CCMC AUTHORITY BOARD OF DIRECTORS AGENDA
ZOOM MEETING OR TELECONFERENCE
January 26, 2023 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

1. December 26, 2022 Meeting Minutes — Pgs 1-3

F. REPORTS OF OFFICERS OR ADVISORS

1. Board Chair Report
2. CEO Report — Pgs 4-60
3. Director of Finance Report — Pgs 61-63
4. Medical Director's Quarterly Report — Pg 64
5. Nursing Department Quarterly Report — Pgs 65-66
6. Ancillary Services Quarterly Report — Pg 67
7. Sound Alternatives Quarterly Report — Pg 68

G. DISCUSSION ITEMS

1. Letter from NVE — Pgs 69-70

H. ACTION ITEMS

1. Delineation of Telemedicine Privileges for Elizabeth North, DO — Pgs 71-76
2. Delineation of Telemedicine Privileges for Gowri Ramachandran, MD — Pgs 77-81
3. Delineation of Telemedicine Privileges for David Rogers, MD — Pgs 82-85
4. Delineation of Telemedicine Privileges for Jingxin Wang, MD — Pgs 86-91
5. Delineation of Privileges for Noelle Camarena, FNP — Pgs 92-97
6. Approval of the CCMC 2023 QAPI Plan — Pgs 98-108

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 authority 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

Minutes
CCMC Authority – Board of Directors
Via ZOOM Meeting or Teleconference
December 29, 2022 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –
Linnea Ronnegard called the Board Meeting to order at 6:00pm.
Board members present: **Linnea Ronnegard, Ann Linville, Liz Senear and Kelsey Hayden** (arrived at 6:12pm).

Quorum was established. 3 members present.
CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Denna Stavig, Director of Finance; and Faith Wheeler-Jeppson, Executive Assistant to the CEO.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS
1. **Audience Comments** ~ None
2. **Guest Speaker** ~ None

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA
M/Senear S/Linville "I move to approve the Agenda."
Ronnegard – yes, Ann Linville – yes, and Senear – yes.
3 yeas, 0 nay, 2 absent; Motion passed.

E. APPROVAL OF MINUTES
M/Senear S/Linville "I move to accept the November 15, 2022 Meeting minutes as amended."
Ronnegard - yes, Linville - yes, and Senear – yes.
3 yeas, 0 nay, 2 absent; Motion passed.

F. REPORTS OF OFFICERS and ADVISORS
1. **Board Chair report** – Nothing to report at this time.
2. **CEO Quarterly Report** – Dr. Sanders stated that her report is in the packet. I am happy to answer any questions you might have. It's a rather large packet today, so I will leave it at that unless you have any questions.
3. **CFO Report** – I have two months of financials in the packet, October and November. Both months were pretty slow as far as inpatients and everything else in the hospital. I'm happy to answer any questions that you might have on them but they were both pretty straightforward months, but slow. December has been a bit busier so it's hard to say where we'll end up at at the end of the year.
Liz acknowledged that the numbers were down in PT/OT in October and November and asked what changed? And when you have the monthly budget is that just 1/12 of the budget for the year for all the different services for income or do you estimate every month differently?
Denna reported that she didn't know for sure why the numbers were down for that area. It's not a direct 12 split, it's a best guess to get us to that year budget amount that was approved.
Linnea asked about the third-party receivables on the balance sheet and stated that they seem very low. And the other question is, with the Long-Term Debt with the City, has there been any progress with the auditors moving some of that to "gifts"?
Denna stated that she hasn't talked with them (the City) at all and asked Dr. Sanders if she had spoken with Helen (the City Manager) lately?
Dr. Sanders explained that they've gone through the motions with the different monies that the hospital has received over the last 20 years or so and looked to see if it was defined as an

appropriation or if it was to be payable. We have worked to adjust the ones that were an appropriation. Some were very clearly identified as payable, we haven't had any further discussions on how to move forward with those at this point.

Kelsey Hayden arrived at 6:12pm

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS

1. Approval of the 2023 CCMC Budget

M/Senear S/Linville "I move that the CCMC Authority Board of Directors approve the CCMC 2023 Budget as presented."

Ronnegard - yes, Linville - yes, and Senear – yes. (Kelsey Hayden dropped from the meeting)
4 yeas, 0 nay, 2 absent; Motion passed.

2. Finance Policy Manual Approval (Kelsey Hayden back on the meeting)

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the CCMC Finance Policy Manual as presented."

Ronnegard – yes, Linville - absent, Senear - yes, and Hayden - absent.
4 yeas, 0 nay, 1 absent; Motion passed.

3. Approval of the 2022 DZA Audit Engagement letter

M/Linville S/Senear "I move that the CCMC Authority Board of Directors authorizes Hannah Sanders, CEO to enter into an agreement with Dingus, Zarecor & Associates PLLC for the purpose of conducting the 2022 Financial Audit."

Linville - yes, Ronnegard – yes, Senear - yes, and Hayden - yes.
4 yeas, 0 nay, 1 absent; Motion passed.

4. Approval of CHNA Final Report

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the Community Health Needs Assessment Final Report as presented."

Dr. Sanders reviewed the CHNA Final Report, the following are highlights:

The Community Health Needs Assessment is a regulatory requirement with the Patient Protection and Affordability Care Act in 2010 added this requirement for all hospitals and anybody who receives CMS funding. We're required to do a Community Health Needs Assessment every three years. CHNA guides and defines the areas that we need to make priority for healthcare improvement. The CHNA process creates a platform to engage community stakeholders and to understand the needs of the community. One of the important things with the community health needs assessment is really looking at social determinants of health, social determinants of health are everything that impacts our health and how we what creates healthy humans. So, it's our environment, it's our work, it's access to food, it's socioeconomic for parents being able to buy groceries for their kids, for children it has to do with support. All of those things are social determinants of health. From the survey data, what we've learned is that the top three priorities for Cordova are: 1) Behavioral Health/Mental Health/Substance Abuse 2) Dental Services 3) Healthy Lifestyle/Health Literacy. I'm happy to answer any questions. We're going use the information to move forward and put together the strategic plan for the next three years, hopefully the community will want to step in and help us with some of these problems.

Hayden – yes, Senear - yes, Ronnegard – yes, and Linville - yes.
4 yeas, 0 nay, 1 absent; Motion passed.

I. AUDIENCE PARTICIPATION

J. BOARD MEMBERS COMMENTS

Ronnegard ~ As always, thank you to everyone. Everything in here shows all of the hard work everyone is putting in, and it's all appreciated.

Linville ~ That was a lot, but it was good. I participated in a Community Health Needs Assessments for a former job and they're very helpful and I know it's a lot of work so Thank you and I look forward to seeing where it takes us.

Senear ~ It was a lot of reading, which means it was a lot of work on your guys' part. It will be interesting to see where things go.

Hayden ~ Yea, that was clearly a lot of work, it was a lot of reading so I can only imagine that it was ten times the work. Thank you for that. Hopefully we can make some progress on some things or continue on with the progress that you guys have already been making the last few years. I think with broad community work we can tackle some of these things. Thank you!

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

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

Linnea Ronnegard declared the meeting adjourned 6:50pm.

Prepared by: Faith Wheeler-Jeppson

January 2023 CEO Report

A report from the American Hospital Associated (AHA) shows that 136 rural hospitals closed between 2010 and 2021. 19 of these closures occurred in 2020, the most of any year in the past decade. This is alarming for rural areas. Strategies to address rural healthcare funding challenges are being considered on federal state and local levels.

AHA suggests using innovative strategies such as seeking public-private funding for core services. "A new funding system by which public and private payers pool funds to pay for a defined set of essential services for a particular community."

In my report I am including a presentation "What are the Causes of Deficits in Alaska's Critical Access Hospitals and What Are the Solutions?" by Harold D. Miller, President and CEO of the Center for Healthcare Quality and Payment Reform. This study was done in 2017 (we just received) and included Cordova, Petersburg and Wrangel hospitals. This study demonstrates the significant losses that CCMC incurs from uninsured and under insured individuals that seek care in our ER. The percentage of losses in this area is disproportionate to similar sized hospitals in our state. It demonstrates the need to develop an innovative strategy to fund this care.

The Alaska Legislature is session, both chambers are now organized, and legislative business is underway. Cathy Tilton from Wasilla is Speaker of the House. Mike Prax (North Pole) will be chair of House Health & Social Services Committee, and Jesse Sumner (Wasilla) will be chair of House Labor & Commerce Committee. I plan to attend the state hospital fly in Juneau in 2 weeks where we will advocate for Medicaid funding as well as encouraging Alaska to join the nurse licensure compact and support the continuation of the certificate of need program.

Services:

Since our December report we have not added any or lost any services. The hospital continues to work to grow the swing rehab program. I have participated in a handful of meetings regarding collaboration or acquisition of Cordova's healthcare services by NVE. These talks are beginning again, and no meetings have occurred with the hospital administrative joint negations team. As we continue these discussions, CCMC is working to ensure that provision of healthcare services continues without any substantial change or decrease in current services offered.

Staffing:

CCMC is excited to welcome Noelle Camarena, FNP as the director of operations and Cindy Kroll as our patient account specialist. Noelle will also be providing care in our clinic one day a week as a nurse practionioner. We anticipate their support and expertise will help us grow and improve. Noelle will also provide much needed back up and time off for our fantastic nurse practitioner, Laura Henneker.

CENTER FOR
HEALTHCARE
QUALITY &
PAYMENT REFORM

What are the Causes of Deficits in Alaska's Critical Access Hospitals and What Are the Solutions?

Harold D. Miller
President and CEO
Center for Healthcare Quality and Payment Reform

Goals and Methodology

- Goals:
  - Why are Critical Access Hospitals in Alaska running deficits?
  - Which service lines are losing money?
  - Which payers are paying less than the costs of delivering services?
  - Are payments too low, or are costs too high?
  - Which services and payers should be the focus for solutions?

Goals and Methodology

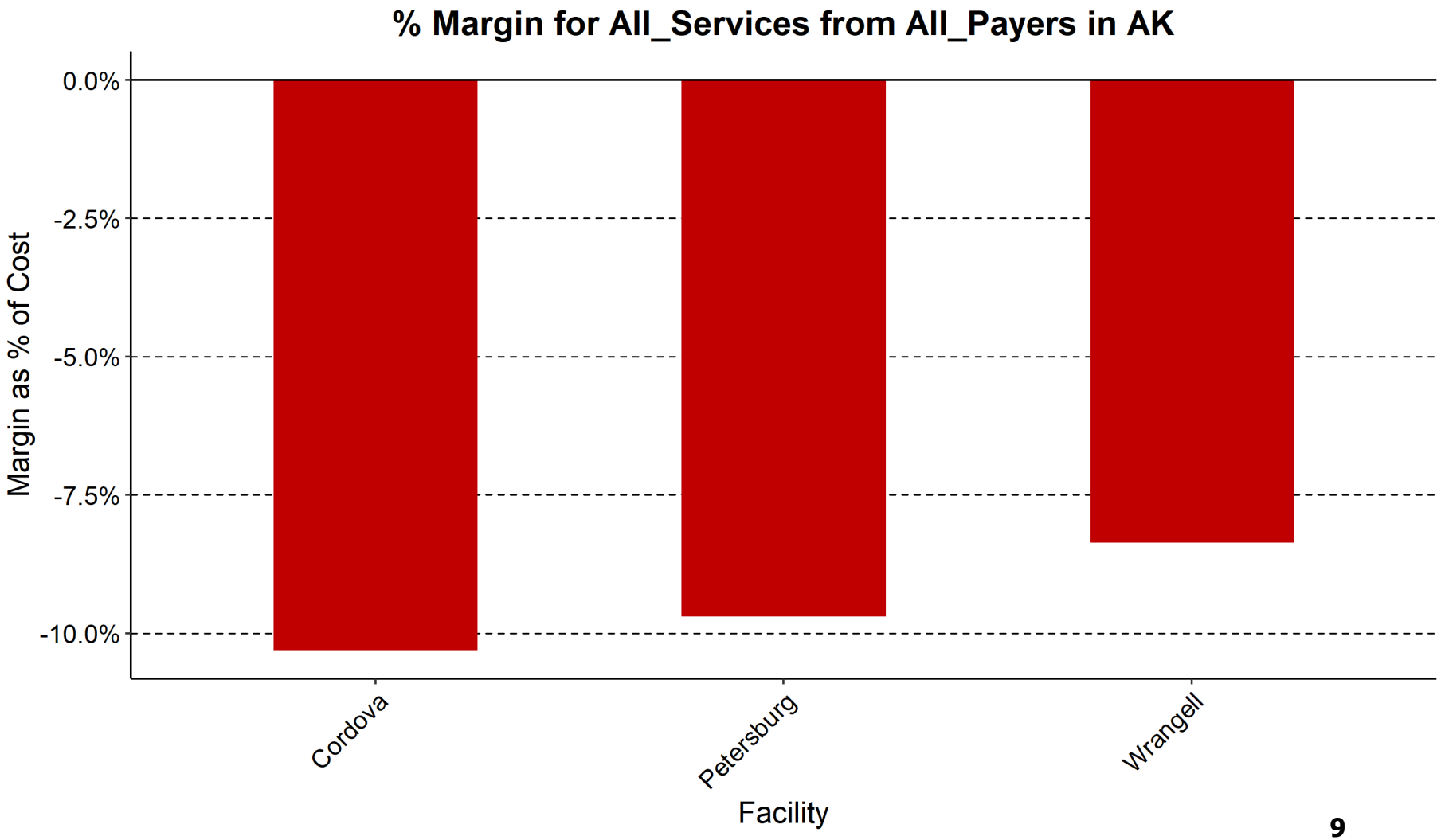
- Goals:
  - Why are Critical Access Hospitals in Alaska running deficits?
  - Which service lines are losing money?
  - Which payers are paying less than the costs of delivering services?
  - Are payments too low, or are costs too high?
  - Which services and payers should be the focus for solutions?
- Challenges:
  - Profit/loss for a service line depends on amount of net revenues (charges minus discounts) not gross revenues
  - Payments and adjustments/discounts from charges differ by payer
  - Standard Medicare Cost Reports and accounting statements do not show discounts or net revenues by service line or payer
- Methodology:
  - Martin Michiels assembled data for three hospitals (Cordova, Petersburg, Wrangell) to determine/estimate net revenues by payer and service line

Cautions and Caveats

- Depending on the nature of the contract with a payer or method of payment, assumptions may have to be made about how contractual allowances and discounts should be assigned to specific service lines, and the assumptions may affect the accuracy of a particular conclusion
- Missing information and data errors make it difficult to classify information; assumptions made about missing data may not be accurate
- Different hospitals classify services and costs differently, so some differences in service line revenues and costs per service between hospitals may reflect classification differences
- Groupings used to simplify analysis can hide issues at detailed levels
- Hospital data systems may classify payers, patients, and services differently than payer, state, or federal reports
- Detailed data were only collected for one year, and results might be due to unique circumstances in that year, such as unusual costs, changes in payment amounts, and/or variations in patient volumes or characteristics
- Findings based on analyses of the data should not be treated as definitive conclusions, but as tentative hypotheses meriting re-checking of data and further analysis

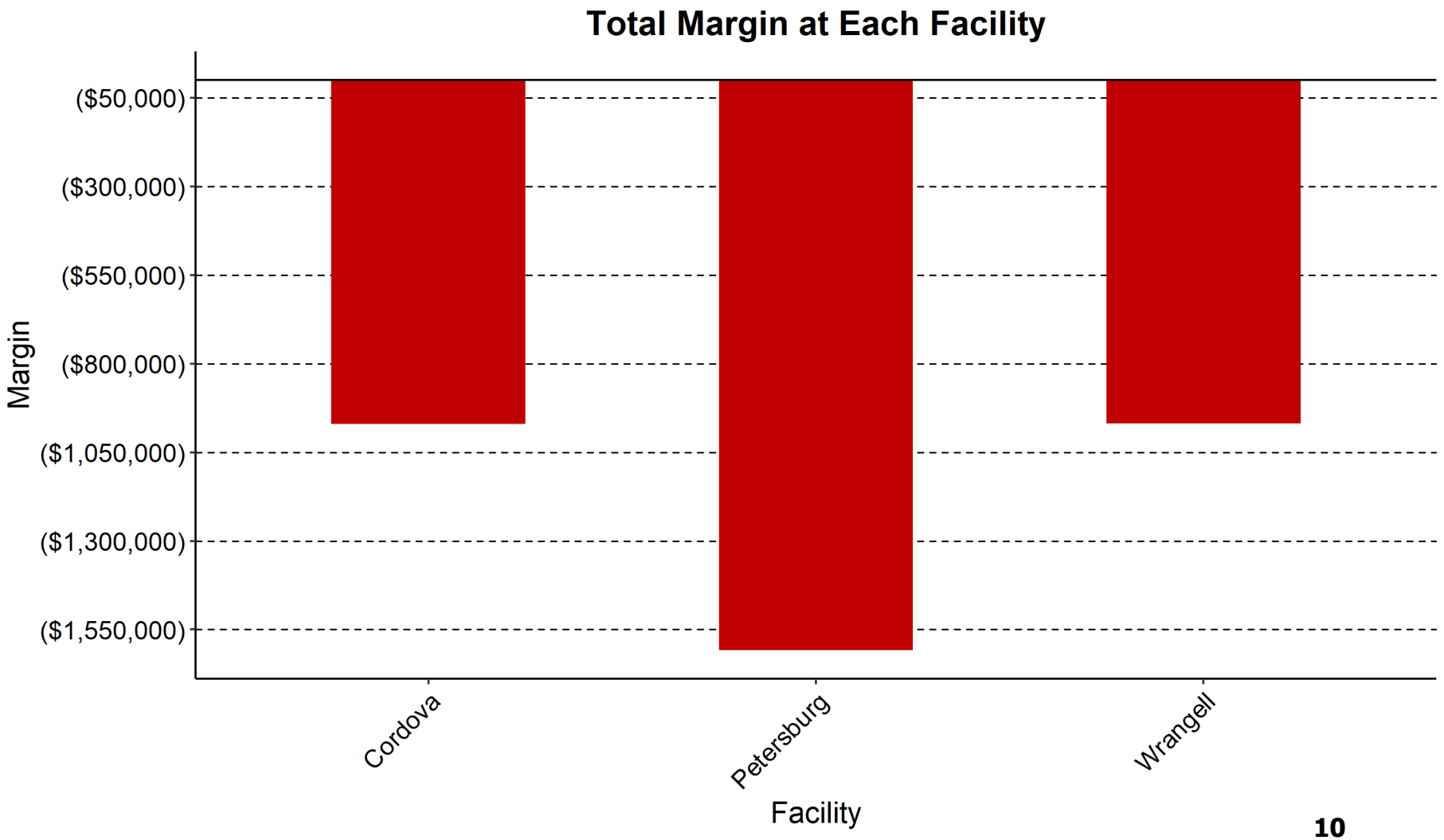
8

8-10% Deficit in 2017 at the Three Hospitals Analyzed



9

Losses of $1-1.5 Million at Each Hospital in 2017



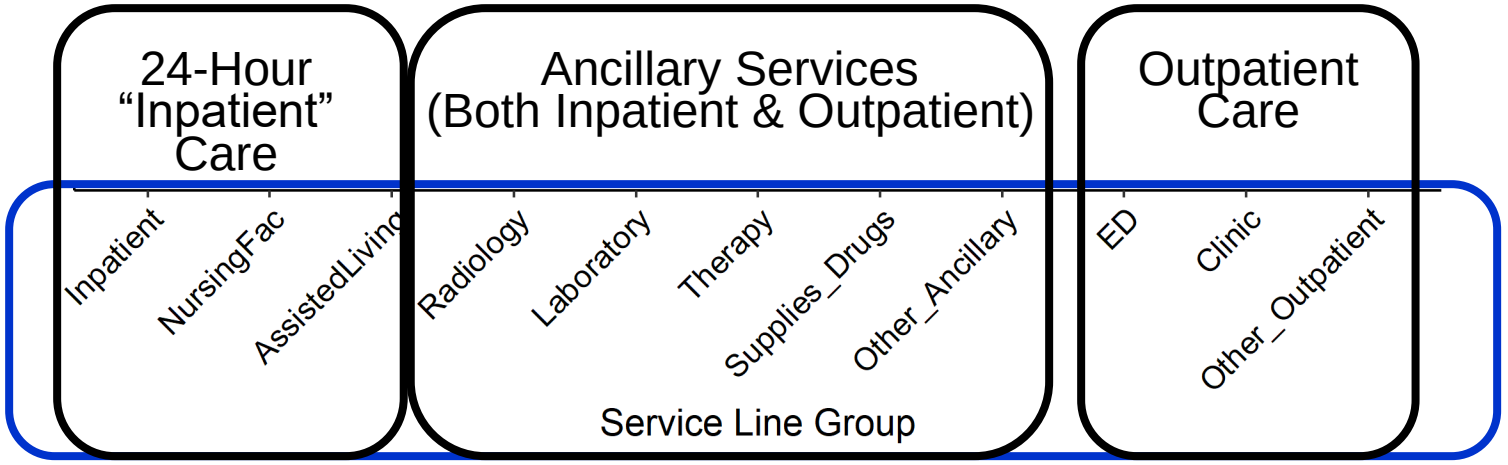
10

Which Service Lines Are Causing The Deficits?

