AKDT

Date

Signature of Chair Board Member

Date



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

TELEMEDICINE PRIVILEGES (Delegated)

Telemedicine privileges for consult services are provided by organizations contracted with Cordova Community Medical Center. Process for credential verification and privileges is delegated to the contracted entity. Quality improvement is also monitored and maintained by the contracted entity.

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

- Degree: MD or DO, PA or NP
- Successful completion of a residency or fellowship training program approved by the specialty specific governing board
- Maintain active privileges with a contracted organization, with copy of privileges provided to Cordova Community Medical Center.
- Participate in quality improvement and peer review through contracted organization

Telemedicine privileges may be granted to a practitioner pursuant to credentialing performed by the distant site hospital, distant site telemedicine entity, or through credentialing performed by the Hospital.

If a practitioner's credentialing and privileging are performed under a contractual agreement with a distant site hospital or distant site telemedicine entity and the Hospital terminates its telemedicine agreement with the distant site hospital or distant site telemedicine entity, the practitioner's telemedicine privileges will automatically terminate.

Telemedicine privileges shall be for a period of not more than two years.

CCMC's peer review committee will maintain evidence of its internal peer review of the distant site hospital. CCMC's peer review committee will send information related to all adverse events that result from the telemedicine services provided by the distant site hospital or distant site telemedicine entity practitioner to a Hospital patient and all complaints the

Hospital has received about a distant site hospital or distant site telemedicine entity practitioner. Any information exchanged between the Hospital and a distant site hospital or distant site telemedicine entity in connection with a distant site hospital or distant site telemedicine entity practitioner's credentialing or performance will be handled by the CCMC's peer review committee.

All telemedicine practitioners will be categorized as "telemedicine staff" and will not be eligible to vote or hold office. Practitioners will follow other medical staff or hospital requirements that apply only to practitioners that provide direct patient care.

Please provide a copy of credential and privileges from the contracted organization along with this application.

Acknowledgement of Practitioner

I have requested privileges for telemedicine practitioner in Radiology (field of specialty). I have only requested those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise via telemedicine on behalf of Cordova Community Medical Center. I understand that 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.


Signed:  Date: 4/1/2022

Print: Sean Kalagher, MD


DocuSigned by:

69CC8A4F2BAF0AFA...
Adam Woelk, MD

14 April 2022 | 6:01 PM CDT

DocuSigned by:

6C24CD8B872F40A...
Paul Gloe, MD

12 April 2022 | 6:30 AM AKDT

DocuSigned by:

A9258C1E5177488...
Hannah Sanders, MD CEO

12 April 2022 | 6:42 AM AKDT



Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of updated Med Staff Bylaws

Date: 4/13/2022

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the updated Medical Staff Bylaws as presented.”

MEDICAL STAFF BYLAWS PREAMBLE

Recognizing that the Medical Staff is responsible for the quality of medical care in the Cordova Community Medical Center, and must accept and assume this responsibility, subject to the authority of the Governing Body and that the best interest of the patient are protected by concerted effort. The providers practicing at Cordova Community Medical Center hereby organize themselves in conformity with the bylaws, rules, and regulations hereinafter stated.

For the purpose of these bylaws, the term "Medical Staff shall be interpreted to Include all providers who are privileged to attend patients in Cordova Community medical Center, and the term "active shall be interpreted to include all member providers categorized as Active Medical Staff. A "Licensed Independent Practitioner is, as defined by the State of Alaska, any clinical practitioner who can practice independently under State of Alaska law to include Medical Doctor (M.D.), Doctor of Osteopathic Medicine (D.O.), Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, and Podiatrist.

ARTICLE I PURPOSE

The purpose of the Medical Staff Bylaws shall be:

1. To ensure that all patients admitted and treated at Cordova Community Medical Center receive the best possible care, appropriate to our unique setting and available resources;
2. To provide a means whereby problems of the medical-administrative nature may be discussed by the Medical Staff with the governing body and the administration; and
3. To initiate and maintain rule and regulations for government of the Medical Staff.

For the purpose of these bylaws, the Medical Staff year commences on the first (1st) day of January and ends on the thirty-first (31st) day of December of each year.

ARTICLE II MEMBERSHIP

SECTION 1. Membership Qualifications:

Membership on the staff of Cordova Community Medical Center is a privilege which shall be extended only to those practitioners legally licensed to practice in the State of Alaska who strictly meet and continue to meet the standards and requirements set forth in these bylaws and can document that they are qualified to provide high quality patient care, treatment and services within the scope of the Privileges requested, including but not limited to:

Proof of:

- Their specific relevant experience, background, training, and demonstrated current competence, with training being verified with the primary source;
- Adherence to the ethics of their profession;
- Good character and professionalism;
- Their ability to work harmoniously with others;
- Clinical performance information sufficient to convince the Governing Body that the applicant has adequate
- Current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills and professionalism so that patients treated by them in the hospital will receive appropriate medical care, and that the Hospital and Medical Staff Will be able to operate in an orderly manner; professional liability claim history;
- Evidence that they have not been involuntarily excluded from, denied, or removed from, participation in any health care program funded by the federal government or any state health care program, including but not limited to Medicare or Medicaid;
- That they carry professional liability insurance carrier qualified to do business in the State of Alaska; current valid licensure and outcome of any (1) state licensing or regulatory disciplinary complaints or proceedings, or (3) any medical staff adverse actions, involving the Practitioner: and the absence of any pending complaints, proceedings or investigations. Provide an adequate number of acceptable reference letters, including Information from peers in the same professional discipline, from independent sources in accordance with standards set by the Governing Body, which recommendations shall include written information regarding the applicant's current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism.

Only practitioners who meet the above requirements and who assure in the judgment of the Governing Body that any patient admitted to or treated in the Cordova Community Medical Center will be given the best possible care and professional skill, shall be and remain qualified for membership to the Medical Staff.

SECTION 2. Terms of Appointment:

Appointments shall be made by the Governing Body after recommendations of the Medical Director and shall be for a period of three (3) years or until the end of the Medical Staff three (3) year period. Before the end of the Medical Staff three (3) year period, the Medical Director shall submit to the Health

Services Board, through Medical Staff Services Committee, the recommendation for reappointment of a member to the Medical Staff for an additional three-year period, together with recommendations concerning the privileges to be accorded such member.

Appointments to the Medical Staff shall confer on the appointees only such privileges as may be provided in these bylaws, rules, and regulations of the Medical Staff. Applicants for active membership shall practice within the Medical Center and agree to accept staff committee assignments within reason, as well as provide emergency and inpatient care and consultation for any patients admitted to the Cordova Community Medical Center, in accordance with said rules and regulations.

SECTION 3. Procedure for Appointments:

Any practitioner, in applying for membership must: Signify willingness to appear before the Medical Staff.

The applicant Authorizes CCMC to consult with any and all members of the medical staffs with which the applicant was or is a member, concerning the applicant's professional qualifications and competence. The applicant further authorizes CCMC to contact other persons or Entities that may have information bearing on the applicant's competence or ethical qualifications and to inspect any records at any previous medical facility where the applicant held privileges, which would be material to an evaluation of the applicant's professional qualifications and competence to carry out the privileges requested. Provide all the

Information required in section 1. Including 2 references who have worked extensively with the applicant and can provide reliable information regarding the applicant's skill, judgment, and professionalism. The burden at all times remains on the applicant to establish competence and qualification to exercise privileges. Provide a statement whereby the practitioner agrees that when adverse action decisions are made with respect to staff appointment, staff status, and/or Privileges, they will exhaust the administrative remedies afforded by these bylaws before initiating any other action. Have professional liability coverage in the amount of at least \$1 million per claim and \$3 million per year aggregate. Have completed an American Board of Medical Specialty approve post graduate residency program. Immediately inform the hospital of any change in status of their application after submission of the initial application. Sign an agreement acknowledging they have read and will comply with these medical staff bylaws.

The Medical Staff Services Committee shall forward the application, information, and references to the Medical Director for consideration. The Medical Director shall investigate the character, professional competence, qualifications, and ethical standing of the applicant to exercise the privileges requested, and shall verify, through reference given by the Applicant and other available sources, that he/she meets and has established all the necessary qualifications set forth in these Bylaws. As a condition of appointment, the Medical Staff may require an exemption of the applicant's physical or psychiatric status.

Within sixty (60) days after receipt of the completed application for membership by a provider, the Medical Director shall make written recommendations to the Governing Body, through Medical Staff Services Committee, that the application be provisionally accepted, deferred, or rejected. Any recommendations for initial provisional appointments may include probationary conditions relating to privileges. When a recommendation is made to defer for further consideration or investigation, it must be followed up within sixty (60) days by a recommendation to accept or reject the applicant. The Administrator shall notify the applicant by mail of any recommendation to reject or defer consideration of the applicant within ten (10) days after such decision is made.

The Governing Body at its next regular meeting after receipt of the final report and recommendations of the Medical Director on any initial application for membership, shall consider same and may accept the recommendation of the Active Staff or refer it back for further consideration, stating the reasons for such action, requiring a report back from the Medical Staff within sixty (60) days. Within thirty (30) days after its receipt, the Health Services Board shall make a final decision therein. In the event the Health Services Board's decision is contrary to the recommendations of the Medical Staff, the Health Services Board shall first submit the matter to the joint conference committee for recommendation.

When the Governing Body has taken final action on any application for membership on the Medical Staff, the Board, acting through the administrator, shall notify the applicant of the action taken. If the applicant is provisionally accepted, the administrator shall secure his/her signed agreement to be governed by the bylaws and rules and regulations.

SECTION 4. Procedure for Reappointments:

1. At least sixty (60) days prior to the termination of the Medical Staff three year period, the active staff shall undertake a review of all information available on the then members of the Medical Staff, for the purpose of determining justification for their reappointment to the Medical Staff for the ensuing three year period. Specific consideration shall be given to each member with respect to professional competency and specifically a review of their peer review results including clinical judgment in the treatment of patients, ethics, conduct, attendance at Medical Staff meetings, participation in medical staff affairs, cooperation with Cordova Community Medical Center authorities and personnel, use of Cordova Community Medical Center facilities for his/her patients, relations with other staff members, general attitude toward his/her practice, patients, the Cordova

Community Medical Center and the public generally. All requirements of initial appointment with regard to clinical competency, malpractice insurance, state licensing, board status and care for patients must be maintained. As a condition for appointment or continuation of privileges, the Medical Staff Committee may require an examination of the staff member's physical or psychiatric status.

2. At least thirty (30) days prior to the termination of the medical staff three-year period, the Medical Director shall make its recommendations to the Governing Body recommending the reappointment or non-reappointment of privileges (including increases or restrictions) of each member of the Medical Staff for the ensuing three- year period. Where non-reappointment, or restriction of privileges is

recommended or a requested increase in privileges is not recommended, the reasons therefore shall be stated.

3. The performance review shall include the following areas:

- (a) Professional competence and clinical judgment in the treatment of patients; this must include peer review of at least 10 inpatient or Emergency room charts per year for regular active staff.
- (b) Review of quality assurance committee documents, incident reports, and other similar information;
- (c) Comparison of the practitioner's performance with that of his other peers;
- (e) Review of reprimands, restrictions, malpractice allegations, or reduction of privileges;
- (f) Compliance with the Medical Staff bylaws, rules, and regulations;
- (g) Participation in continuing medical education;
- (h) Ability to cooperate with and relate well to other practitioners, patients, medical center staff, and consultants;
- (i) Ethics, conduct, and general attitude towards patients, medical center staff, and the medical center;
- (j) Attendance records at Medical Staff meetings and participation in staff affairs, including other patient care meetings that are a part of the Medical Center Staff functions; and
- (k) Physical or psychiatric status when, in the opinion of the committee, examination or consideration of such status is warranted.



SECTION 5. Determination of Privileges:

1. Determination of initial privileges shall be based upon an applicant's training, experience, and demonstrated competence. Privileges shall be delineated with completion of the credentialing forms and approval by the Medical Director and the Governing body.
2. Determination of extension of further privileges shall be based upon an applicant's training, experience, and demonstrated competence which shall be evaluated by review of the applicant's credentials, direct observations by the Active Medical Staff, and review of reports, as provided in Article II, Section 2, of these bylaws.

SECTION 6. Emergency and Temporary Privileges:

Locum Tenens: Upon recommendation of the Chief of Staff, to fulfill an important patient care, treatment and service need, the Chief Executive Officer may permit a physician serving as a locum tenens for appointment to the Medical Staff, to attend patients for a period of not to exceed sixty-five (65) days, provided there is verification of current licensure, relevant training and current competence and all of his/her credentials have been approved by the Chief of Staff, and all applicants will act under the supervision of the Medical Director. All applicants will complete a regular application for regular appointment to the Medical Staff and will be entitled to vote, hold office and serve on committees when that is approved.

Emergency or Disaster Situations: During disasters in which the emergency management plan has been activated and the organization is unable to meet immediate patient care needs, the Chief Executive Officer or Medical Director may grant disaster privileges on a case by case basis. Before granting Privileges to an individual the Designated Officer shall require a valid government photo identification and evidence that the person is capable to provide care. This may include primary source verification of a medical license, a picture hospital identification card which indicates they are a provider, federal or state identification that they are a member of a disaster medical assistance team as a care provider. The Medical director shall be responsible for overseeing and verification of the credentialing and Privileges of those who receive disaster privileges. Individuals shall only be granted privileges for the minimum time required and shall be required to wear a badge that identifies that they have Disaster Privileges. Except in unusual cases, primary source verification of licensure and qualifications to practice medicine shall be accomplished in 72 hours.

SECTION 7. Leave of Absence and Reappointment:

Any member of the Active Staff may request, in writing, a leave of absence for a period not to exceed the present term of appointment or two years, and such request may be recommended by the Active Staff to the governing body. Such member may apply for reappointment and be considered in a manner similar to a reappointment, upon the submission of a written report or other documentation of his/her professional or other activities during the absence.

SECTION 8. Release of Information:

1. All applicants, as well as members of the Medical Staff, consent to the release of information for any purpose set forth in these bylaws and release from liability and agree to hold harmless any person or entity furnishing or releasing such information concerning his/her application or Medical Staff status.