Services at Each Hospital Grouped Into ~10 Service Lines

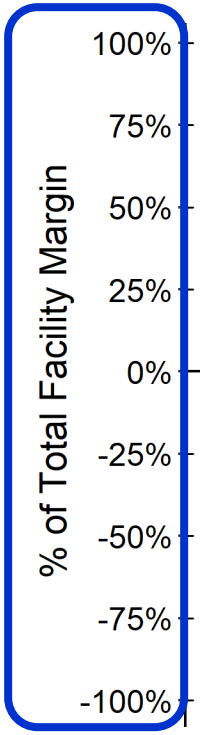
12

Three Different Major Categories: Inpatient, Ancillary, & Outpatient



13

How Much of the *Total* Hospital Margin Does Each Contribute?



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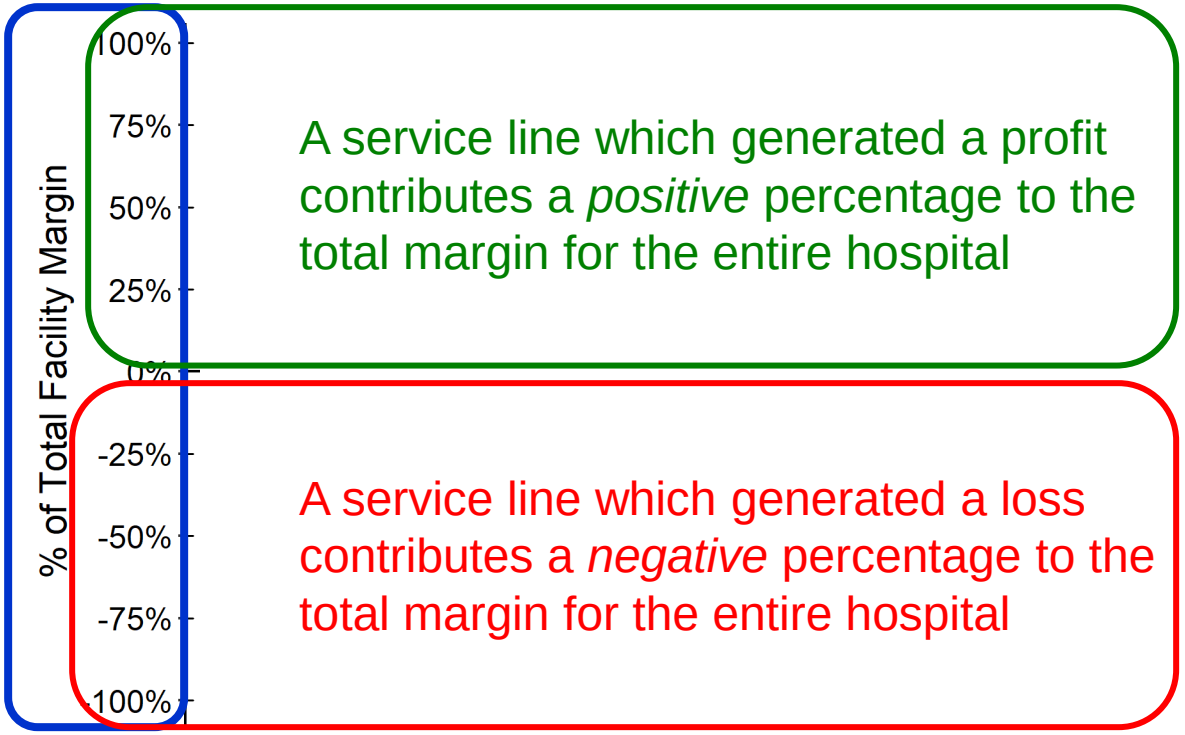

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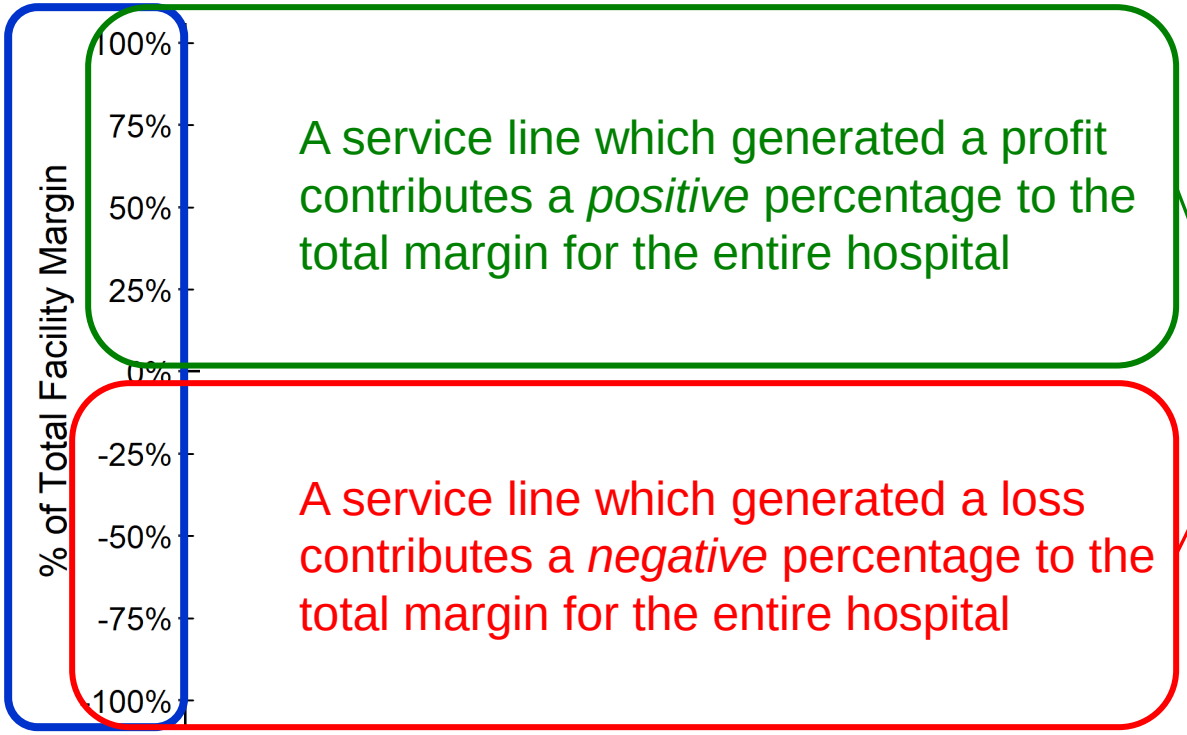
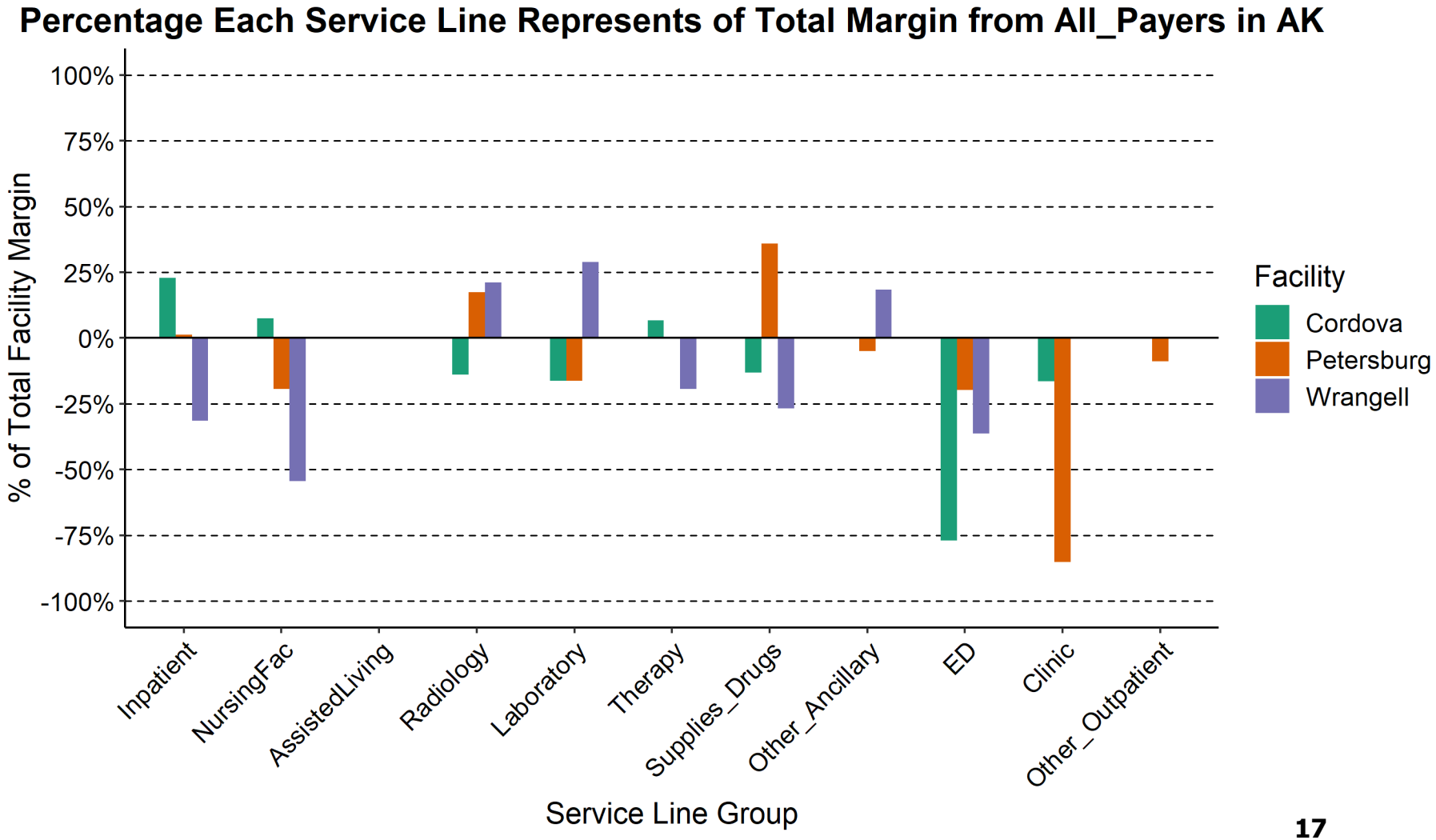


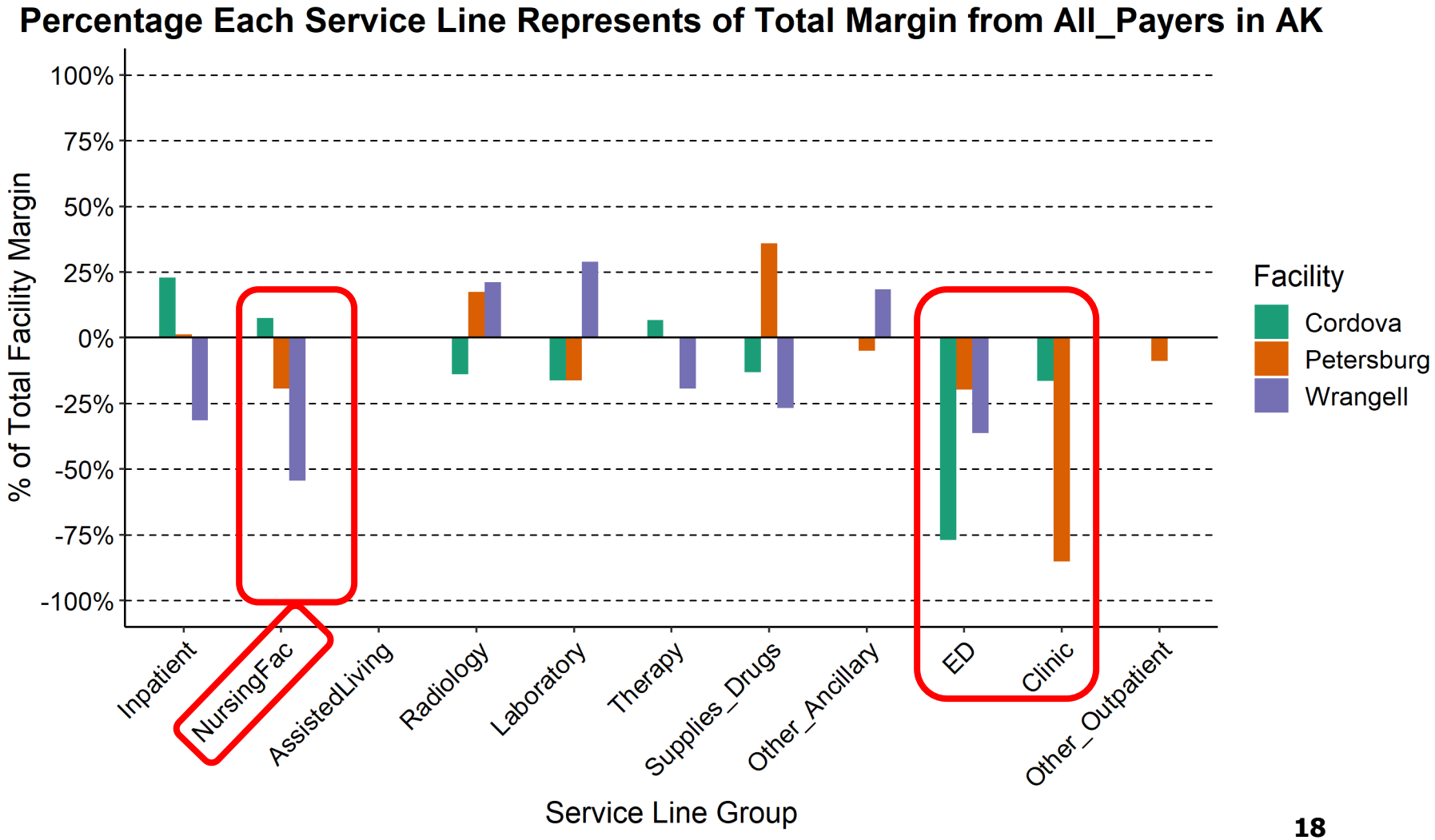
If the hospital has a negative total margin, then the losses from the services that generated losses **were bigger** than the profits generated by the services that generated a profit

Which Service Lines Are Causing The Deficits?



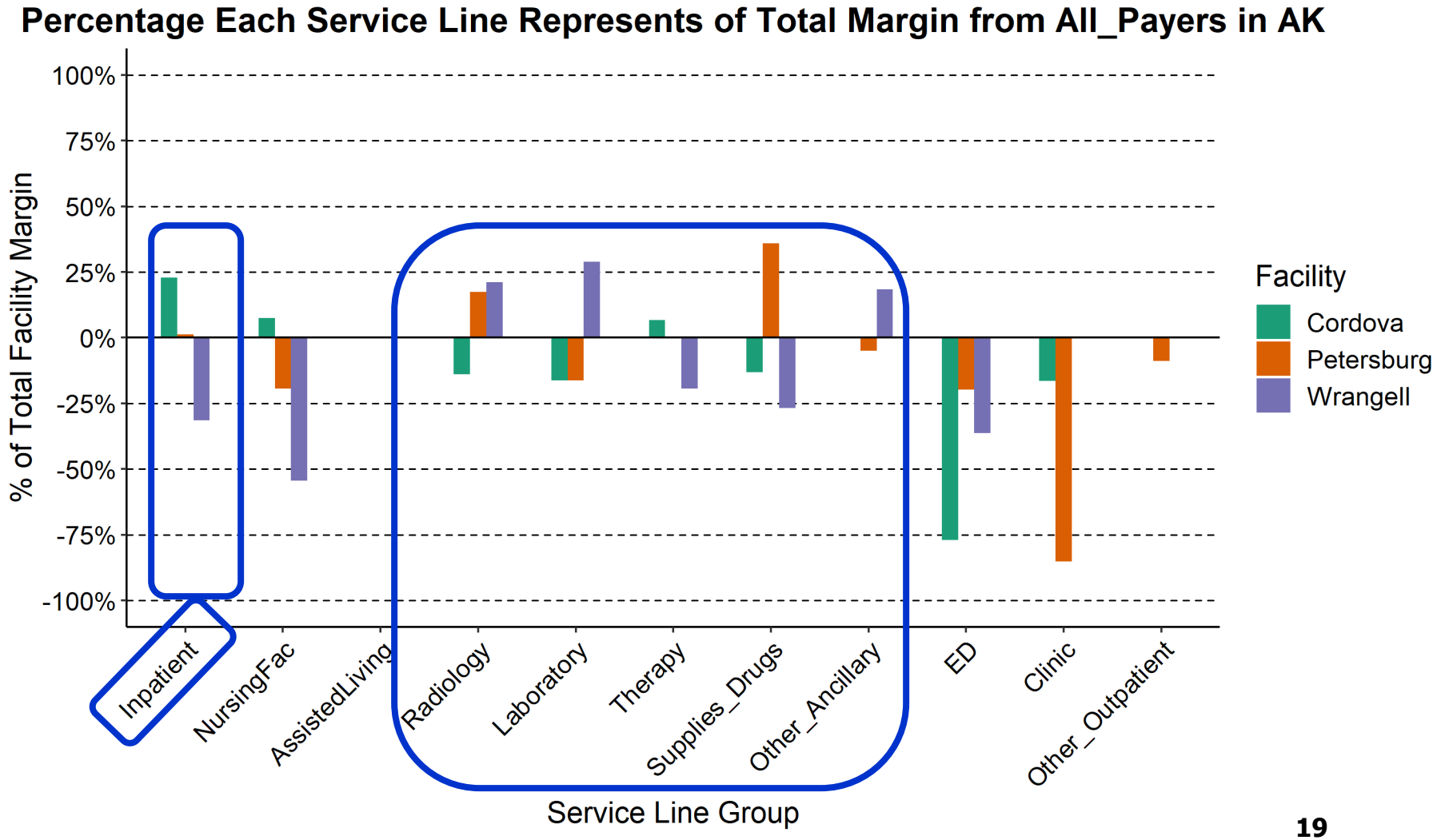
17

Largest Contributors to Losses Were ED, Clinics, & Nursing Fac.