2. National Practitioner Data Bank:

- (a) A physician or other health care practitioner who applies for appointment to the Medical Staff authorizes the medical center to request information from the National Practitioner Data Bank. The

applicant agrees and understands that the medical center shall, at minimum. Request information from the data bank every three years.

(b) The medical staff agrees and understands that the medical center must report information to the National Practitioner Data Bank including:

- Malpractice payments: each person or entity, including a medical malpractice insurer that
- Makes a payment under an insurance policy, self-insurance, or otherwise on behalf of a practitioner
- In the settlement or in satisfaction in whole or in part of a claim or a Judgment against such practitioner must report that information to the data bank;

Professional review actions based on:

- Any professional competence or professional conduct that adversely affects the privileges of a provider or dentist for a period longer than 30 days, and
- Acceptance of a provider's or dentist's voluntary surrender or restriction on clinical privileges while under investigation for possible professional incompetence or improper professional conduct; and
- License actions by the state medical or dental boards, including revocation, suspension, Censure, reprimand, probation, or surrender.

Note: No adverse action by the medical center will be reported to the National Practitioner Data Bank until all avenues of appeal under the Fair Hearing Plan are exhausted, and the Board has made a final decision unless otherwise required by law.

ARTICLE III

CATEGORIES OF THE MEDICAL STAFF SECTION

1. The Medical Staff:

The Medical Staff shall be divided into honorary, consulting, active, community, telemedicine, and provisional groups.

SECTION 2. The Honorary Medical Staff:

The Honorary Medical Staff shall consist of providers who are not active medical staff at the Medical Center and who are honored by emeritus positions. These may be: (a) providers who have retired from active medical staff service or (b) providers of outstanding reputation not necessarily resident in the community.

The Honorary staff is not eligible to vote or hold office, ordinarily does not admit patients, and shall have no assigned duties.

SECTION 3. The Consulting Medical Staff:

The Consulting Medical Staff shall consist of providers of recognized professional ability who are active in the medical center or who have signified willingness to accept such appointment. The duties of the members of the consulting staff shall be to give their services in the care of patients on request of any member of the active Medical Staff.

SECTION 4. The Active Medical Staff:

The Active Medical Staff shall consist of licensed Independent Practitioners practicing within all areas of the Cordova Community Medical Center and who have been appointed to carry out the functions and responsibilities of the Medical Staff and to admit and attend patients in all areas of the medical center (Emergency room, Acute care, Intensive Care, nursing home and the outpatient clinics). The active Medical Staff shall be eligible to vote and hold office.

Members of the active Medical Staff shall be required to attend Medical Staff meetings as provided in Article VI, Section 4, of these bylaws.

SECTION 5. Community Based members:

Each appointee to the community Based Staff shall be a practitioner and shall.

- (1) Meet the requirements set forth in these bylaws and Hospital's policy and procedures;
- (2) Be a practitioner with an active office based practice in the Hospital's service area; and
- (3) Provide continuous care or arrange coverage for their Extended care (nursing home patients) and
- (4) May order labs, radiology tests as well as physical therapy, occupational therapy and other services provided for by the CMCC. An active staff member is required to attend all patients admitted to acute care or the Emergency Room.

(5) Are not required to attend Medical Staff meetings, may not vote at Medical Staff meetings and may not hold a Medical Staff office unless requested to do so by the Chief of Staff, Administrator, or the Governing Body.

SECTION 6. Locum Tenens Staff:

1. The locum tenens staff consists of providers who substitute for active staff physicians or who are hired by the medical center on a temporary basis. Locum tenens privileges are in accordance with 6.1 above. When Locums applications have been approved by the Governing Body they may become members of the active medical staff.
2. Locum tenens providers are required to attend Medical Staff meetings. Locum tenens providers may not vote at Medical Staff meetings and may not hold a Medical Staff office. Unless requested to do so by the Chief of Staff, Administrator, or the Governing Body.

SECTION 7. Allied Health Professionals:

1. The allied health staff consists of non-physician health professionals and licensed practitioners who provide care to patients at this medical center. The allied staff may include psychologists, optometrists, and masters of social work, occupational therapy, physical therapists, and pharmacist who have been granted limited privileges at the medical center depending on their scope of practice. Allied health professionals that only practice under an attending providers orders are not required to apply for allied health professional privileges. Physician Assistants will function within their collaborative agreements. Allied staff privileges are recommended by the Medical Staff committee of the whole and granted by the board.

2. Allied staff members may be requested to attend Medical Staff meetings, and may serve on Medical Staff or other medical center committees at the discretion of the Chief of Staff or Medical Director.

3. A Licensed Independent Practitioner must approve all orders of an allied staff member, (except a Physician Assistant who functions within his or her collaborative agreement.) including orders for admission, laboratory orders and radiology orders, unless otherwise determined by the board upon the recommendation of the Medical Staff committee of the whole. An active medical staff member shall be responsible for the care of every patient treated at the medical center by an allied staff member.

SECTION 8. Dentist or Podiatrist:

A dentist or podiatrist who is a graduate of a recognized school of their specialty and who is otherwise eligible may be appointed to this category. Dentists or podiatrists may admit patients to the

Medical Center providing that an attending Licensed Independent Practitioner that is a member of the medical staff is responsible for the patient's workup and medical care.

SECTION 9. Telemedicine Staff:

1. Qualifications. Telemedicine Staff shall consist of practitioners who provide diagnostic or treatment services to Hospital patients via telemedicine devices. Telemedicine devices include Interactive real time (synchronous) or near real time (asynchronous] two-way transfer of medical data and patient. Telemedicine includes ICU, Tele radiology and tele psychiatric consults. Telemedicine devices do not include telephone or electronic mail communications between practitioner and patient. Telemedicine Staff members must:

- (a) Continuously satisfy the qualifications for Medical Staff membership set forth in Cordova Community Medical Center Medical Staff Bylaws;
- (b) Apply for Membership and for reappointment. Except as identified in Section 10 3.Delegated Credentialing.

2. Prerogatives. Telemedicine Staff members may:

- (a) Exercise those clinical privileges that have been approved;
- (b) Attend meetings of the Medical Staff, but shall have no right to vote at such meetings and may not hold office on the Medical Staff; and
- (c) Serve on committees and vote on committee matters, but may not serve as committee chair. Center Medical Staff

Bylaws, Telemedicine Staff members must:

- (i) Contribute to and participate equitably in Medical Staff functions, at the request of the department chair or Medical Staff officer, including: contributing to the organizational and administrative activities of the Medical Staff, such as quality improvement, risk management and utilization management; serving in Medical Staff and department offices and on Hospital and Medical Staff committees; participating in and assisting with the Hospital's medical education programs; proctoring of other practitioners; and fulfilling such other functions as may reasonably be required.
- (ii) Consult with other members consistent with his or her delineated privileges.
- (iii) Pay applicable Medical Staff application fees, dues, and assessments in amounts specified by Medical Staff rules.

3. Delegated Credentialing. The Medical Staff may satisfy its obligations to credential members of the Telemedicine Staff by relying upon delegated credentialing consistent with appropriate accreditation requirements, notwithstanding any contrary provisions of these Bylaws. The delegated credentialing body must agree in writing to fulfill the following requirements;

- (a) Determine in accordance with state law, which practitioners are eligible candidates for medical staff privileges or membership at the telemedicine entity.
- (b) Appoint members and grant medical staff privileges after considering the recommendations of the existing medical staff.
- (c) Assure the medical staff has bylaws
- (d) Approve its medical staff bylaws and other medical staff rules and regulations,
- (e) Ensure the medical staff is accountable to the distant (CCMC's) site's governing body for the quality of care provided to the patient's
- (f) Ensure the criteria for granting privileges to an individual are the individual's character, competence, training, experience, and judgement.
- (g) That in no circumstance Will membership be solely based on certification, fellowship or board member status.
- (h) They must agree to provide CCMC medical director of any adverse action taken or planned against any provider credentialed at CCMC whether or not the action related to services provided here.
- (i) Review input from CCMC on the quality and performance of telemedicine providers that have provided services to CCMC

4. Telemedicine Privileges Special Rule. The Medical Staff shall recommend the clinical services in the center to be provided by telemedicine. For any physician required to be credentialed and/or privileges according to accreditation body standards, subject to review by the quality committee and final governing body approval, may establish a policy for allowing credentialing and/or privileging of physicians who are not considered members of the Medical Staff and may waive some criteria for credentialing and privileging that are otherwise required under these bylaws. Any such policy must satisfy Alaska licensure requirements, if any, and hospital accreditation standards.

ARTICLE IV

MEDICAL STAFF SERVICES AND FUNCTIONS

SECTION 1. Clinical Services:

1. PERSONNEL QUALIFIED TO PERFORM MEDICAL EXAMINATIONS:

(a) The following are designated as qualified medical personnel to perform emergency medical examinations once clinical privileges have been granted either temporarily or permanently.

- (i) Physicians, Physician Assistants, and Advanced Nurse Practitioners.
- (ii) Emergency Room Registered Nurses and Sexual Assault Nurses who meet job description criteria, and have completed orientation, which includes successful completion of a medical screening examination Competency test, may perform the medical screening in accordance with Emergency Department Policy and Procedures.
- (iii) Only a physician may complete "Certification of False Labor" and "Transfer of Patient in Early Labor". RN's are to notify the on-call physician or the patient's personal physician for any pregnant patients. Only physicians may perform OB medical screening exams.

(b) Pregnant patients presenting with <20 weeks gestation or with non-obstetrical complaints, may be seen in the ER for their medical screening examination. Pregnant patients >20 weeks will be evaluated by a physician.

SECTION 2. Function:

The active staff shall perform and be responsible for the following functions:

1. The Medical Record Review Function shall be to supervise the review of the medical records for the required standards of accuracy, timeliness, completeness, clinical pertinence, and legibility. This review is performed through the Peer Review and is to assure that a representative sample of records reflects the clinical pertinence of the medical record, including specific information relating to the diagnosis, diagnostic test results, therapy rendered, the patient's condition, and in progress in the patient's condition at discharge.

2. Blood Usage Review Function shall be to evaluate the appropriateness of all cases in which patients were administered transfusions, to identify opportunities to improve processes or patient outcomes, and include:

- (a) All confirmed transfusion reactions
- (b) Ordering practices for blood and blood components distribution, handling, use, and administration of blood and blood components
- (c) Adequacy of transfusion services to meet the needs of patients treated at the Medical Center
- (d) This is reported quarterly by the Director of the Laboratory.

3. Medication Usage Evaluation Function shall be to monitor, assess, and evaluate the prophylactic, therapeutic, and empirical use of medications in this facility to assure they are provided appropriately, safely, and effectively. The Pharmacy/Therapeutics Committee will perform quarterly reports to assist in this function.
4. Provide call coverage as directed by the Medical Director to cover medical Emergencies.

ARTICLE V OFFICERS AND COMMITTEES

SECTION 1. Officers:

The officers of the Medical Staff shall be the Chief of Staff and Medical Director. The Medical Director shall be appointed by the Administrator. The Chief of Staff shall be elected at the January meeting of the staff and shall hold office until the next January meeting or until successor is elected. Election shall be by open voting of active staff members.

1. Medical Director shall be responsible for the functioning of the clinical organization of the Medical Staff. He/She will ensure all Medical Staff practicing at the medical center have proper credentials and privileges and proper evaluations. He/She will oversee the organization and facilitation of specialty clinics. The Medical Director will be in charge of overseeing the peer review process. He/she will arrange continuous provider call coverage from active medical staff to handle medical Emergencies, attend to all correspondence, facilitate the budget process, and facilitate the allotment of continuing education resources. He/She will participate in establishing policies, procedures, and guidelines designed to ensure the provision of adequate, comprehensive medical services He/she will assist in arranging for continuous provider coverage to handle medical emergencies. Specifically he/she will oversee the Infection Control committee and Employee Health Program as directed by the Regulations for Long Term Care Facilities and ensure adequacy and appropriateness of medical care provided to long term care residents.

2. Chief of Staff: Shall be responsible for the careful supervision over the clinical work at the Medical Center. He/She shall call and preside at all meetings. Grievances and disciplinary actions regarding medical staff will be the responsibility of the Chief of Staff to coordinate. He/she shall perform such other duties as ordinarily pertain to his/her office. He/she shall also keep accurate and complete minutes of all the Medical Staff meetings.

SECTION 2. Committees: Standing Committees

1. Quality Management Committee - All members of the Medical staff may participate in the committee's function of oversight responsibility for performance improvement activity monitoring, assessment, and evaluation of patient care service provided throughout the facility.
 2. Pharmacy and Therapeutics Committee -All members of the Medical Staff with consultation of the consulting pharmacist perform the following committee functions:
 - (a) Develop, maintain, and review activities of the drug formulary.
 - (b) Develop and/or approve policies and procedures relating to the selection, distribution, handling, use, and administration of drugs and diagnostic testing material.
 - (c) Oversee the safe administration of drugs and biologicals throughout the institution.
 - (d) Evaluate protocols concerned with the use of investigational or experimental drugs.
 - (e) Review all significant untoward drug reactions.
 - (f) Analyze the outcome of the medication usage evaluation.
 3. Infection Control Committee -The Medical Director oversees the functions of the Infection Control Committee, which approves actions to prevent or control infection based on an evaluation of the surveillance reports of infection control performance, outcome indicators, and of the infection potential among patients and facility personnel.
 4. Employee Health - The Medical Director oversees the functions of the Employee Health processes to maintain updated health information on all employees and keep current with the regulatory requirements for immunizations, blood-borne exposure events, and employee communicable disease surveillance.
- Ad Hoc: Committees:
5. Utilization Review Committee - Medical Staff member oversees the monitoring, assessing, and evaluation of the utilization of facility resources in an effort to reduce over utilization and improve the efficiency of the facility services. Medical record review is performed as part of this committee's functions.
 6. Ethics Committee - Medical Staff member directs the function of this committee to provide consultation recommendations regarding ethical issues surrounding patient care issues when requested.
 7. Management of Information Committee - A Medical Staff member assists in evaluating, assessing, and recommending policy and procedure development, maintenance and performance Improvement.