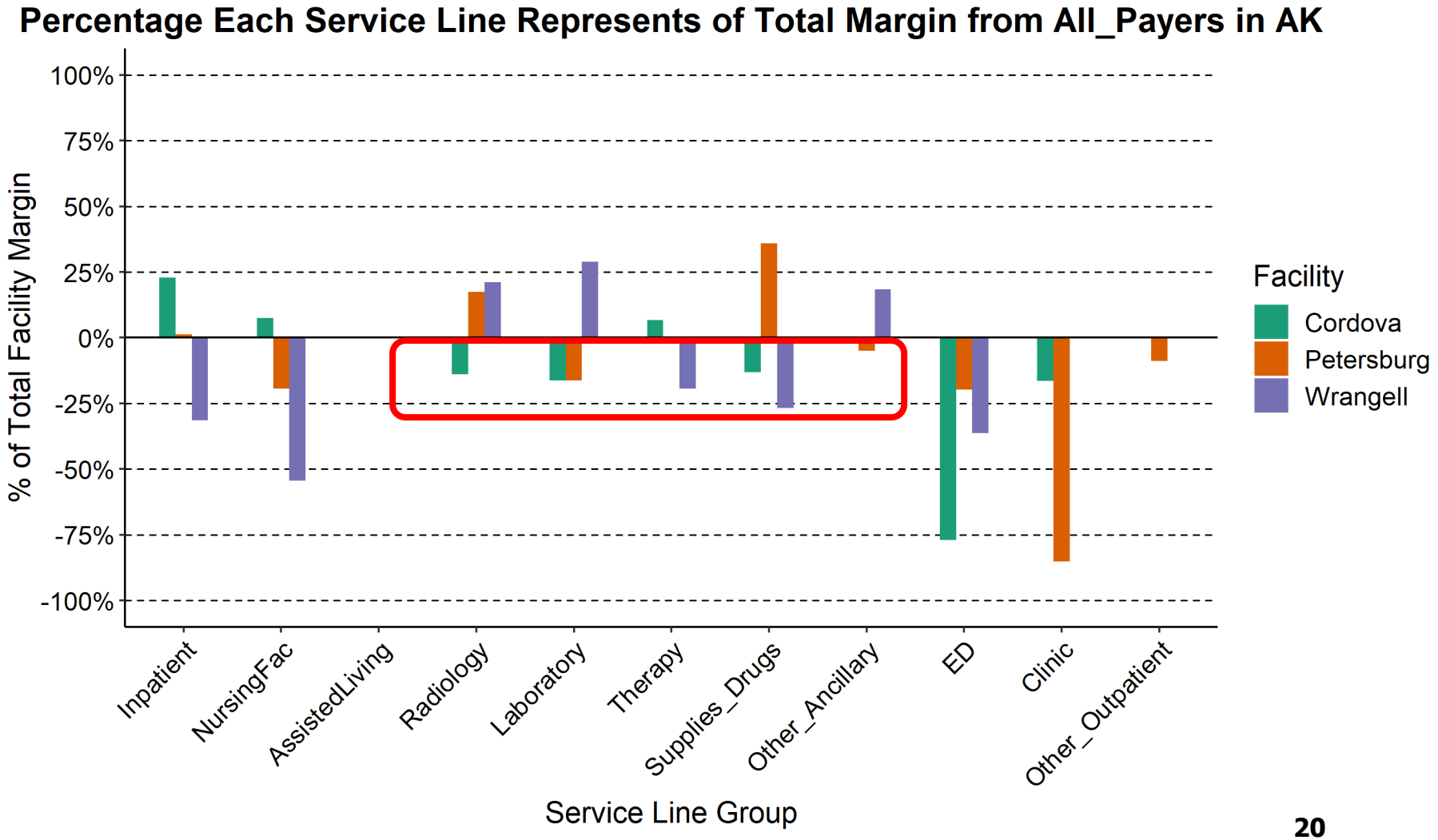


18

Profitability of Ancillary Services & Inpatient Varied by Facility

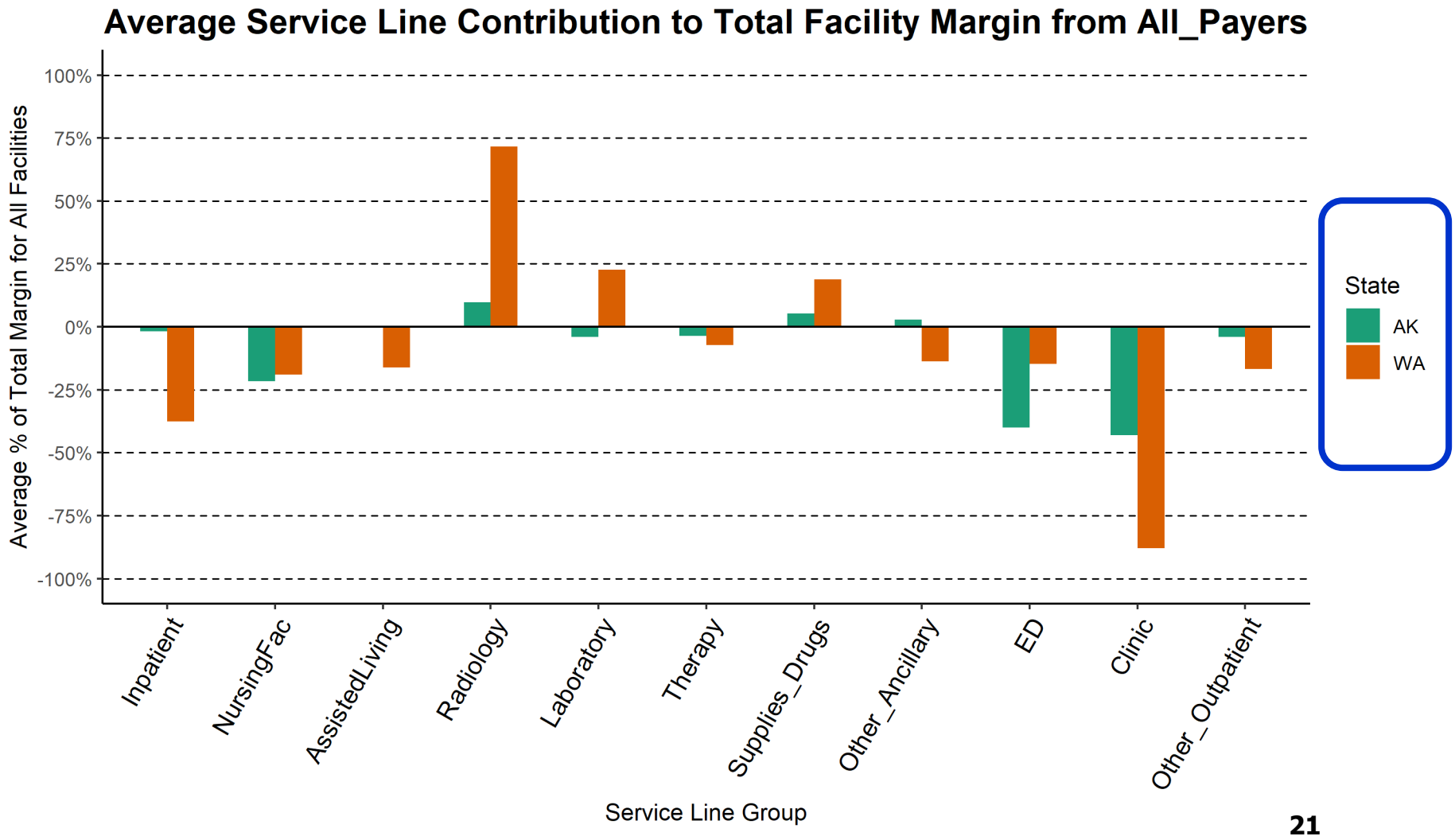


Reducing Losses on Ancillaries Could Reduce Total Deficit ~25%



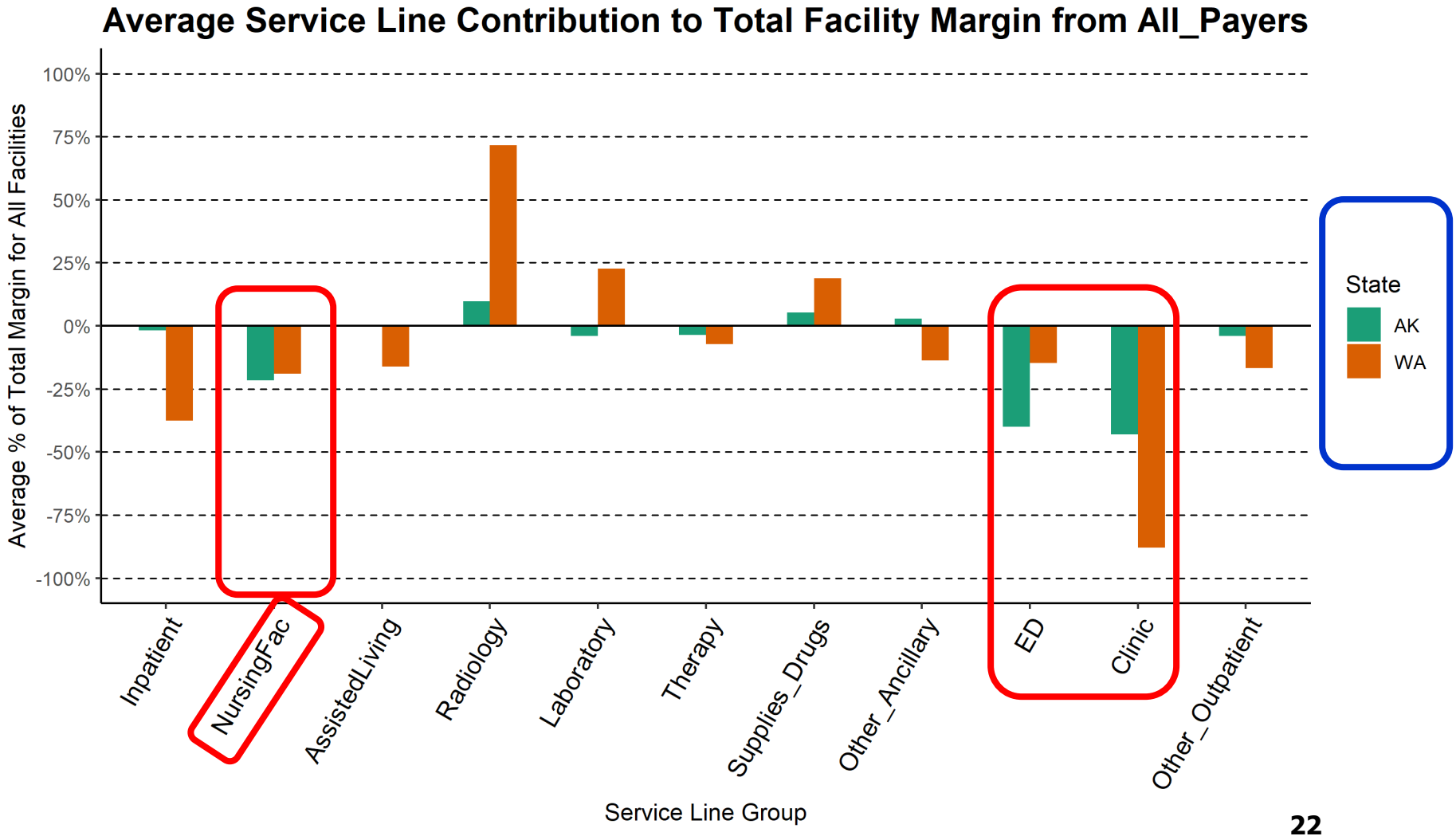
20

Comparison to 13 Small CAHs in Washington State



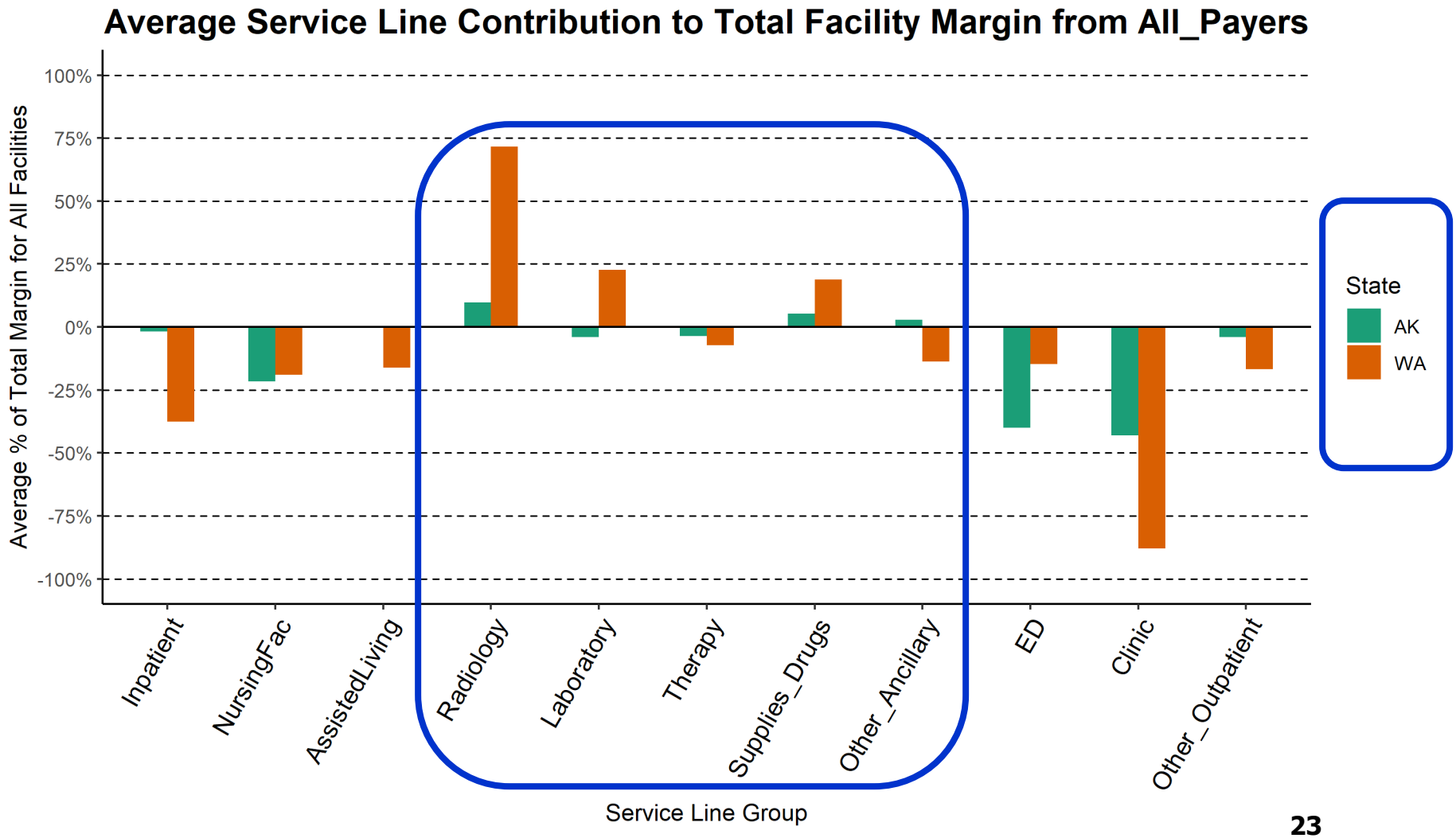
21

Clinic, ED, and Nursing Facilities are Major Causes of Losses



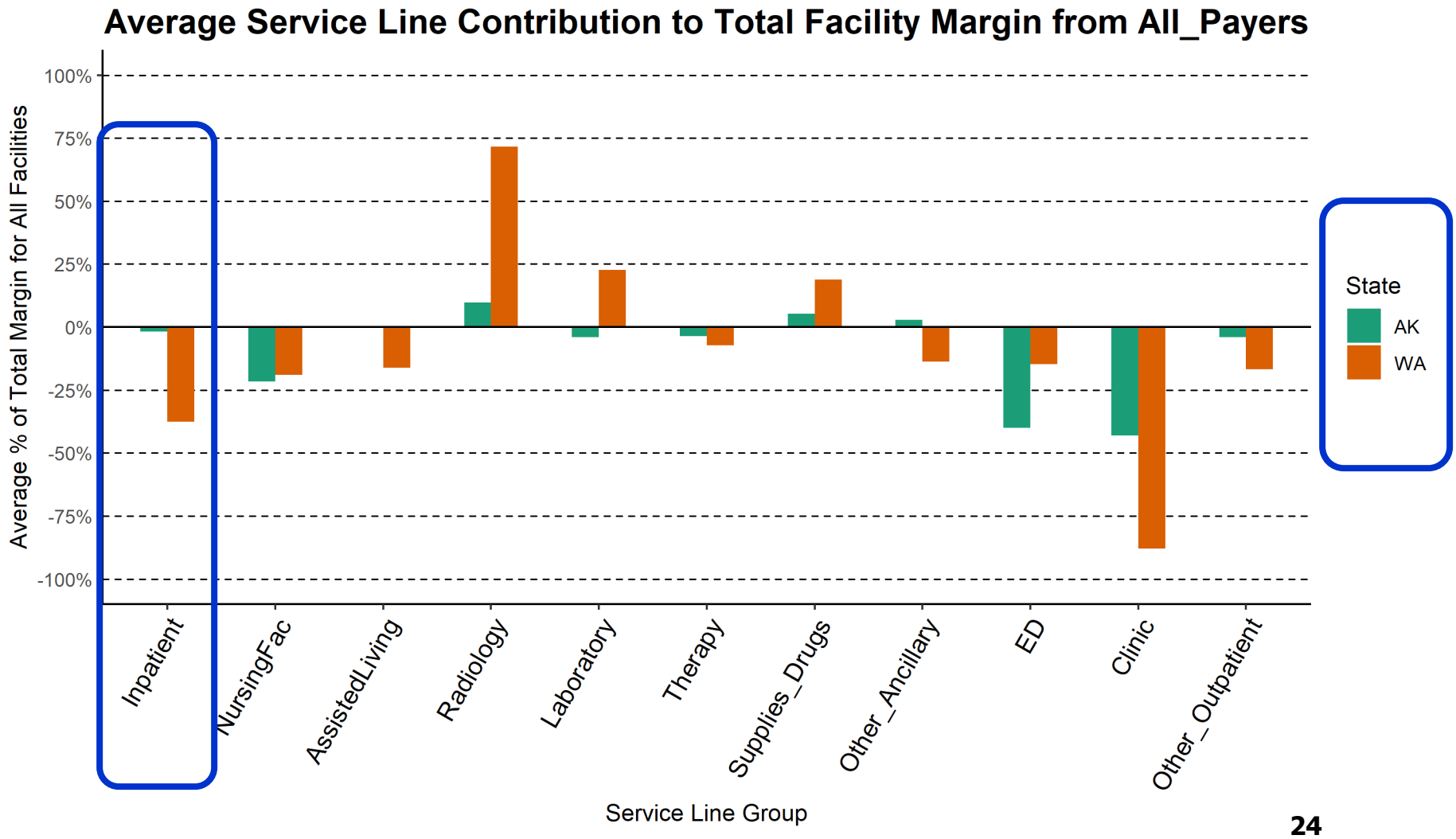
22

Ancillary Services Are More Profitable in the WA CAHs



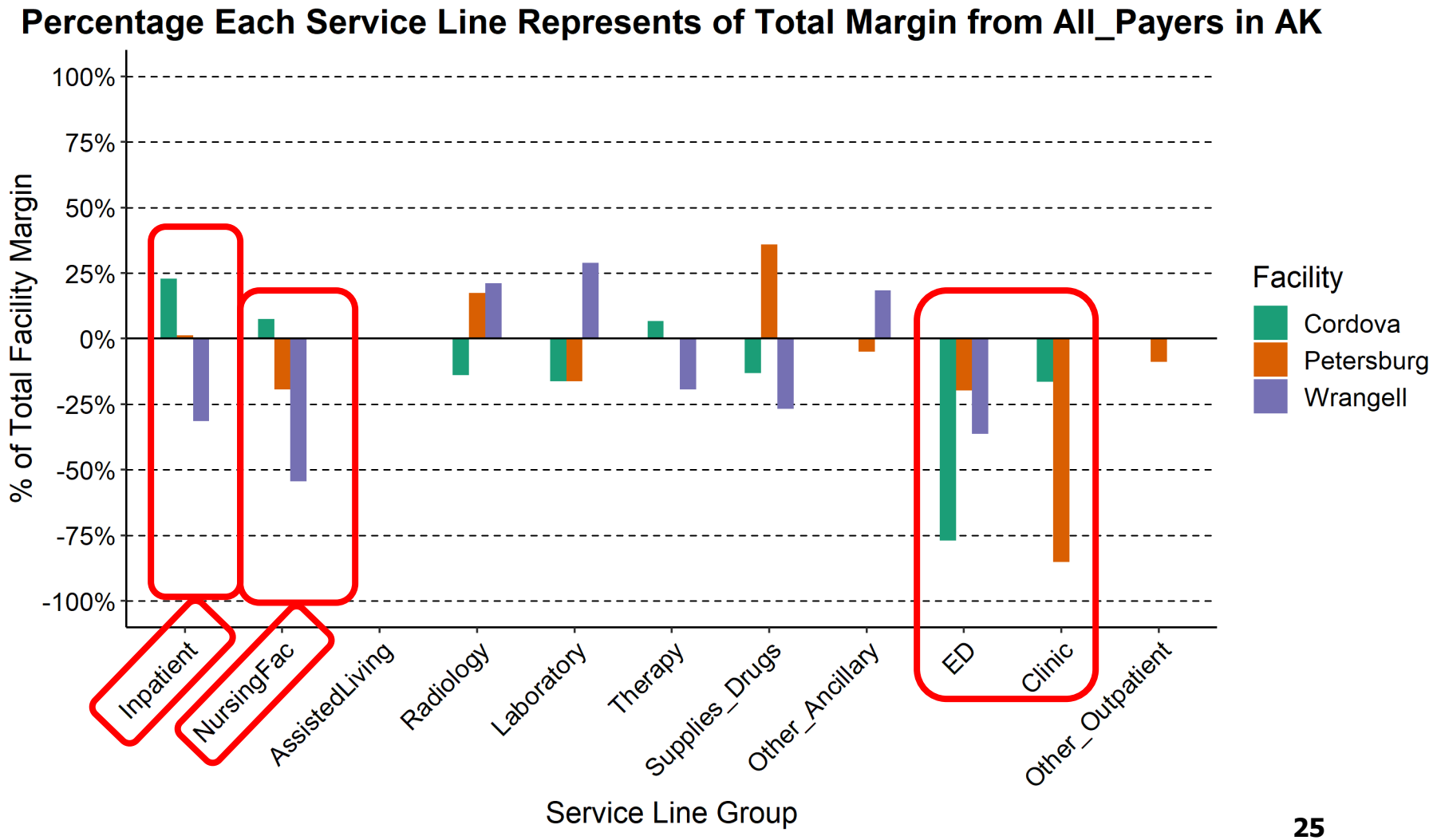
23

Margins on Inpatient Services Are Better in AK than WA



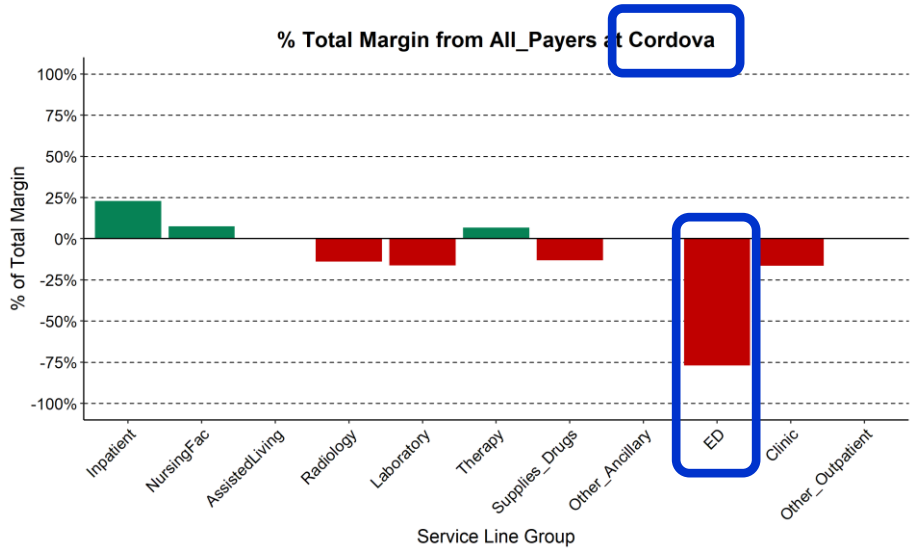
24

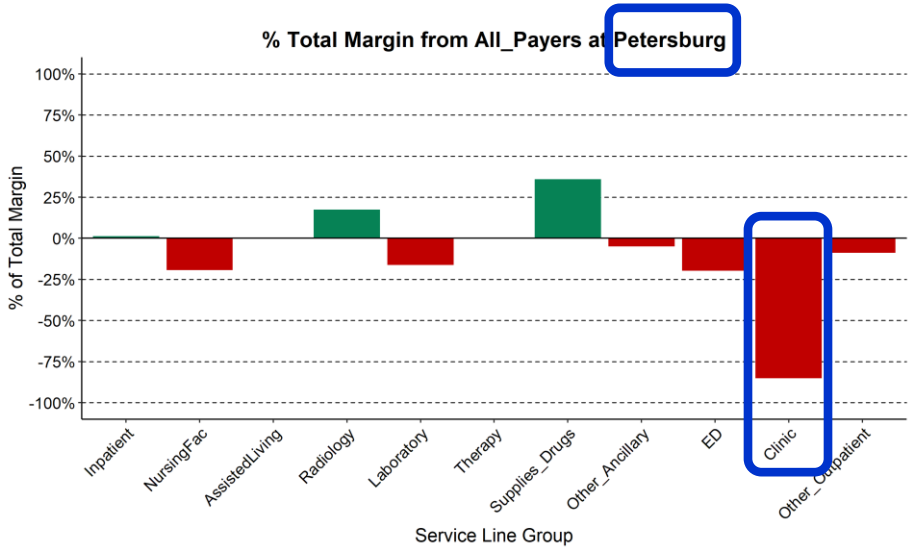
Margins on Inpatient Services Are Not the Primary Problem in AK

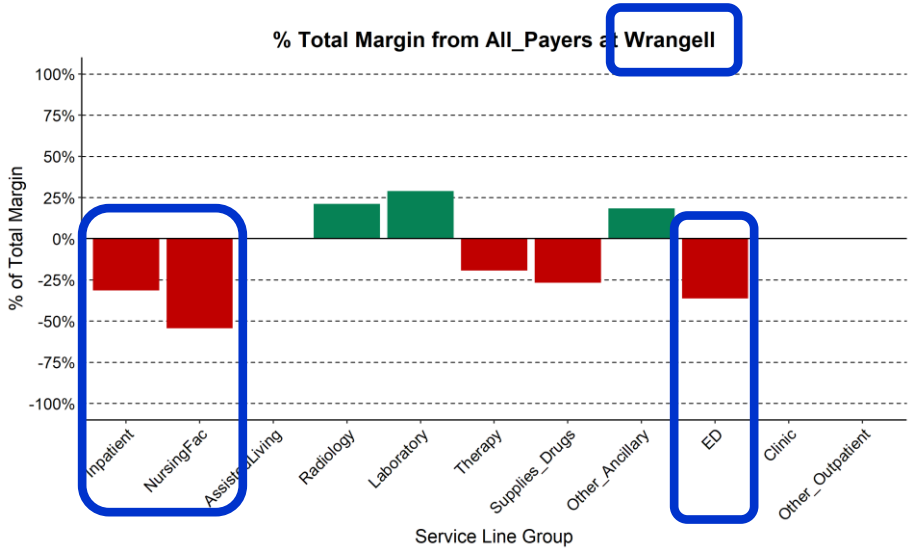


25

No One Service Line is the Primary Problem for All Hospitals

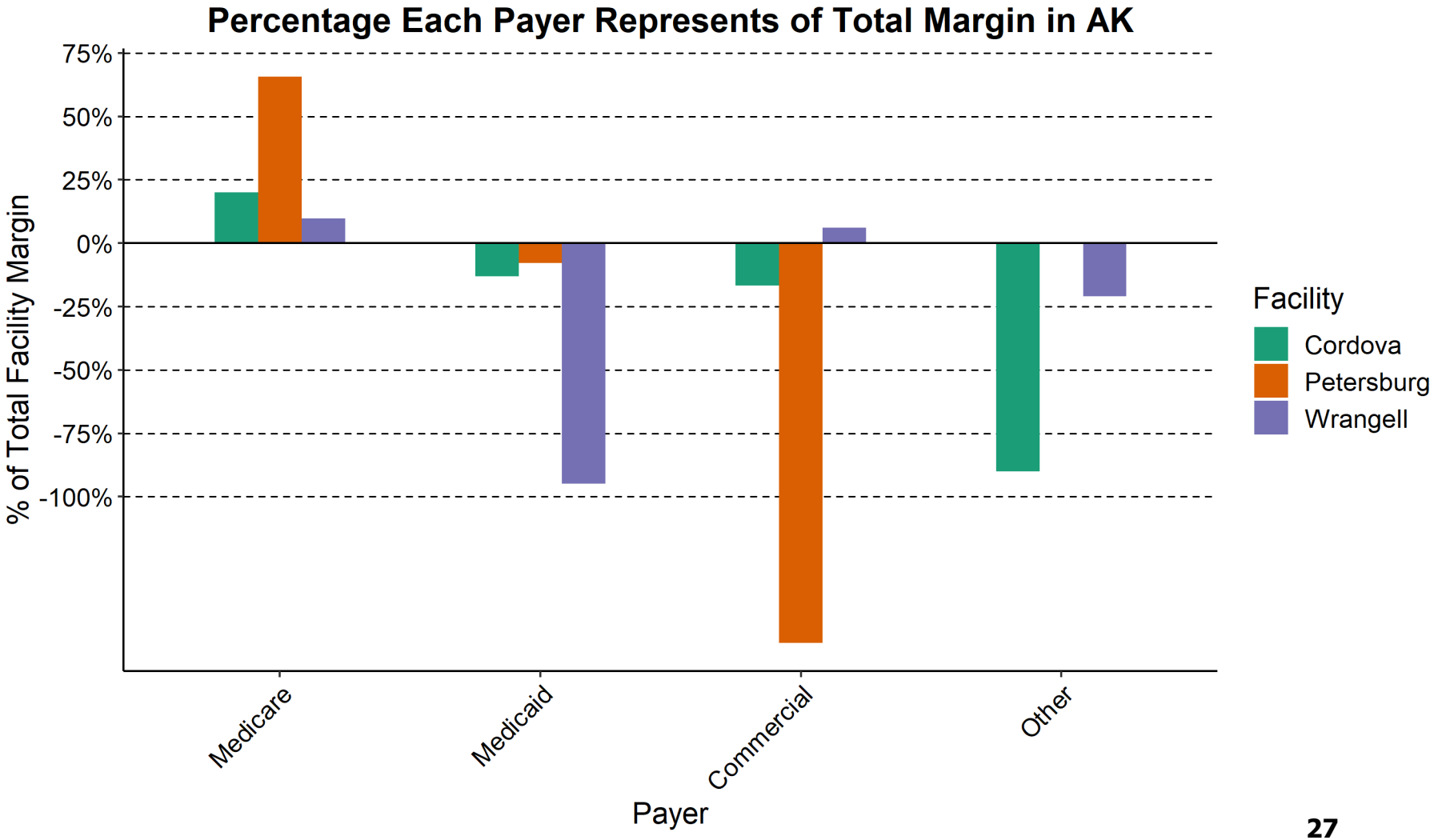






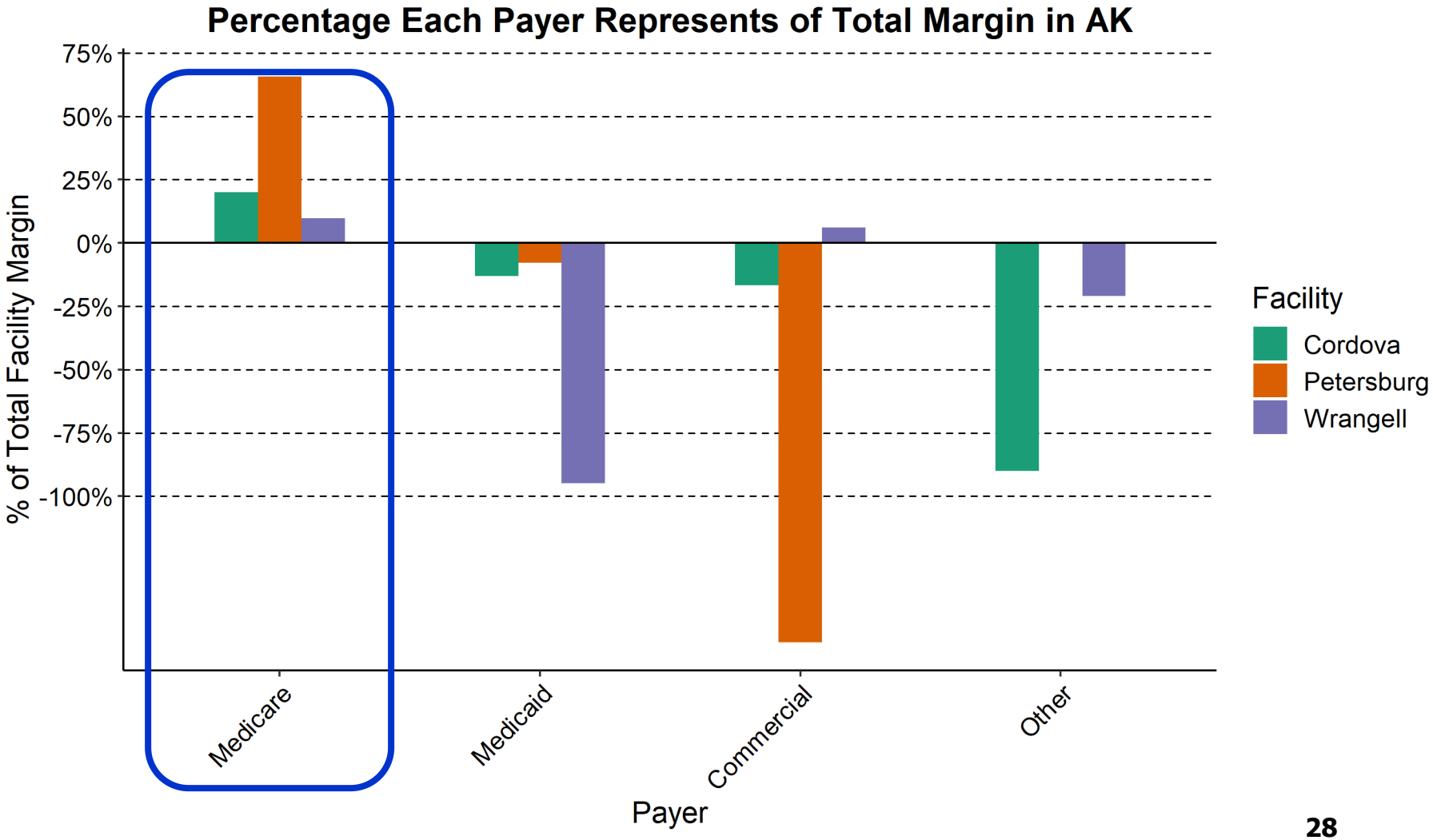
26

Which Payers Are Profitable for the Alaska Hospitals?