ARTICLE VI MEETINGS SECTION

1. The Annual Meeting:

The annual meeting of the Medical Staff shall be the January meeting. At this meeting, the retiring officers shall make such reports, officers for the ensuing year shall be elected, and recommendations for appointment to the various categories of the Medical Staff and assignment of privileges shall be made.

SECTION 2. Regular Meetings:

The Medical Staff shall meet quarterly and not less than four times in each year. Meetings may be held more frequently when deemed necessary.

SECTION 3. Special Meetings:

Special meetings of the Medical Staff may be called at any times by the Chief of Staff, at the request of the governing body, or any member of the active Medical Staff. At any special meeting, no business shall be transacted except that stated in the notice posted on the bulletin board of the Medical Center and Long Term Care Facility at least 48 hours before the time set for the meeting.

SECTION 4. Attendance at Meetings:

1. Active staff attendance shall average at each meeting at least Sixty (60%) percent of active staff who are not excused by the Chief of Staff for Just cause. Absence from more than one- half of the regular meetings for the year, unless excused by the Chief of Staff or just cause such as sickness shall be considered as resignation from the active Medical Staff and shall automatically place the absentee on the courtesy or community Medical Staff.

2. Reinstatement of members of the Active Medical Staff to positions rendered vacant because of absence from meetings may be made on application, the procedure being the same as in the case of original appointments.

3. Members of the honorary, consulting, and community categories of the Medical Staff shall not be required to attend meetings, but it is expected that they will attend and participate in these meetings unless unavoidably prevented from so doing.

SECTION 5. Quorum:

Sixty-six percent (66%) of the total membership of the active Medical Staff shall constitute a quorum.

SECTION 6. Agenda:

The agenda at any regular meeting shall be:

1. Business:

(a) Call to order

- (b) Acceptance of the minutes of the last regular and of all special meetings
- (c) Unfinished business
- (d) Communications
- (e) New business

2. Medical

- (a) Credentials (at least every 3 years, 60 days prior to the end of the Medical Staff year)
- (b) Medical Record Review Report (quarterly)
- (c) Blood Usage Review Report (quarterly)
- (d) Significant Critical Care Event Review (quarterly) (e) Utilization Review Report (quarterly)
- (f) Medication Usage Evaluation Report (quarterly)
- (g) Discussion and recommendation for improvement of the professional work of the Cordova Community Medical Center
- (h) Adjournment

3. Special Meetings Agenda

- (a) Reading of the notice calling the meeting
- (b) Transaction of the business for which the meeting was called
- (c) Adjournment

ARTICLE VII CORPORATE COMPLIANCE

The members of the Medical Staff shall conduct themselves in the highest ethical tradition. Specifically, Provider members shall agree to abide by the Code of Conduct adopted by Cordova Community Medical Center and all amendments thereto. Providers will participate in internal compliance audits and maintain active involvement with compliance activities.

ARTICLE VIII FAIR HEARING PLAN

SECTION 1. DEFINITIONS:

The following definitions apply to the provisions for the Fair Hearing Plan.

- (a) Appellate Review Body means the group designated under this plan to hear a request for appellate review properly filed and pursued by a practitioner, namely the Health Services Board.
- (b) Hearing Committee means the committee appointed under this Plan to hear a request for an evidentiary hearing properly filed and pursued by a practitioner.
- (c) Parties mean the practitioner who requested the hearing or appellate review and the body or bodies upon whose adverse recommendation or action a hearing or appellate review request is predicated.
- (d) Practitioner means the applicant or Staff member against whom an adverse action has been recommended or taken. (e) Special Notice means written notification sent by certified or registered mail, return receipt request, or by personal delivery
- (f) Medical Staff means Medical Staff of Cordova Community Medical Center.

SECTION 2. INITIATION OF HEARING:

1. Triggering Events

- (a) Recommendation or Actions: The following recommendations or actions, as recommended by the Medical Staff, or as taken by the Board entitle the practitioner to a hearing upon timely and proper request
 - (i) Denial of initial Staff appointment
 - (ii) Denial of reappointment
 - (iii) Suspension of Staff membership
 - (iv) Revocation of Staff membership
 - (v) Denial of requested appointment to or advancement in Staff category
 - (vi) Reduction in Staff category
 - (vii) Suspension or limitation of the right to admit patients or of any other membership prerogative directly related to the practitioner's provision of patient care
 - (viii) Denial of requested department or other clinical unit affiliation
 - (ix) Denial or restriction of requested clinical privileges
 - (x) Reduction in clinical privileges
 - (xi) Suspension of clinical privileges

(xii) Revocation of clinical privileges

(xiii) Individual application of, or individual changes in, mandatory consultation requirements. The issuance of a warning, a letter of admonition, or a letter of reprimand; the denial, termination, or reduction of provisional and temporary privileges; and any other actions except those specified herein shall not entitle a staff member to a hearing or appellate review.

2. Notice of Adverse Recommendation or Action: The Administrator promptly gives the practitioner special notice of an adverse recommendation or action taken pursuant to Section 2.1.a.

The notice:

(a) Advises the practitioner of the recommendation or action, including with some specificity, the reasons for the recommendation or adverse action, and of his/her right to request a hearing pursuant to the provisions of the Medical Staff Bylaws and this Fair Hearing Plan.

(b) Specifies that the practitioner has fourteen (14) days after receiving the notice within which to submit a request for a hearing and that the request must satisfy the conditions of Section 1.3.

(c) States that failure to request a hearing within that time period and in the proper manner constitutes a waiver of rights to any hearing or appellate review on the matter that is the subject of the notice.

(d) States that any higher authority required or permitted under this plan to act on the matter following a waiver is not bound by the adverse recommendation or action that the practitioner has accepted by virtue of the waiver but may take any action, whether more or less severe, it deems warranted by the circumstances.

(e) States that upon receipt of his/her hearing request, the practitioner will be notified of the date, time, and place of the hearing, and the grounds upon which the adverse recommendation or action is based within fourteen (14) days.

(f) It is the practitioner's obligation to request an extension of any of the deadlines with adequate reasons therefore, at least three (3) days in advance of the expiration of the time period.

3. Request for Hearing

The practitioner has fourteen (14) days after receiving a notice under Section 1.2 to file a written request for a hearing. The request must be delivered to the Administrator either in person or by certified or registered mail. If the practitioner wishes to be represented by an attorney at the hearing, the request for hearing must so state and the expense of such will be borne entirely by the practitioner.

4. Waiver by Failure to Request a Hearing

A practitioner who fails to request a hearing within the time and in the manner specified in Section 2.3 waives the right to any hearing or appellate review, to which he/she might otherwise have been entitled. Such waiver applies only to the matters that were the basis for the adverse recommendation or action triggering the Section 2.2 notice. The Administrator promptly sends the practitioner special notice of each action taken under any of the following Sections and notifies the Chief of Staff of each action.

The effect of a waiver is as follows:

(a) After Adverse Action by the Board: A waiver constitutes acceptance of the action, which then becomes the final decision of the Board.