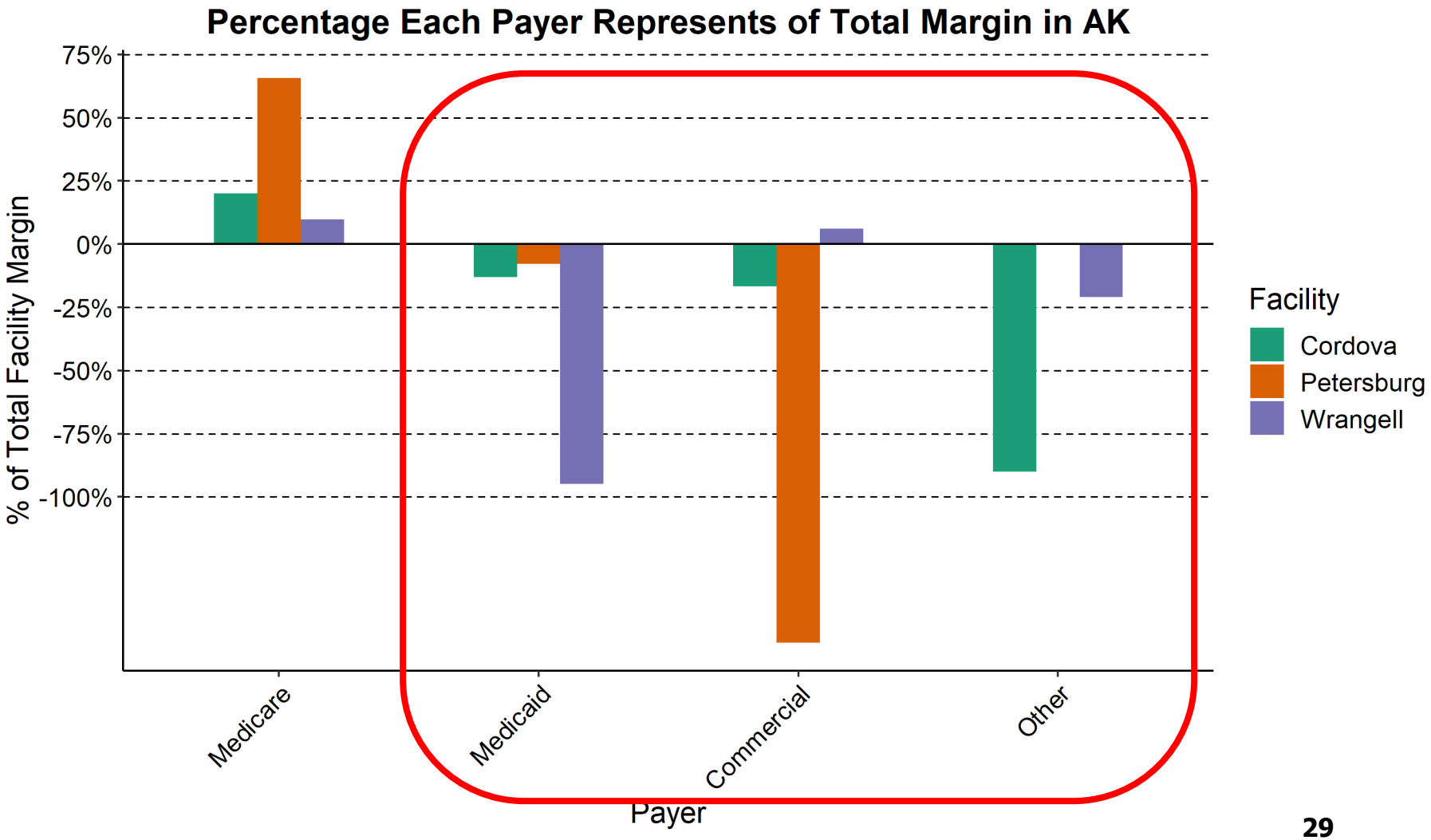
27

Medicare Patients Generate Positive Margins



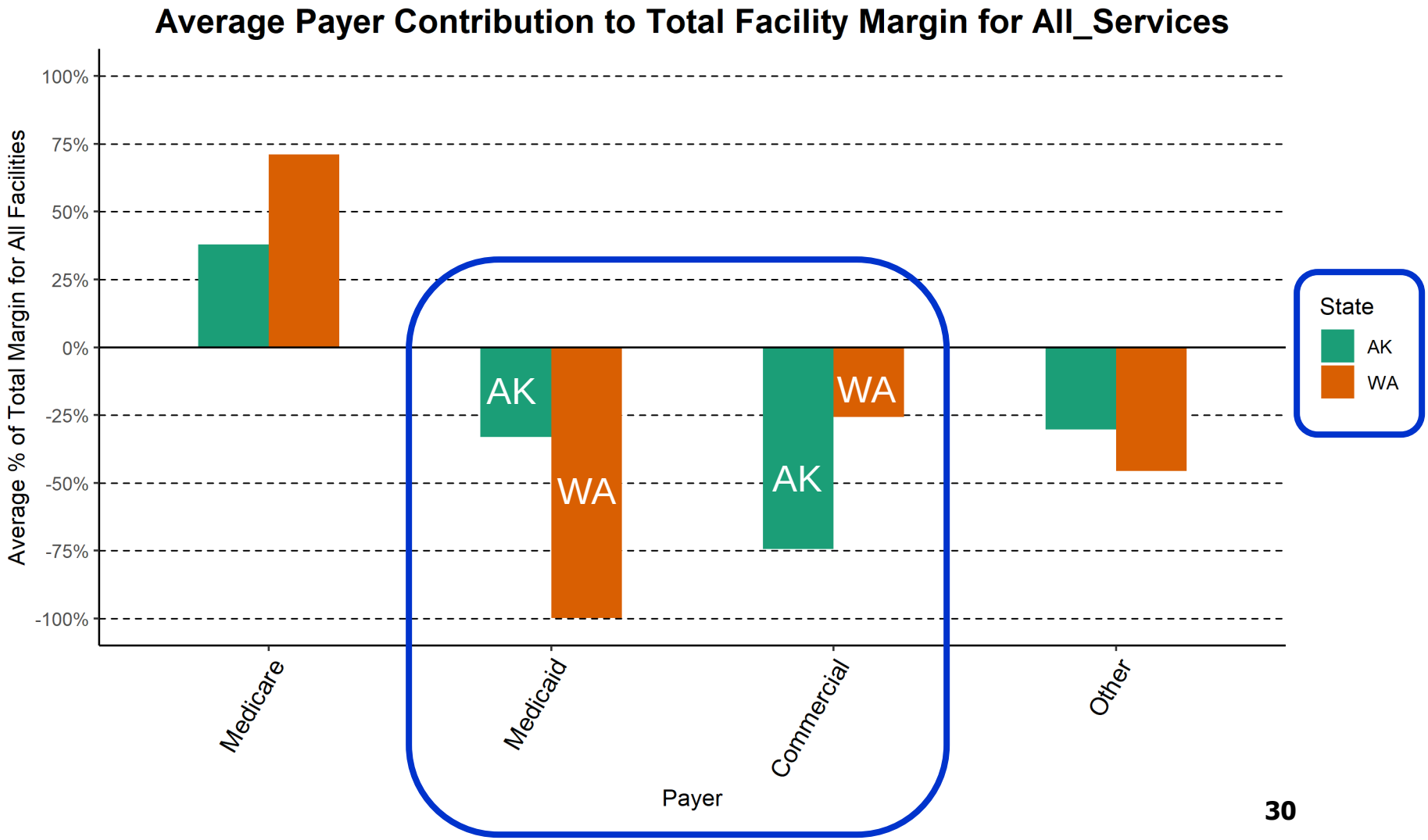
28

Losses on Other Insurers' Patients, But Variability

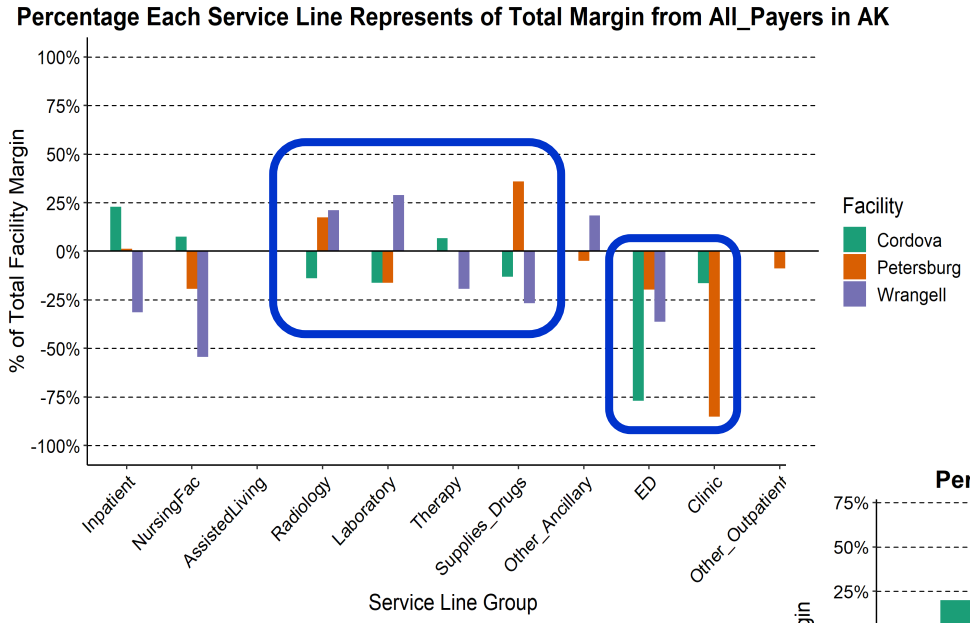


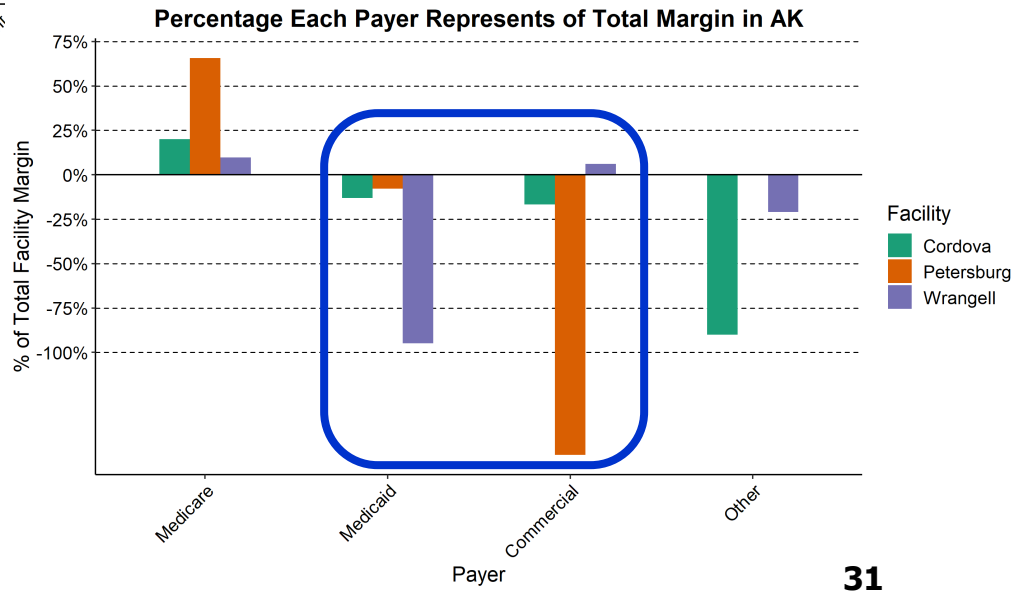
29

Similar Pattern in WA as AK, Bigger Medicaid Losses in WA



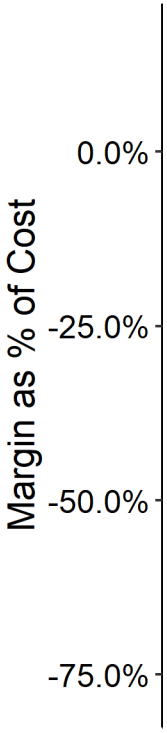
Which Payers Cause the Losses in Individual Service Lines in AK?





31

Looking at % Margin by Service

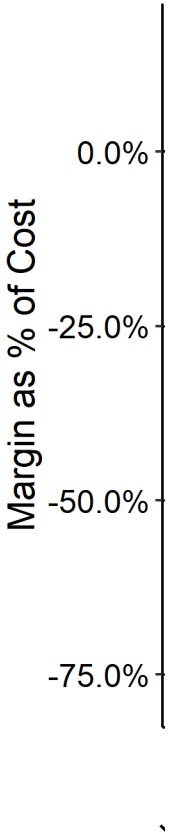


$$\% \text{ Margin} = \frac{\text{Net Revenue - Cost}}{\text{Cost}}$$

- A **large negative % margin** in a service line could represent a **small % of total hospital margin** if the service line is a **small portion of the hospital's costs**
- A small improvement in the % margin in a service line could improve the hospital's total margin significantly if the service line is a large portion of the hospital's costs