(b) After Adverse recommendation by the Medical Staff or Hearing Committee:

A waiver constitutes acceptance of the recommendation, which then becomes and remains effective pending the decision of the Board. The Board considers the adverse recommendation as soon as practical following the waiver. The Board's action has the following effect

(i) If the Board in Accord with Medical Staffs Recommendation - If the Board action accords in all respects with the Medical Staffs recommendation, it then becomes effective as the decision of the Board.

(ii) If the Board changes Medical Staffs recommendation - If, based on the same information and material considered by the Medical Staff in formulating its recommendation, the Board proposes different action, the matter is submitted to a joint conference as provided in Section 6.9 of this plan. The Board's action after receiving the joint conference recommendation becomes effective as the decision of the Board. The joint conference cannot make a more severe recommendation than previously made

5. Additional Information Obtained Following Waiver

If the source of the additional information referred to in this Section is the practitioner or an individual or group functioning, directly or indirectly, on his/her behalf, the provision of this Section shall not apply unless the practitioner demonstrates to the satisfaction of the Board as applicable that the information was not reasonably discoverable in time for presentation to and consideration by the party taking the initial adverse action or by the hearing committee if the practitioner's waiver is in connection with an appellate review

(a) When Received by the Board

If, on receiving the report of Medical Staff action taken pursuant to Section 2.4, the Board acquires or is informed of additional information that is directly relevant to the matter at issue but was not available to or considered by the Medical Staff, the Board refers the matter back to the Medical Staff for reconsideration within a set time limit. Such reconsideration in connection with Medical Staff action pursuant to Section 2.4-2 proceeds under Section 2.5 (b) below. If the Medical Staffs action following reconsideration decision is still adverse, is deemed a new adverse recommendation under Section 2.1 and the matter is processed as such. If the action of the Board is consistent with the Medical Staffs decision following reconsideration, it becomes a decision of the Board.

(b) When Received by the Hearing Committee or Medical Staff

When the Hearing Committee or Medical Staff receives a direction from the Board pursuant to Section 2.5 a) for reconsideration of its action taken under Section 2.4 (b), the Board refers the matter back to the Hearing Committee or Medical Staff for reconsideration with a set time limit.

- (i) Medical Staff or Hearing Committee Follow-Up Recommendation Adverse- An adverse recommendation following reconsideration is deemed a new adverse recommendation under Section 13.1 and the matter proceeds as such.
- (ii) Follow-up Recommendation Favorable a favorable recommendation following reconsideration is immediately forwarded to the Board by the Administrator. The effect of Board action is as follows:

(1) Board Favorable - Favorable Board action on a favorable Hearing Committee or Medical Staff recommendation becomes effective as the decision of the Board. If the Board determines to change the action, the matter is submitted to a joint conference as provided in Section 7.10. Favorable Board action after receiving the joint conference recommendation becomes its final decision. Adverse Board action is deemed a new adverse action under Section 2.1 and the matter proceeds as such.

(2) Board Adverse - If the Board's action is adverse, the matter is submitted to a joint conference as provided in Section 7.9. Favorable Board action after receiving the Joint Conference recommendation becomes effective as the decision of the Board. If the Board determines to change the action, the procedure set forth in Section 1.5-2(b) (1) is followed. Adverse Board Action after receiving the Joint conference recommendation is deemed a new adverse action under Section 1.1 and the matter proceeds as such.

SECTION II. HEARING PREREQUISITES

1. Notice of Time and Place for Hearing

The Administrator immediately delivers a timely and proper request to the Chief of Staff or the President of the Board, depending on whose recommendation or action prompted the hearing request. Within seven (7) days after receiving such request, the Chief of Staff or President of the Board, or their designee, as appropriate, must schedule and arrange for a hearing. At least ten (10) days prior to the hearing, the Administrator sends the practitioner special notice of the time, place, and date of the hearing. The hearing date must be not less than fourteen (14) nor more than thirty (30) days after the Administrator received the hearing request; provided suspension then in effect must be held as soon as the arrangements may reasonably be made, but not later than fourteen (14) days after the Administrator received the hearing request.

2. Statement of Issues and Events

The notice of hearing must contain a concise statement of the practitioner's alleged acts or omissions, a list by number of the Specific or representative patient records in question, and/or the other reasons or subject matter forming the basis for the adverse action or recommendation, which is the subject of the hearing.

3. Appointment of Hearing Committee:

(a) By Medical Staff a hearing occasioned by an adverse recommendation is conducted by a hearing committee appointed by the Chief of Staff and composed of at least three (3) Medical Staff. The Chief of Staff designates one of the appointees as chair of the committee.

(b) By the Board a hearing occasioned by an adverse action of the Board is conducted by a hearing committee appointed by the President of the Board and composed of two (2) physicians, including at least one (1) Medical Staff member. The President designates one of the appointees as chair of the committee.

(i) No member of the Medical Staff who has participated in the initiation or the investigation of the case to be heard shall be appointed to the hearing committee. However, the fact that an appointee has heard of the case or has some knowledge of the facts involved shall not disqualify him/her from sitting on the hearing committee, unless such appointee feels that he/she cannot render a fair and just decision or form an objective and impartial point of view.

(ii) If, because of the limited size of the Medical Staff or because of prior, protracted, and publicized proceedings in the same or related matter, insufficient qualified Medical Staff members are available, the Board after making a determination that such conditions exist may select hearing committee members from the Medical Staffs of other medical centers. The Board shall have the sole discretion in making the selection of qualified individuals who are willing to serve and abide by the Medical Staff Bylaws but the Board shall appoint only the minimum number of non-staff members' necessary to complete the formation of the hearing committee. The Medical Center shall reimburse any non-staff appointee for actual out-of-pocket expenses.

(iii) "Special Notice of the members appointed to the hearing committee will be given to the practitioner that has received the adverse recommendation or action and the practitioner will be given three (3) days in which to preempt or disqualify for cause, any of the members.

SECTION III. HEARING PROCEDURE

1. Personal Presence

The personal presence of the practitioner is required. A practitioner who fails without good cause to appear and proceed at the hearing waives his/her rights in the same manner and with the same consequence as provided in Section 1.4 and in Section 1.5 if applicable.

2. Presiding Officer

The hearing officer, if appointed under Section 7.1, or if not appointed, the hearing committee chair is the presiding officer. This officer maintains decorum and assures that all participants have a reasonable opportunity to present relevant oral and documentary evidence. He/she determines the order of procedure during the hearing and makes all rulings on matters of law, procedure, and the admissibility of evidence.

3. Representation

The practitioner may be accompanied and represented at the hearing by a member of the Medical Staff in good standing or by a member of his/her state professional society, or an attorney. The Board may appoint an individual to present it. Representation of either party by an attorney at law is governed by Section 7.2 of this plan.

4. Order of Procedure during Hearing

The following is a suggested procedure for the hearing; however, the presiding officer shall retain the right to alter the order of procedure during the hearing, in the interest of justice and fairness.

(a) Statement of Case

Before the introduction of any evidence, the party responsible for the adverse action or recommendation shall state briefly the claim and the issue to be heard. The practitioner shall then state the defense or counterclaim.

(b) Introduction of Evidence

The moving party shall then introduce evidence on its part and when he/she has concluded, the practitioner shall do the same.

(c) Rebutting Evidence

The parties may then respectively introduce evidence on its part and when he/she has concluded the practitioner shall do the same.

(d) Examination of Witness

Unless otherwise ordered by the presiding officer, no more than one person on each side may examine or cross examine a witness.

(e) Attorney as Witness

In the event that attorneys represent either side, and counsel for either party offers himself as a witness on behalf of his/her client and gives evidence on the merits of the case, he/she shall not argue the case to the hearing officer, or committee, unless by special permission of the presiding officer.

(f) Argument

When the evidence is concluded and unless the case is submitted to the trier of fact by mutual agreement of both sides without argument, the moving party shall open with his/her argument; the practitioner shall follow with his/her argument, and the moving party may be allowed to address the trier of fact on behalf of either party, unless otherwise allowed by the argument, and the practitioner then argues the case to the trier of fact, the moving party shall not be permitted to reply to the defendant's argument.

(g) Time for Opening Statements and Argument

The presiding officer may fix the time allotted each party for opening statements and final argument. The party shall be given adequate time for argument having due regard to the complexity of the case.

(h) Rights of Parties

During a hearing, each party may:

- (i) Call and examine witnesses
- (ii) Introduce exhibits
- (iii) Cross-examine any witness on any matter relevant to the issues
- (iv) Impeach any witness
- (v) Rebut any evidence
- (vi) Request that the record of the hearing be made by use of a court reported or an electronic recording unit if the practitioner does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination.

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely on the conduct of serious affairs may be considered, regardless of the admissibility of such evidence in a court of law. Each party is entitled, prior to or during the hearing, to submit memoranda concerning any issue of law or fact, and these memoranda become part of the hearing record. The presiding officer may, but is not required to, order that oral evidence be taken only on oath or affirmation administered by any person designated by him/her and entitled to notarize documents in the state where the hearing is held.

i) Official Notice

In reaching a decision, the hearing committee may take official notice, either before or after submission of the matter for decision of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held. Parties present at the hearing must be informed of the matters to be noticed and to refute any officially noticed matter by evidence or by written or oral presentation of authority, in a manner to be determined by the Hearing Committee. The committee is also entitled to consider all other information that can be considered under the Medical Staff Bylaws 10 connection with credentials matters. If any official notice of something after submission of the matter for decision is taken, the practitioner has one week to refute the matter of the official notice.

j) Burden of Proof

When a hearing relates to Section 1.1-1(a), (c), (h), or(i), the practitioner has the burden of proving by clear and convincing evidence that the adverse action or recommendation lacks any substantial factual basis or that the basis or the conclusions drawn there from are either arbitrary, unreasonable, or capricious. Otherwise, the body whose adverse action or recommendation occasioned the hearing has the initial obligation to present evidence in support thereof but the Practitioner thereafter is responsible for supporting, by a preponderance of the evidence the challenging that the adverse action or recommendation lacks any substantial factual basis or that the basis or the conclusions drawn there from are either arbitrary, unreasonable, or capricious.

k) Hearing Record

A record of the hearing must be kept that is of sufficient accuracy to permit an informed and valid judgment to be made, by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The hearing committee may select the method to be used for making the record, such as court report, electronic recording unit, or detailed transcription. Costs for requests of transcripts or copies shall be borne by the requesting party.

l) Postponement

Requests for postponement of a hearing may be granted by the hearing committee only upon a showing of good cause and only if the request is made as soon as reasonably practical.

m) Presence of Hearing Committee Members and Vote

A majority of the hearing committee must be present throughout the hearing and deliberations. If a committee member is absent from a substantial part of the proceedings, as determined by the hearing officer or chair of the hearing committee, he/she may not participate in the deliberations or the decision. There shall be no proxy voting.

n) Recesses and Adjournments

The hearing committee may recess and reconvene the hearing without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee shall, at a time convenient to itself, conduct its deliberation outside the presence of the parties. Upon conclusion of its deliberations, the hearing shall be adjourned.

SECTION IV. HEARING COMMITTEE REPORT AND FURTHER ACTION

1. Hearing Committee Report

Within two (2) days after final adjournment of the hearing, the hearing committee will make a written report of its findings and recommendations, with specific reference to the hearing record and other documentation considered and forward the report along with the record and other documentation to the body whose adverse action occasioned the hearing.

2. Action on Hearing Committee Report

Within seven (7) days after receiving the hearing committee report, the body whose adverse recommendation or Action occasioned the hearing considers it and affirms, modifies or reverses its recommendation or action. It transmits the result, together with the hearing record, the hearing committee report and all other documentation considered, to the Administrator.

3. Notice and Effect of Result

a) Notice

The Administrator promptly sends a copy of the result to the practitioner by special notice, to the Chief of Staff, Medical Staff, and to the Board.

b) Effect of Favorable Result

- (i) Adopted by the Board- If the Board's result under Section 4.2 is favorable to the practitioner, it becomes the final decision of the Board.
- (ii) Adopted by the Medical Staff - If the result is favorable to the practitioner, the Administrator promptly forwards it, together with all supporting documentation, to the Board, which may adopt or reject the result in whole or in part, or refer the matter back to the Medical Staff for further reconsideration. Any referral back shall state the reasons, set a time limit within which a subsequent recommendation must be made, and may include a directive for an additional hearing. After receiving a subsequent recommendation and any new evidence, the Board takes action. Favorable action by the Board becomes effective as the decision of the Board. If the Board's action is adverse the special notice informs the practitioner of his/her right to request an appellate review by the Board. The Administrator promptly sends the practitioner special notice informing him/her of each action taken under this Section.

c) Effect of Adverse Result

If the result of the Medical Staff or the Board under Section 4.2 continues to be adverse to the practitioner, the special notice shall be from him/her of his/her right to request an appellate review by the Board as provided in Part V of this plan.

SECTION V. INITIATION AND PREREQUISITES OF APPELLATE REVIEW

1. Request for Appellate Review

A practitioner has seven (7) days after receiving special notice under Section 4.3 to file a written request for an appellate review before the Board. The request must be delivered to the administration person or by certified or registered mail and may include a request for a copy of the hearing committee report and record and all other material, favorable or unfavorable, if not previously forwarded, that was considered in taking the adverse recommendation or action. If the practitioner wishes to be represented by an attorney at any appellate review appearances that may be granted under Section 6.4, his/her request for appellate review must so state.

2. Waiver by Failure to Request Appellate Review

A practitioner who fails to request an appellate review within the time and in the manner specified waives any right to a review. The waiver has the same force and effect as provided in Section 1.4 and Section 1.5 If applicable.

3. Notice of Time and Place for Appellate Review

The Administrator delivers a timely and proper request to the President of the Board. As soon as practical, the Board designates the Administrator to schedule and arrange for an appellate review which shall not be less than fourteen (14) days nor more than twenty-one (21) days after the Administrator received the request; provided, however, that an appellate review for a practitioner who is under a suspension then in effect shall be held as soon as the arrangements for it may be reasonably made, but not later than fourteen (14) days after the Administrator received the request. At least seven (7) days prior to the appellate review, the Board, through the Administrator, sends the practitioner special notice of the time, place, and date of the review. The time may be extended by the Board for good cause, and if a request is made, as soon as is reasonably practical.