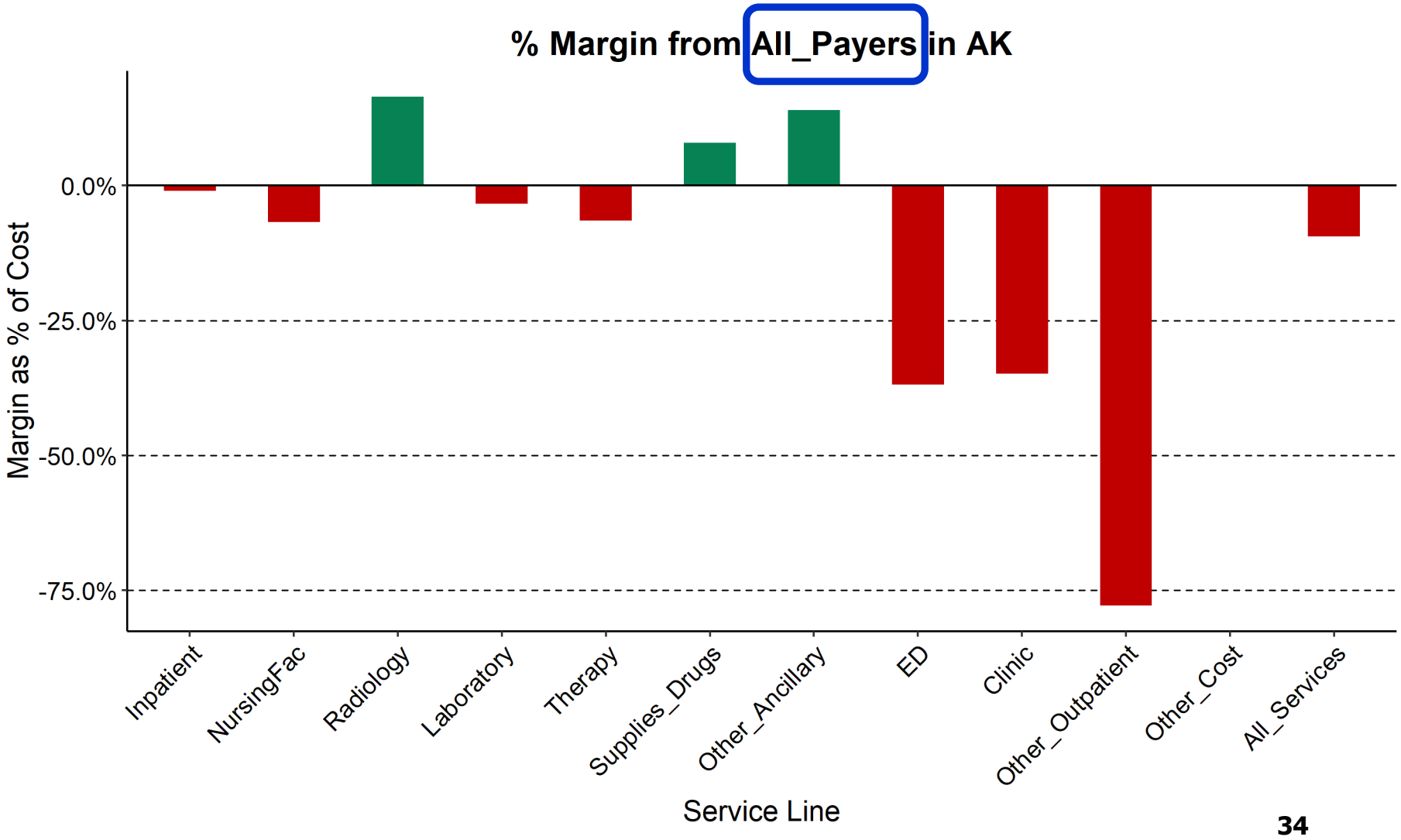
32

Looking at % Margin by Service
Averaged Across 3 Hospitals

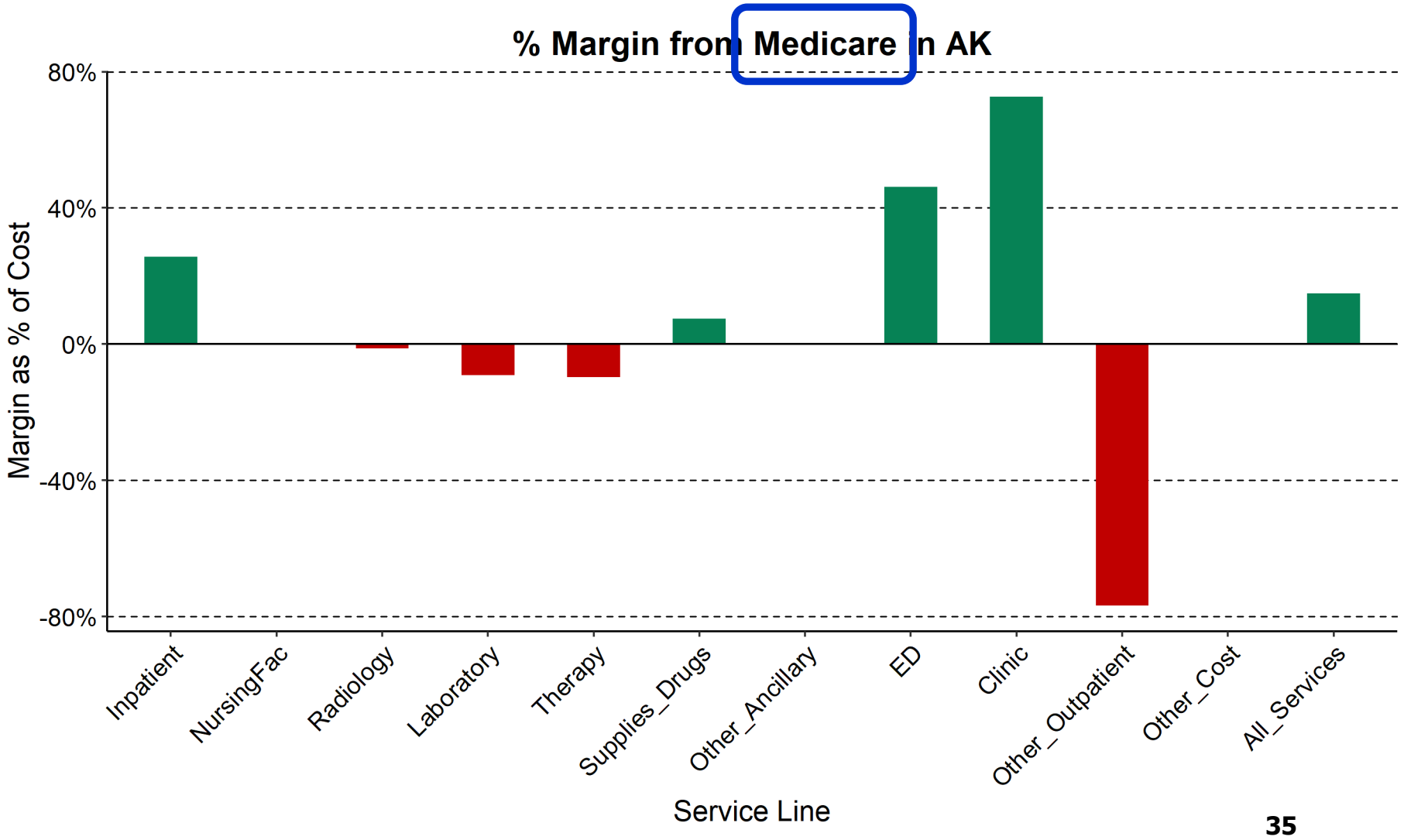


33

Looking at % Margin by Service Averaged Across 3 Hospitals

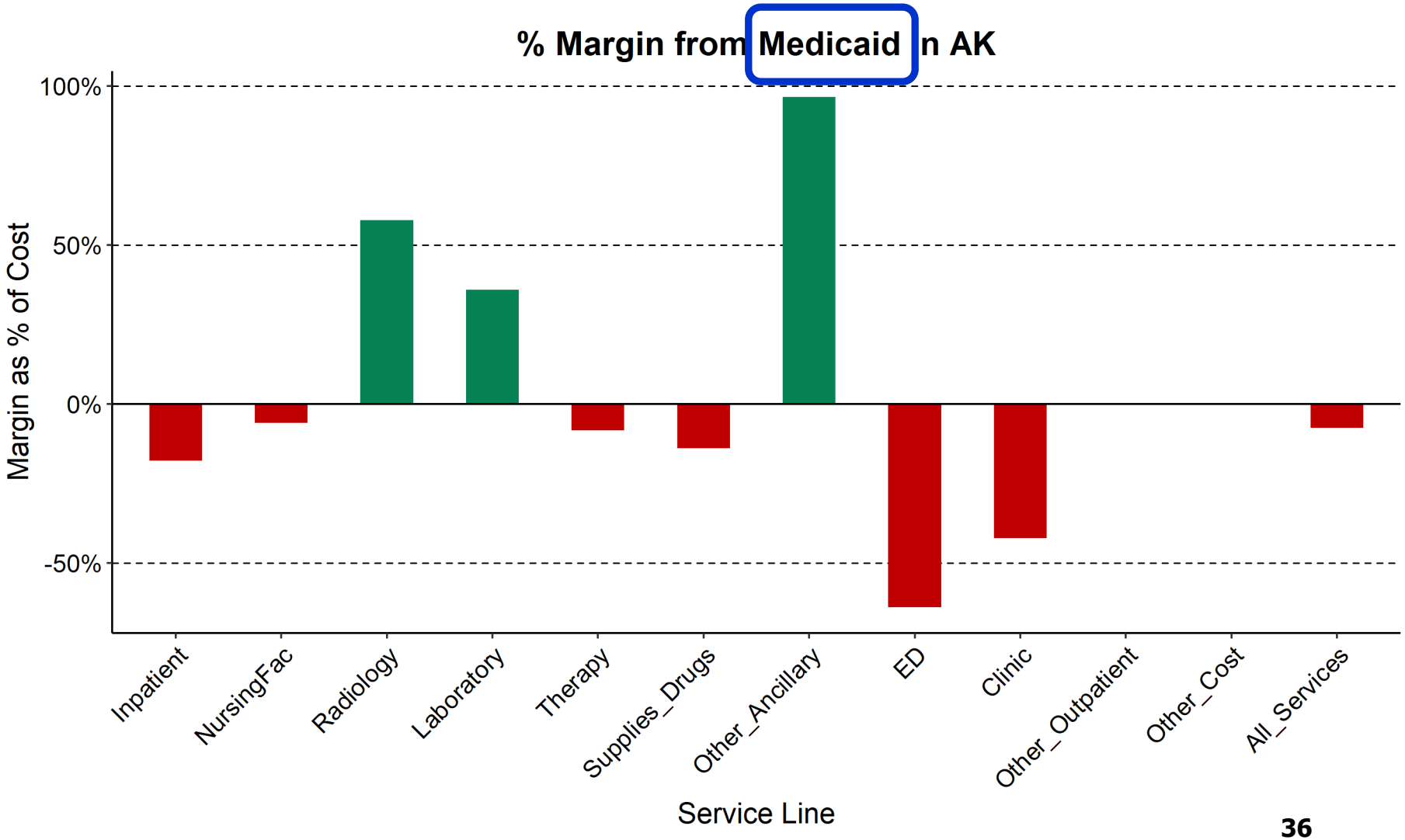


Medicare Cost-Based Payment Creates Positive Margins



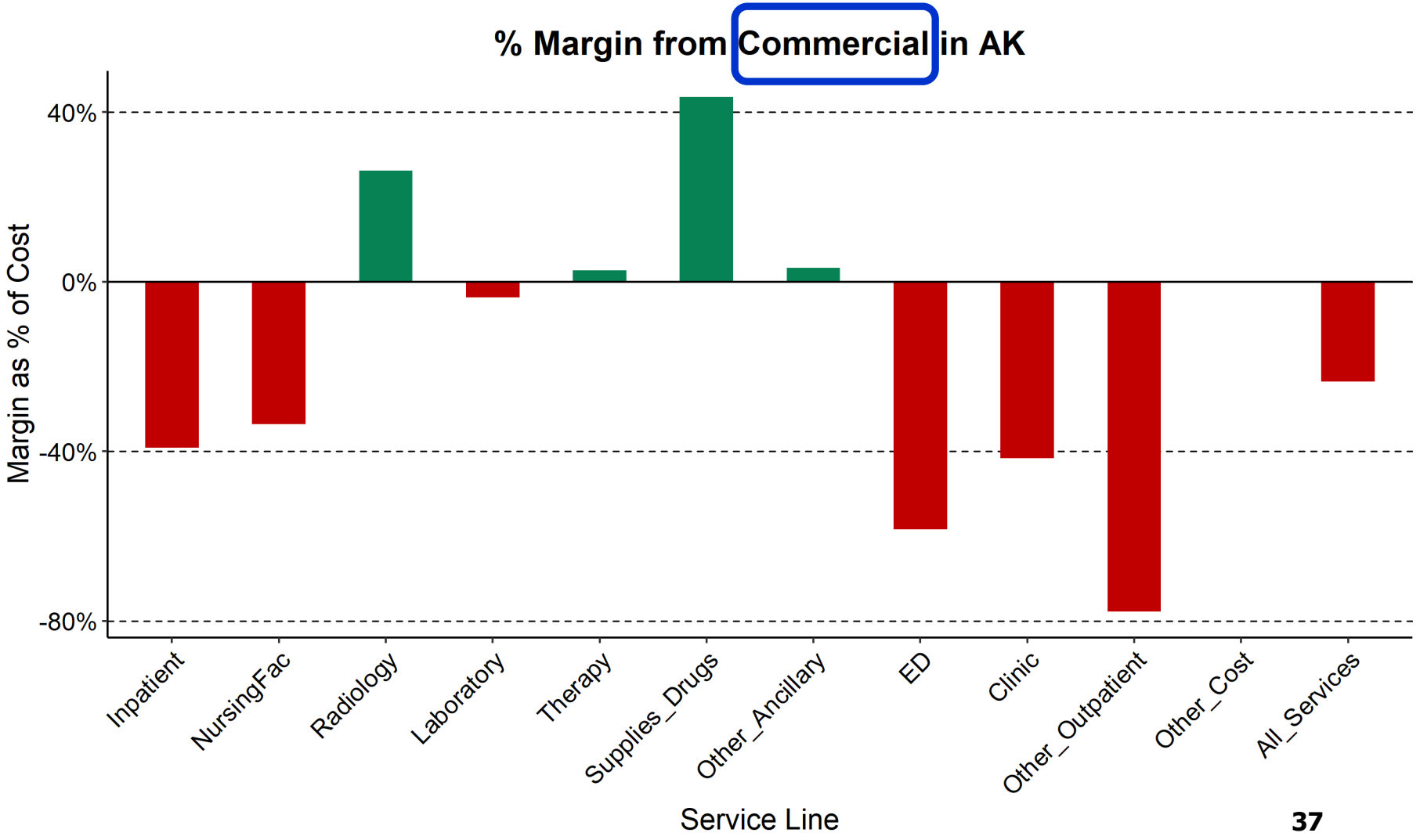
35

Ancillaries Profitable in Medicaid, Inpatient/Outpatient Svcs Are Not

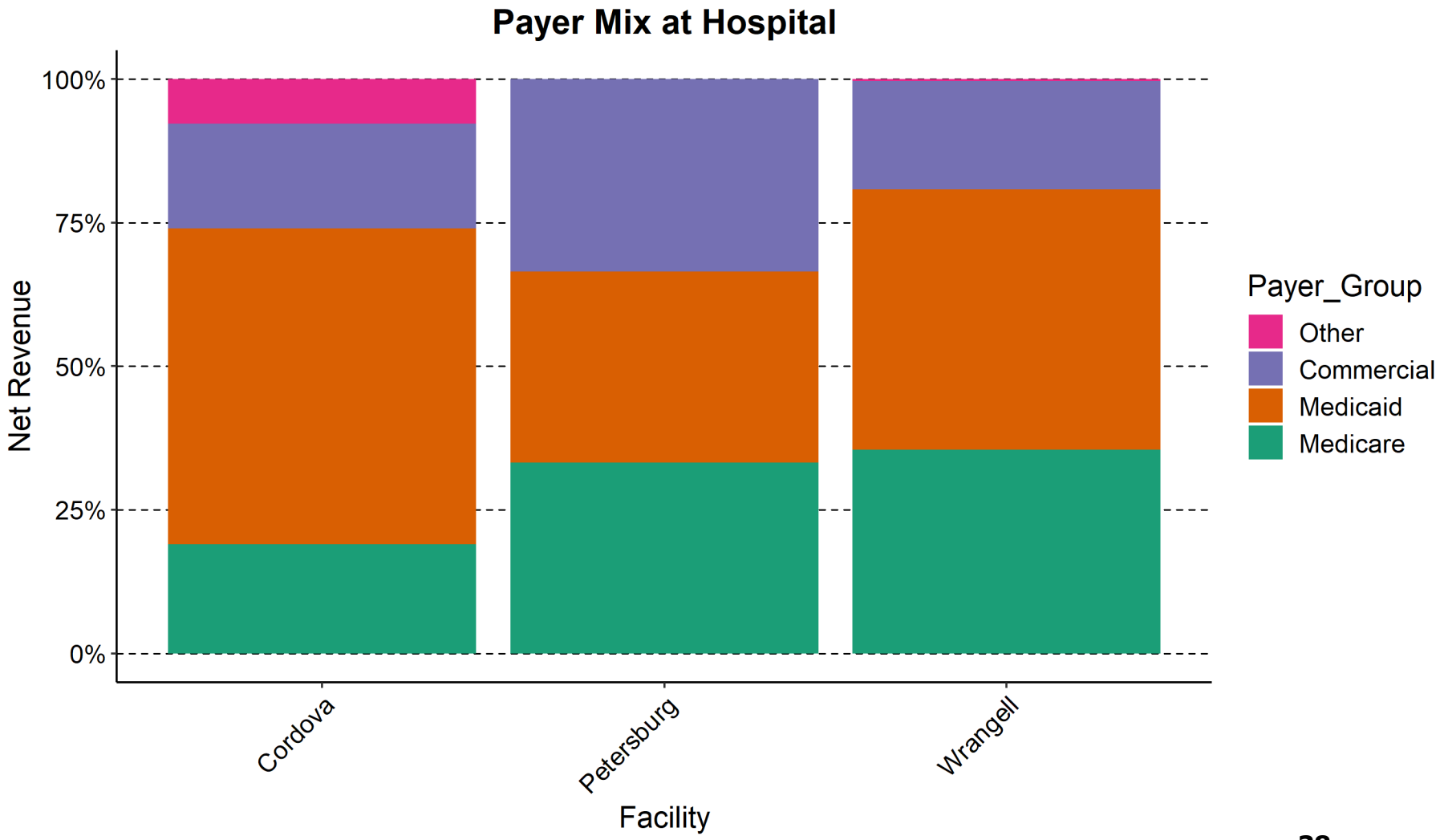


36

Inpatient/Outpatient Losses Are Higher for Commercial Patients

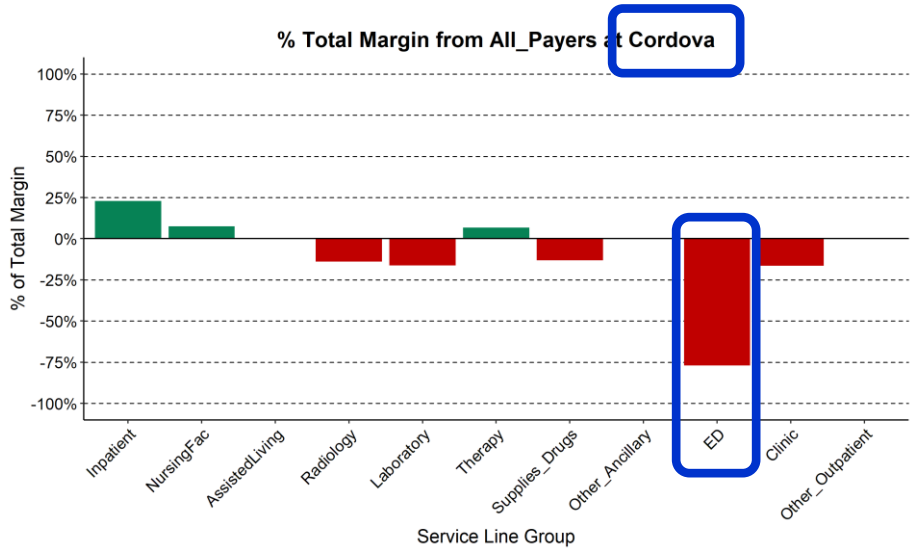


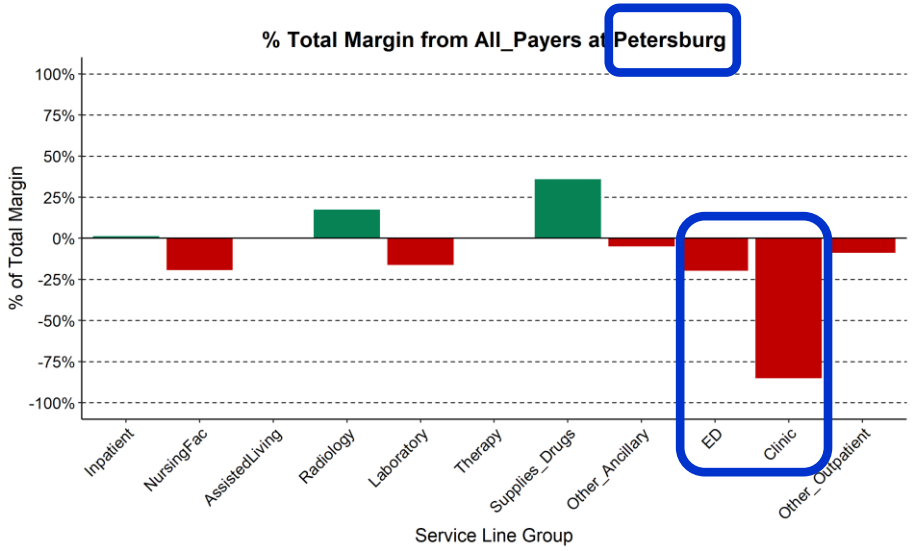
Medicaid & Commercial Payers Represent Majority of Revenue

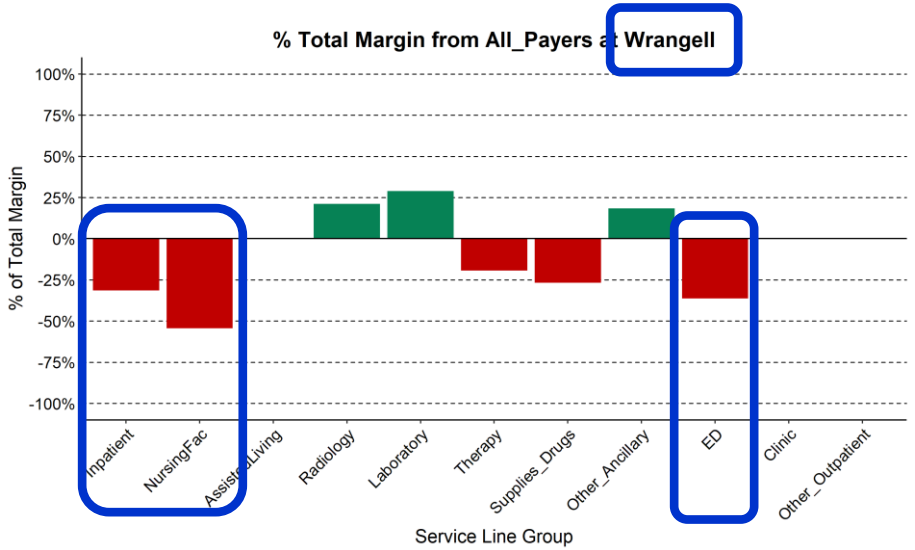


38

Which Payers Are Key to the Service Lines Driving Deficits?

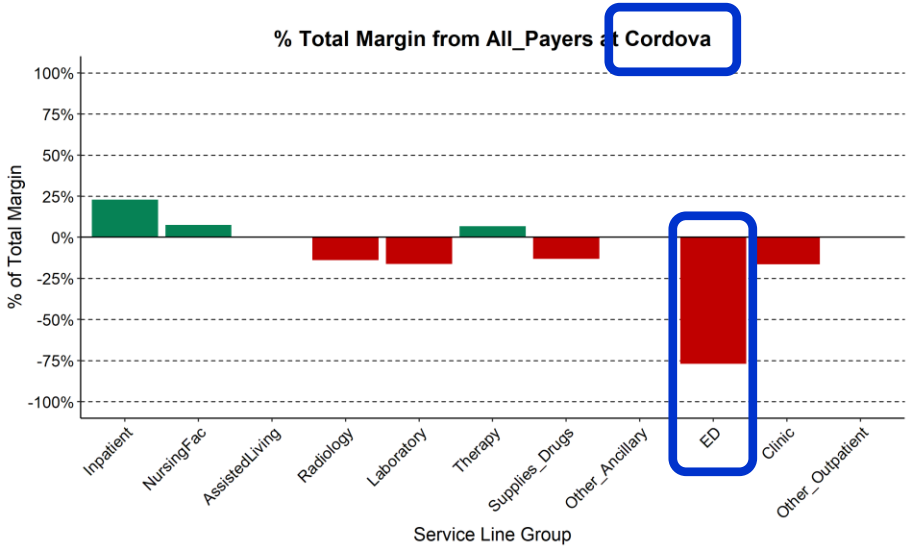


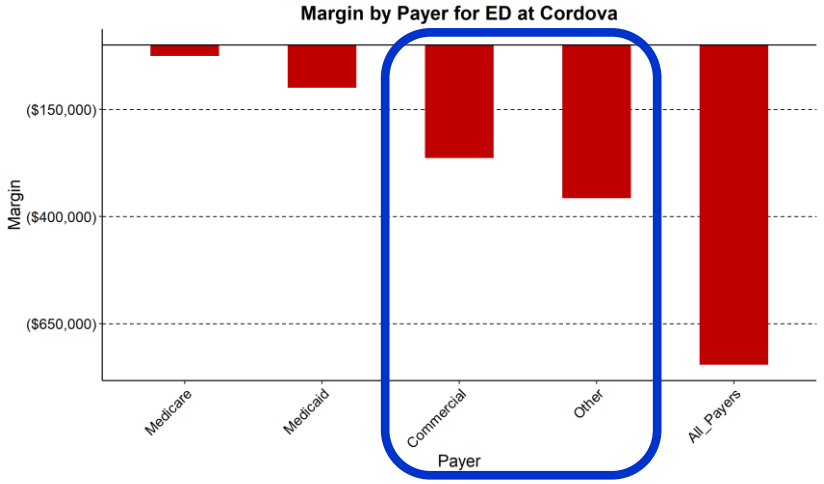


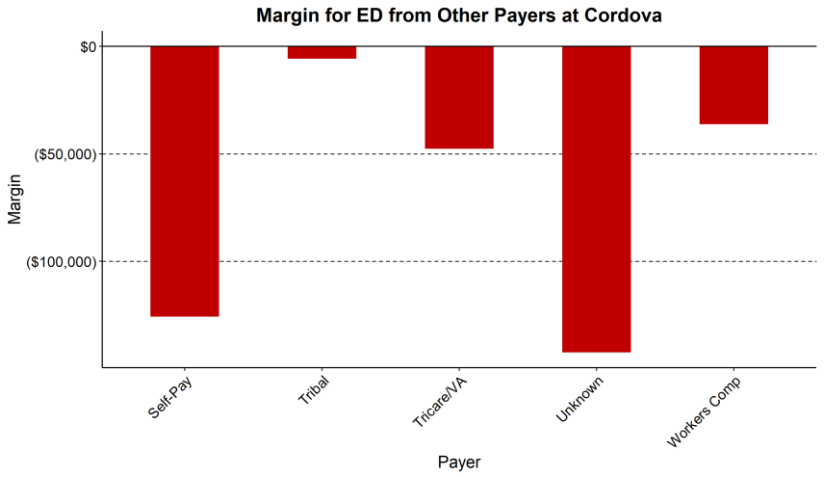


39

Commercial Payers Drive Deficits at Cordova

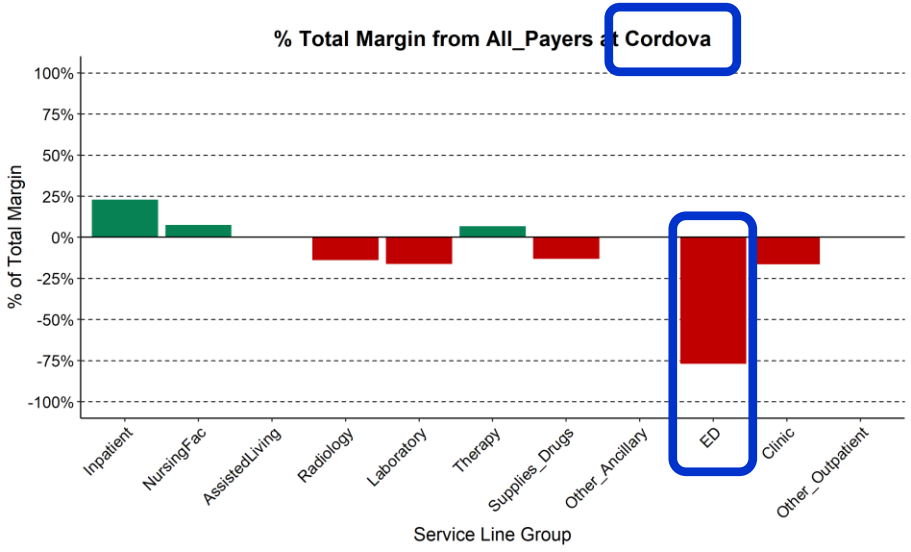


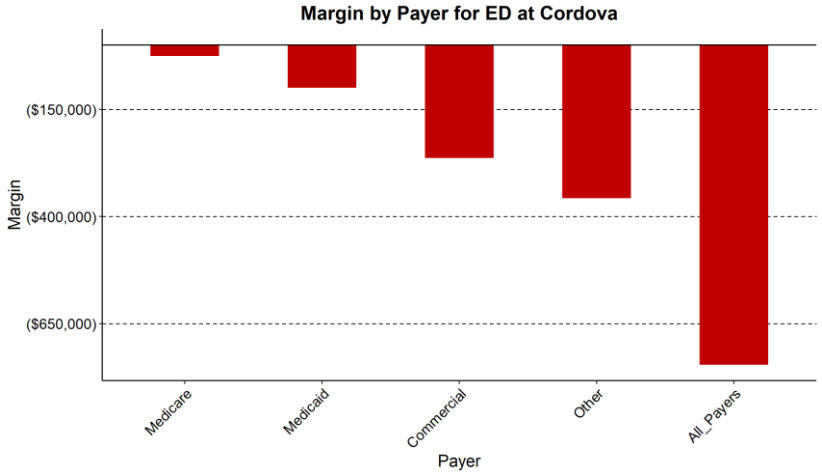


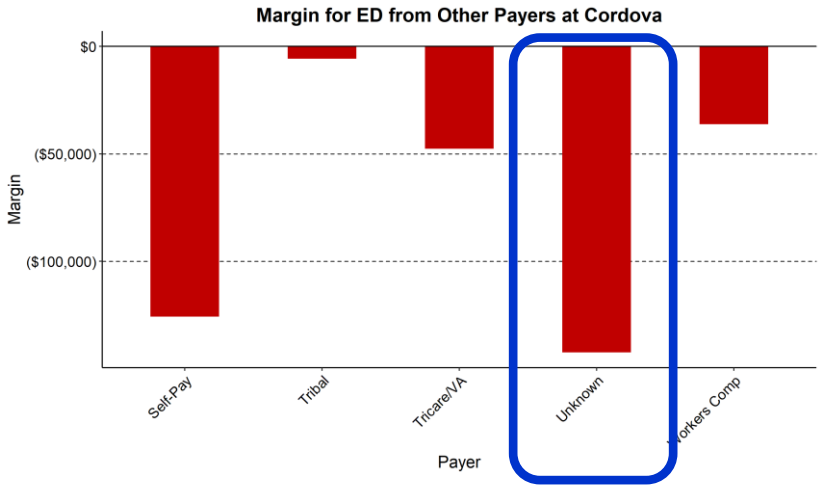


40

Missing Data and Errors Create A Significant "Unknown" Group

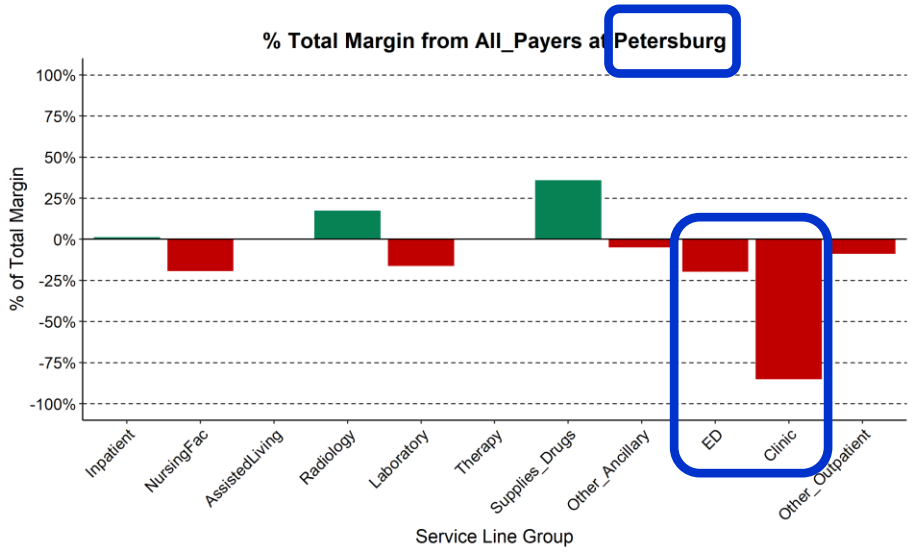


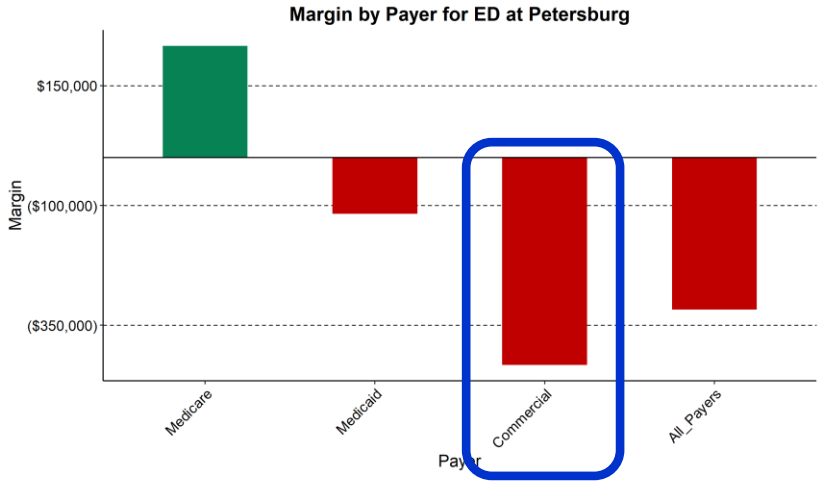


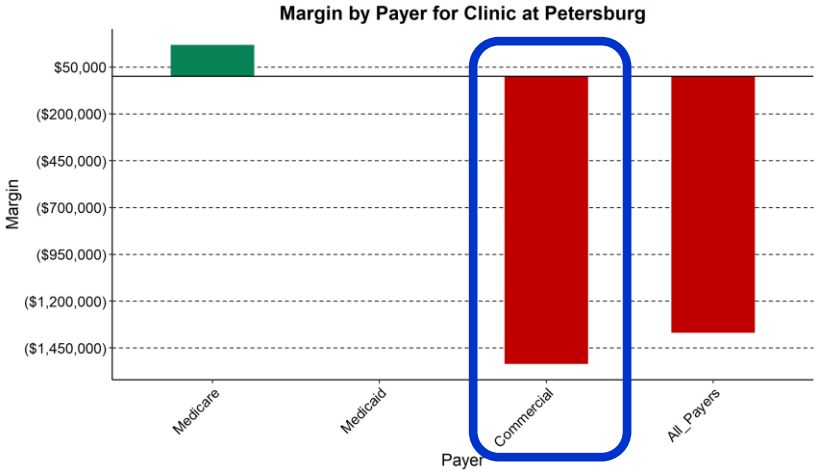


41

Commercial Payers Drive Deficits at Petersburg

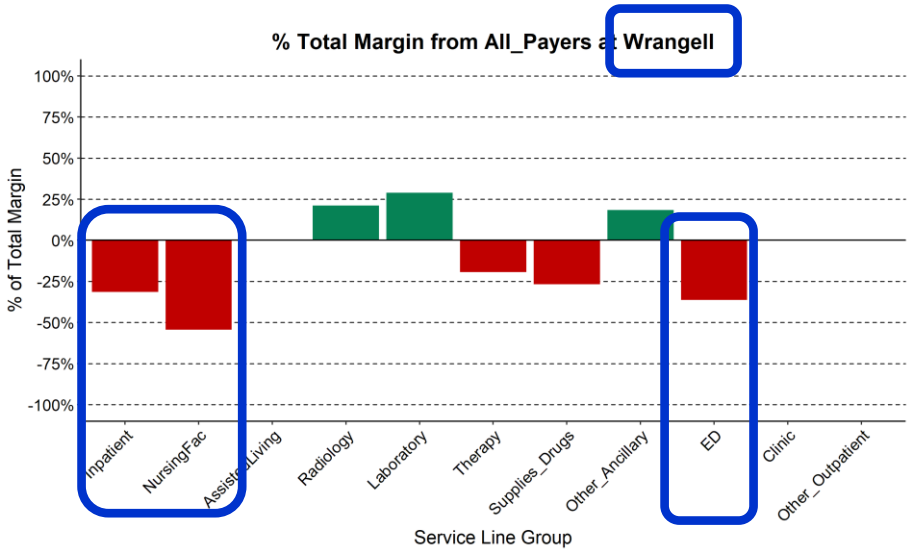


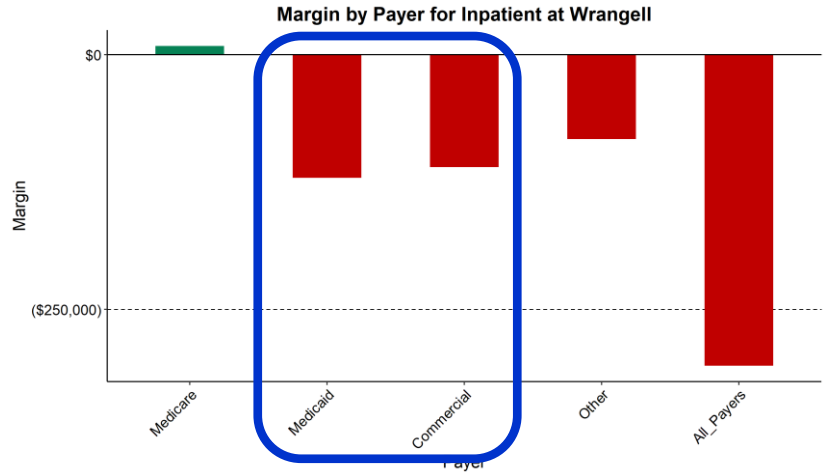


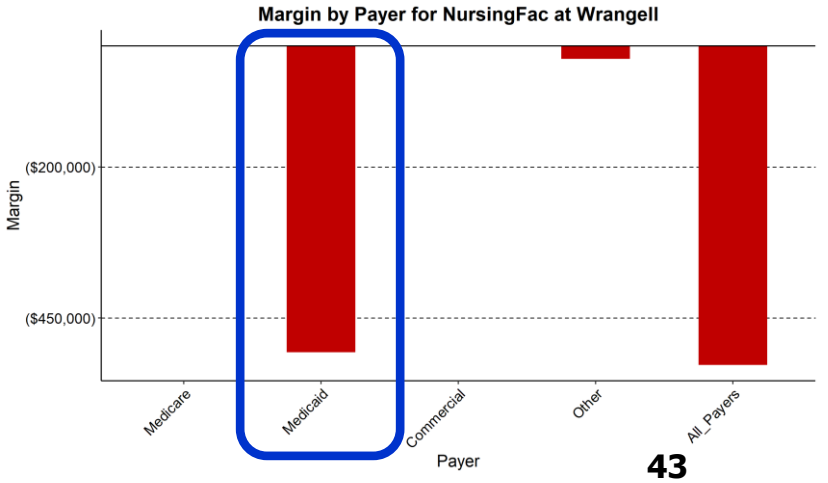


42

Medicaid & Commercial Payers Drive Deficits at Wrangell







NOTE: Data on ED losses for Wrangell require further analysis; data show that Medicare patients represent 80% of services but only 33% of charges, so attribution to payers may be inaccurate.

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Summary of Service Lines & Payers Causing Deficits

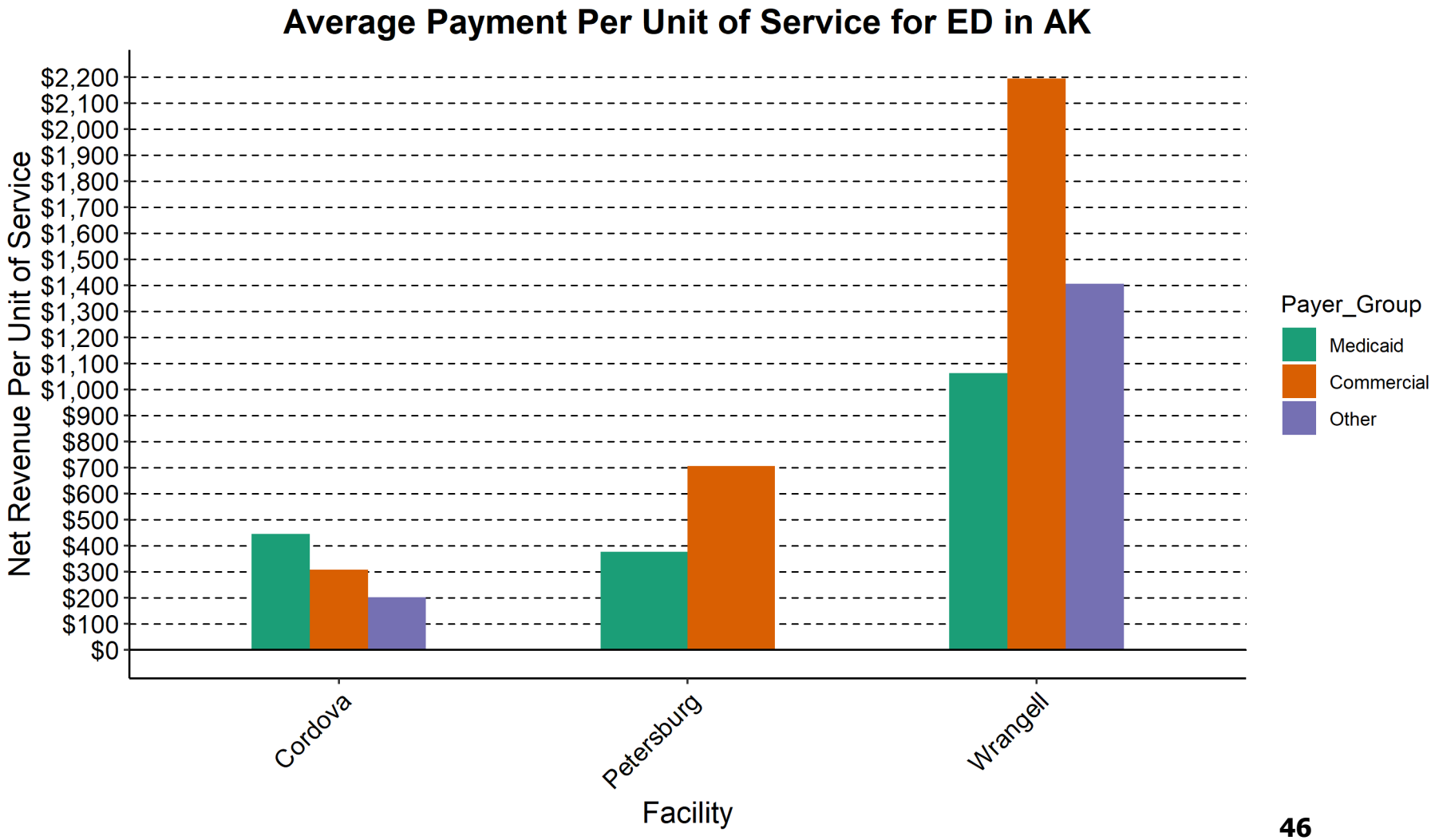
HOSPITAL	SERVICE LINES CAUSING LOSSES	PAYERS PAYING LESS THAN COSTS
Cordova	ED	Commercial
Petersburg	ED	Commercial
	Clinic	Commercial
Wrangell	ED	?
	Inpatient	Medicaid Commercial
	Nursing Facility	Medicaid

ED Deficits Are the One Common Problem

HOSPITAL	SERVICE LINES CAUSING LOSSES	PAYERS PAYING LESS THAN COSTS
Cordova	ED	Commercial
Petersburg	ED	Commercial
	Clinic	Commercial
Wrangell	ED	?
	Inpatient	Medicaid Commercial
	Nursing Facility	Medicaid

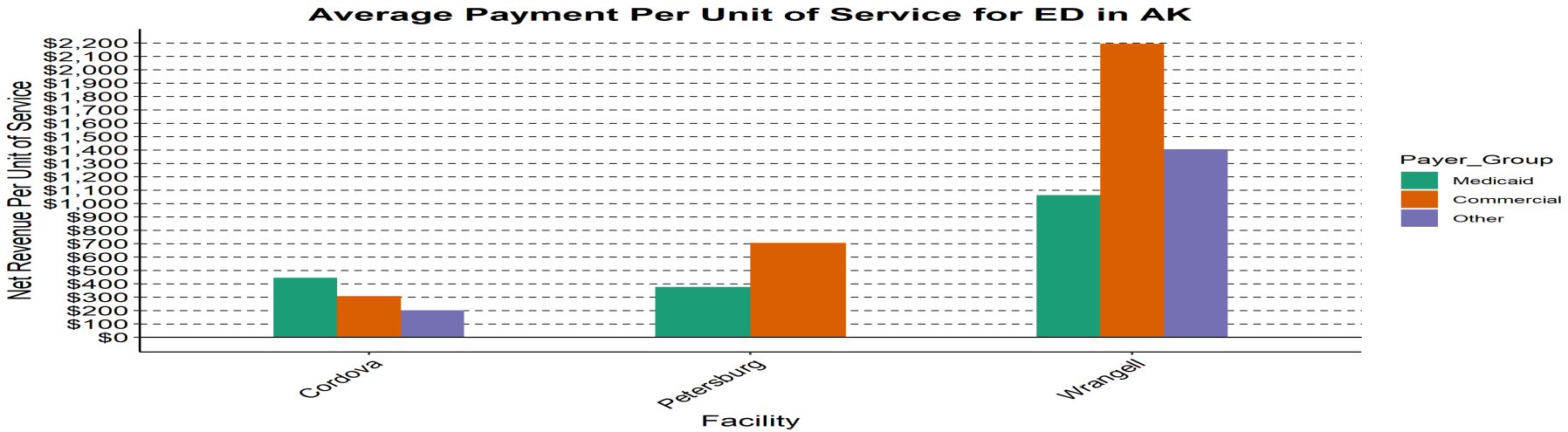
45

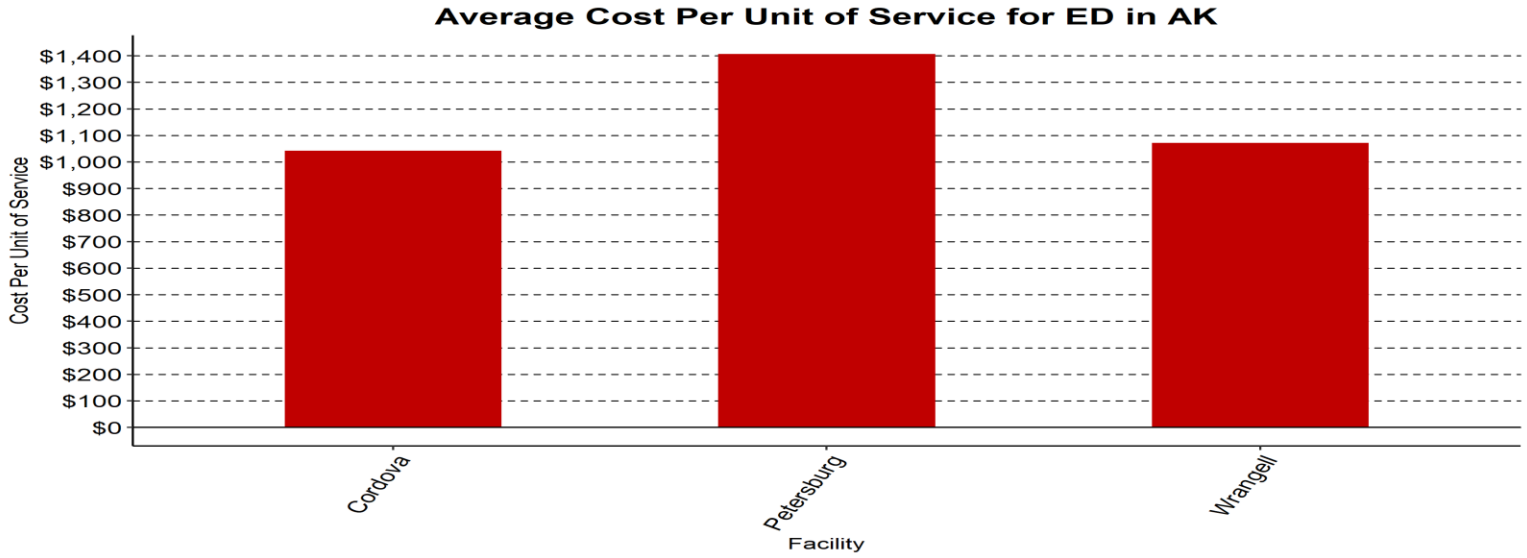
Variation in Payment Rates; Wrangell Rates Anomalous