SECTION VI. APPELLATE REVIEW PROCEDURE AND FINAL ACTION

1. Nature of Proceedings

The proceedings by the Board, held in Executive Session, are a review based upon the hearing record, the hearing committee's report, all subsequent results and actions, the written statements, if any, provided below, and any other material that may be presented and accepted under Section 6.5.

2. Written Statements

The practitioner may submit a written statement detailing the findings of fact, conclusions, and procedural matters with which he/she disagrees and his/her reasons. This written statement may cover any matters raised at any step in the hearing process. The statement shall be submitted to the Board through the Administrator at least three (3) days prior to the scheduled date of the appellate review.

3. Presiding Officer

The President of the Board is the presiding officer. He/she determines the order of procedure during the review, makes all required rulings, and maintains decorum.

4. Oral Statements

The board, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative appearing may be questioned by any member of the Board.

5. Consideration of New or Additional Matters

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only at the discretion of the Board and, as the Board deems appropriate, only if the party requesting consideration of the matter or evidence shows that could not have been discovered in time for the initial hearing. The requesting party shall provide, through the Administrator, a written, substantive description of the matter or evidence to the Board and the other party at least three (3) days prior to the scheduled date of the review.

6. Presence of Members and Vote

A majority of the Board must be present throughout the review and deliberations. If a member is, absent from a substantial part of the proceedings as determined by the presiding officer, he/she shall not be permitted to participate in the deliberations or the decision.

7. Recesses and Adjournments

The Board may recess and reconvene the proceedings without additional notice for the convenience of the participants or for obtaining new or additional evidence or consultation. At the conclusion of the oral statements, if allowed, the appellate review shall be closed. The Board shall then, at any time convenient to itself, conduct its deliberations outside the presence of the parties. The appellate review shall be adjourned at the conclusion of those deliberations.

8. Action Taken

The Board may affirm, modify, or reverse the adverse result or action, or in its discretion, may refer the matter back to the hearing committee for further review and recommendations, to be returned to it within seven (7) days and in accordance with its Instructions. Within seven (7) days after receipt of such recommendation after referral, the Board shall take action.

(a) Board in Accord with Medical Staff if the Board's decision is in accord with the last recommendation in the matter, if any, it is immediately effective.

(b) Board Not in Accord with Medical Staff

If the Board's action has the effect of changing the last recommendation, if any, the matter is referred to a joint conference as provided in Section 6.9.

9. Joint Review

Within seven (7) days after receiving a matter referred to it under this plan, a joint conference of equal numbers of Medical Staff and Board Members shall convene to consider the matter and shall submit its recommendations to the Board. The Joint Conference shall be composed of a total of five (5) members selected in the following manner: Three (3) Board members appointed by the President of the Board and two (2) Medical Staff members appointed by the Chief of Staff.

SECTION VII. GENERAL PROVISIONS

1. Hearing Officer Appointment and Duties

The use of a hearing officer to preside at the evidentiary hearing is optional and is to be determined by the Board after consultation with the Chief of Staff. A hearing officer may or may not be an attorney at law.

2. Attorneys

(a) At Appellate Review Appearances

The practitioner may be represented by an attorney at the hearing, provided his/her request for the hearing indicated his/her intent to be so represented.

(b) At Hearing

If the practitioner desires to be represented by an attorney at an appellate review appearance, his/her request for the review must declare his/her desire to be so represented.

3. Number of Hearings and Reviews

Notwithstanding any other provision of the Medical Staff Bylaws or of this Plan, no practitioner is entitled as a right to request more than one evidentiary hearing and appellate review with respect to the subject matter that is the basis of the adverse recommendation or action triggering the right.

4. Release

By requesting a hearing or appellate review under this Plan, a practitioner agrees to be bound by the provisions of the Medical Staff Bylaws relating to immunity from liability.

SECTION VIII. AMENDMENT

1. Amendment

The fair Hearing Plan may be amended or repealed, in whole or in part, after notice is given at any regular meeting. Such notice shall be laid on the table until the next regular meeting of the Medical Staff, and shall require a two-thirds majority of those present for adoption. Amendments so made, shall be effective when approved by the governing board.

2. Summary Removal and limited Suspension

In grave and unusual cases where the governing board, or Chief of Staff, determines that immediate action must be taken to protect the patient's life or welfare, the Chief of Staff, or governing board, may summarily suspend a member of the Medical Staff. In such cases, the aggrieved party may request an immediate hearing before the active staff to determine whether such suspension shall be continued, pending a hearing. The Chief of Staff shall make the proper necessary arrangements to provide alternate coverage for proper and necessary patient care during the period of suspension. A limited suspension, effective until the transcription of any dictated record content and its insertion into the medical record, along with all applicable authentications, may be imposed automatically for failure to complete this portion of the medical record within fifteen (15) days.

3. Action by the State Board of Medical Examiners

Notification from the State Board of Medical Examiners of the revocation or suspension of the provider's license, or probation, shall automatically act as sufficient grounds for suspension or revocation for Medical Staff membership or his /she being placed on probation for a stated period.

ARTICLE IX AMENDMENTS TO BYLAWS

These bylaws may be amended after notice is given at any regular meeting. Such notice shall be laid on the table until the next regular meeting and shall require a two-thirds majority of those present for adoption. Amendments so made, shall be effective when approved by the governing board.

ARTICLE X ANNUAL REVIEW OF BYLAWS

These bylaws shall be reviewed on an annual basis by the and approved by the Medical Director and the Chief of Staff. If no revisions are made the annual approval shall act as evidence of review. Notice that the bylaws were reviewed and remain unchanged will be put into the hospital periodic evaluation. When amendments to these bylaws are suggested during the annual review the process will be completed as above in article IX.

ARTICLE XI ADOPTION

These bylaws, together with the appended rules and regulations, shall be adopted at any regular meeting of the Medical staff; shall replace any previous bylaws, rules and regulations; and shall become effective when approved by the governing board of the Medical Center. They shall, when adopted and approved, be equally binding on the governing board and the Medical Staff. Notification from the State Board of Medical Examiners of the revocation or suspension of the provider's license, or probation, shall automatically act as sufficient grounds for suspension or revocation for Medical Staff membership or his/her being placed on probation for a stated period.

Adopted by the Medical Staff of Cordova Community Medical Center

Administrator

Date

Chief of Staff

Date

Board Chairman

Date

Provider Signature of Acceptance

Date

Printed Provider Name



Memorandum

To: CCMC Authority Board of Directors

From: Administration

Subject: CCMC Emergency Power and Utility System

Date: 4/22/2022

Suggested Motion: "I move that the CCMC Authority Board of Directors authorize the CEO to contract for up to \$50,000 for engineering and design of CCMC emergency power and utility system to bring into compliance with current life safety code.



Memorandum

To: CCMC Authority Board of Directors

From: Administration

Subject: Election of Officers

Date: 4/19/2022

Suggested Motion: "I nominate the following board members to serve as Officers on the CCMC Board of Directors."

_____ as Chairperson

_____ as Vice-Chairperson

_____ as Secretary/Treasurer

Board of Directors Members

Linnea Ronnegard

Kelsey Hayden

Liz Senear

Ann Linville

Chris Iannazzone