46

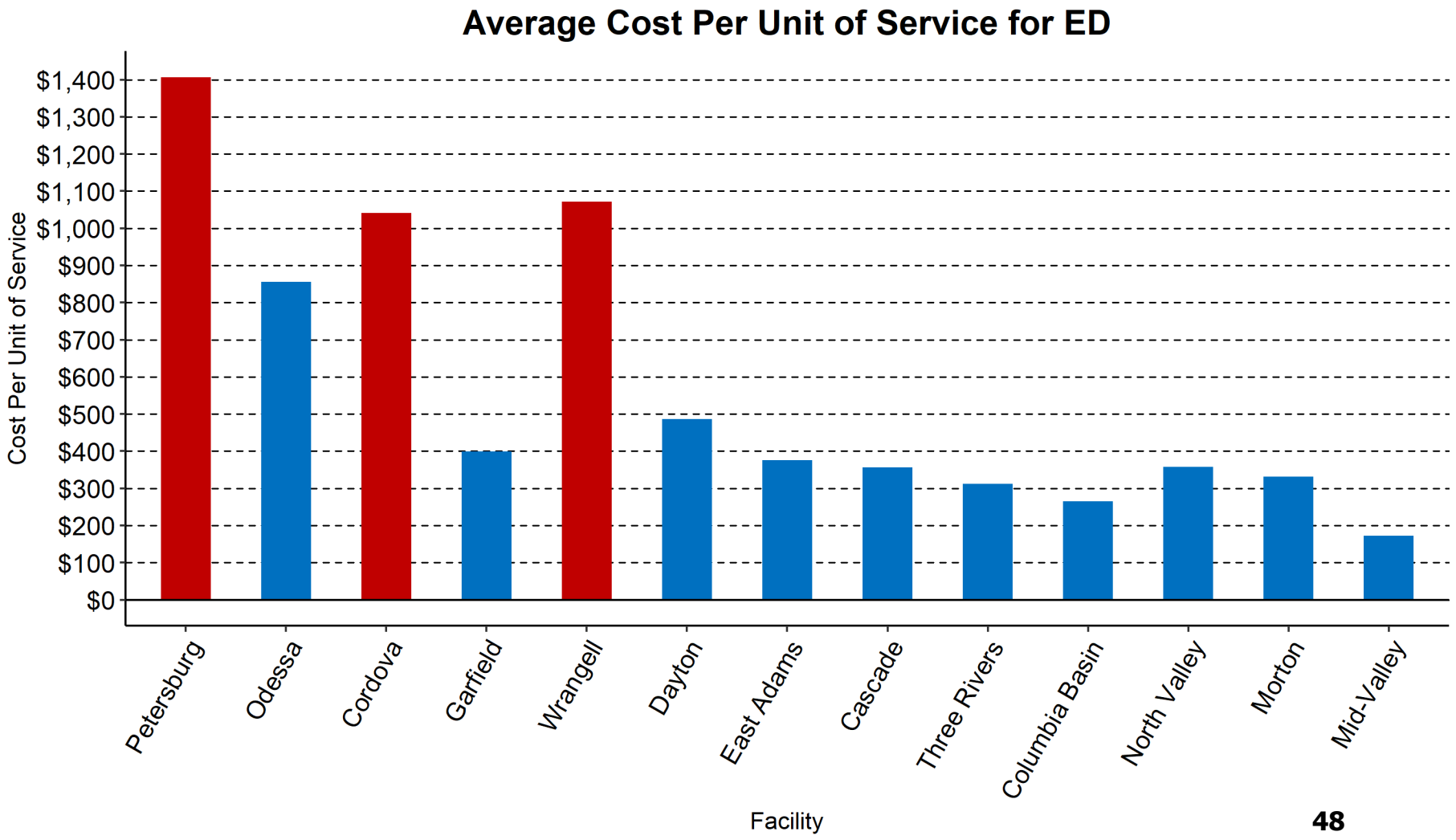
Cordova & Petersburg ED Deficits Due to Payments Below Cost



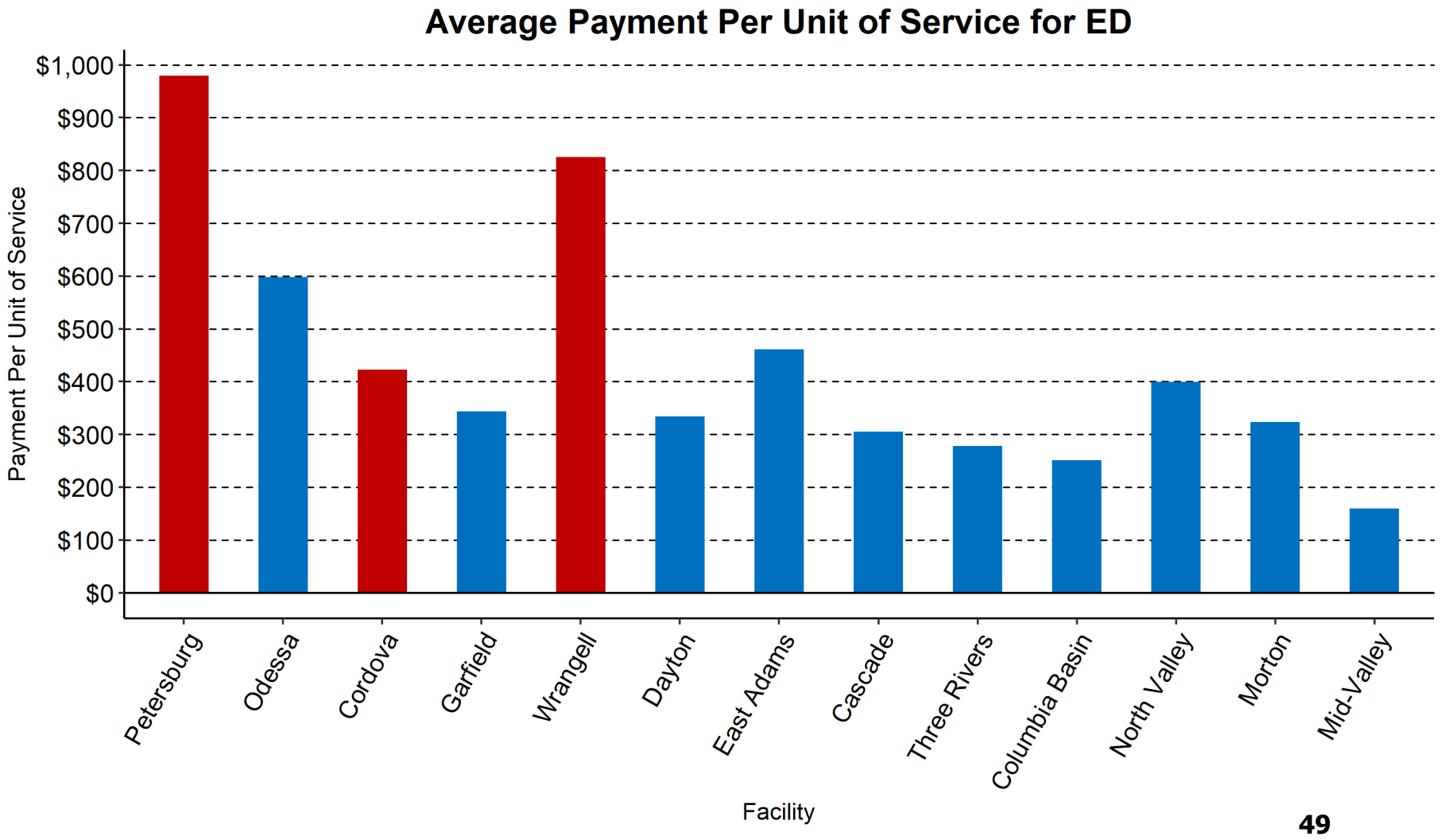


47

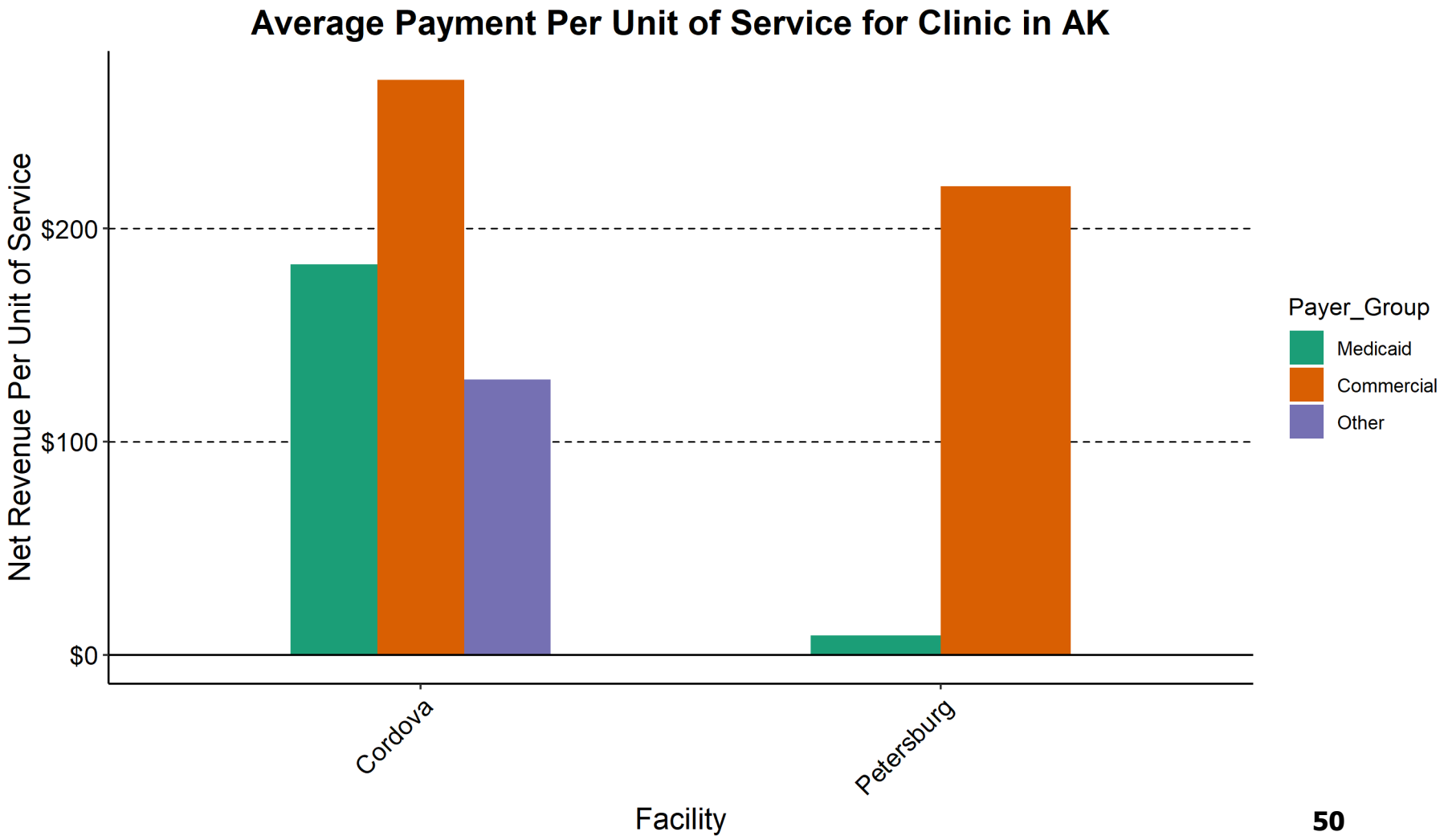
ED Costs Appear Higher Than Similar Size EDs in WA CAHs



ED Payments Are Generally Higher in AK than WA

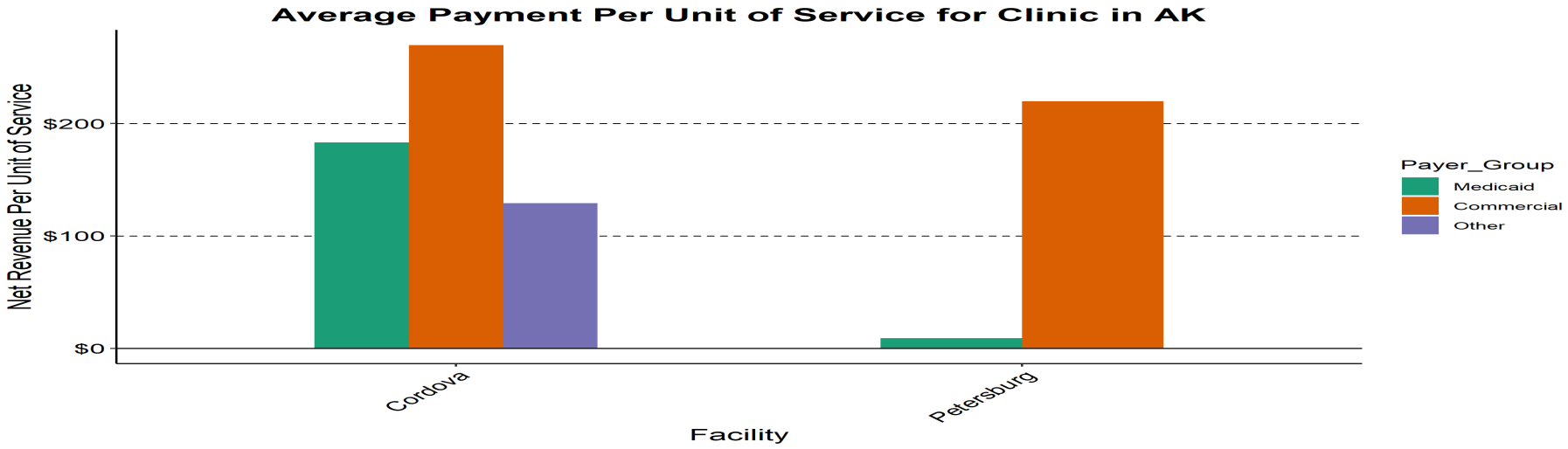


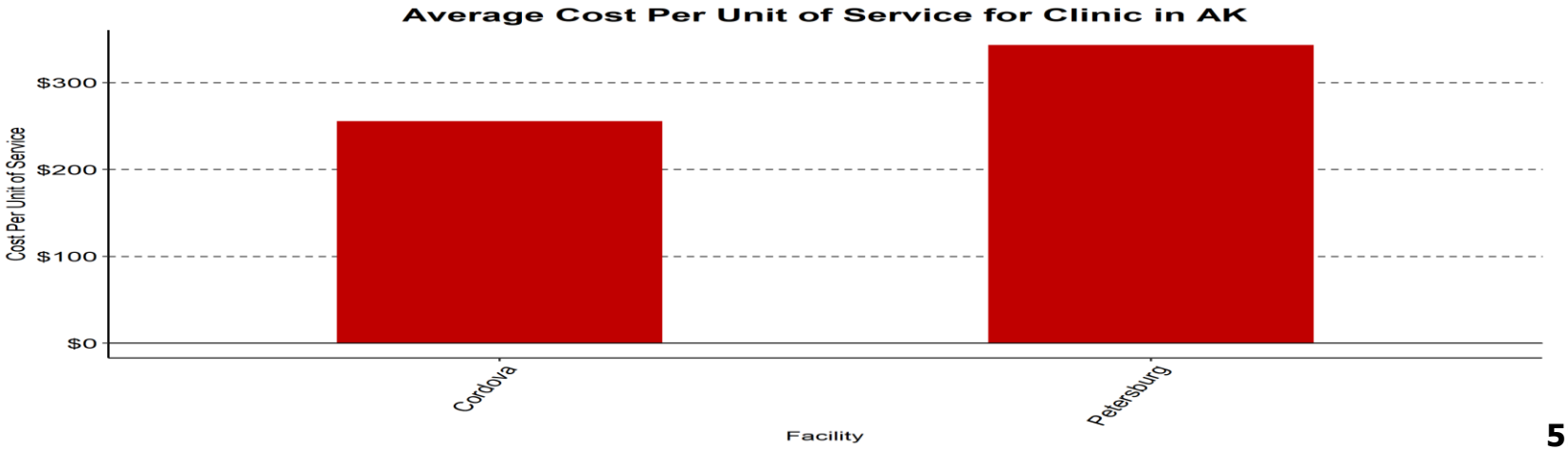
Variability in Clinic Payments by Payer



50

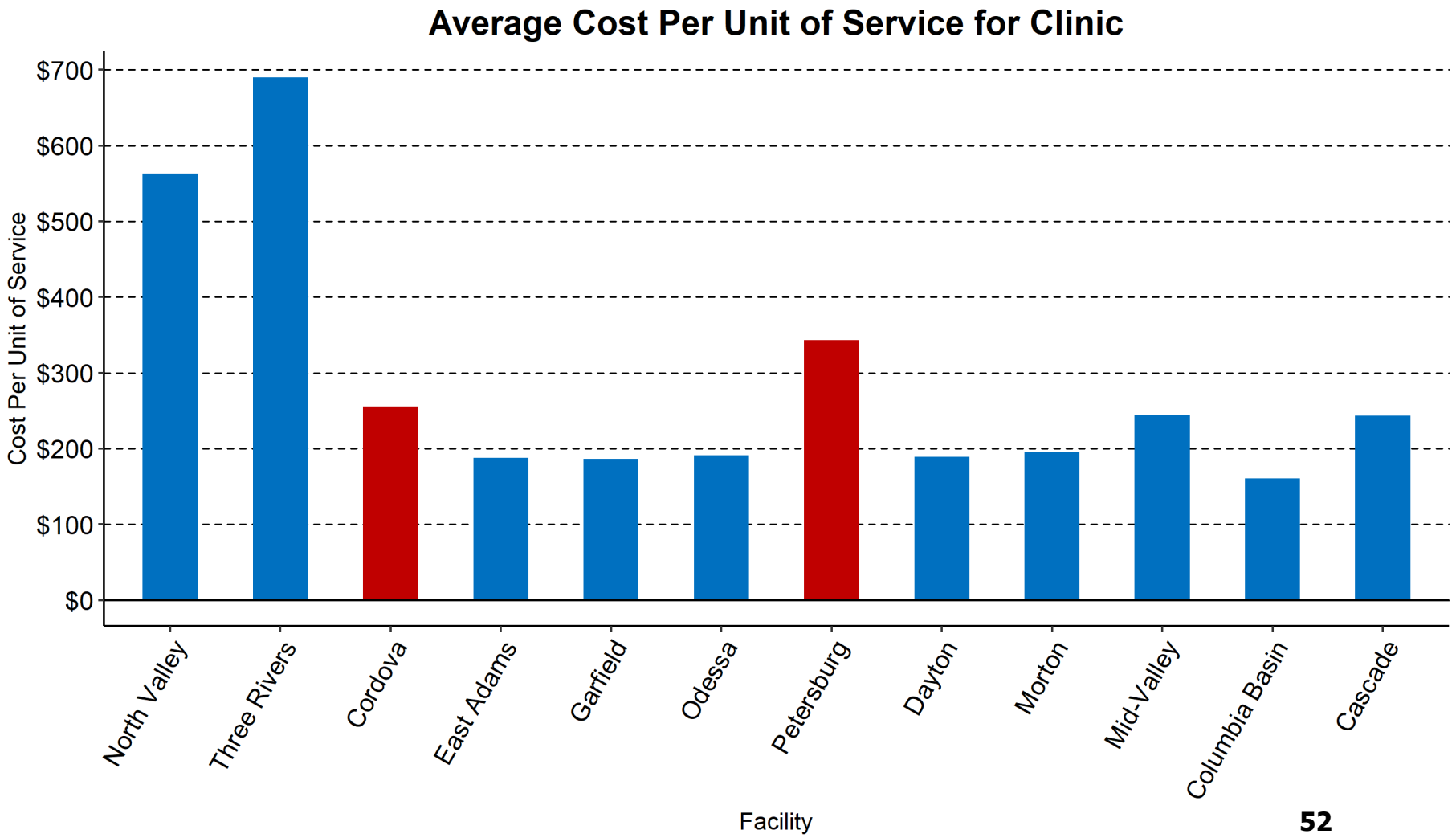
Payments at Both Clinics Are Below Cost



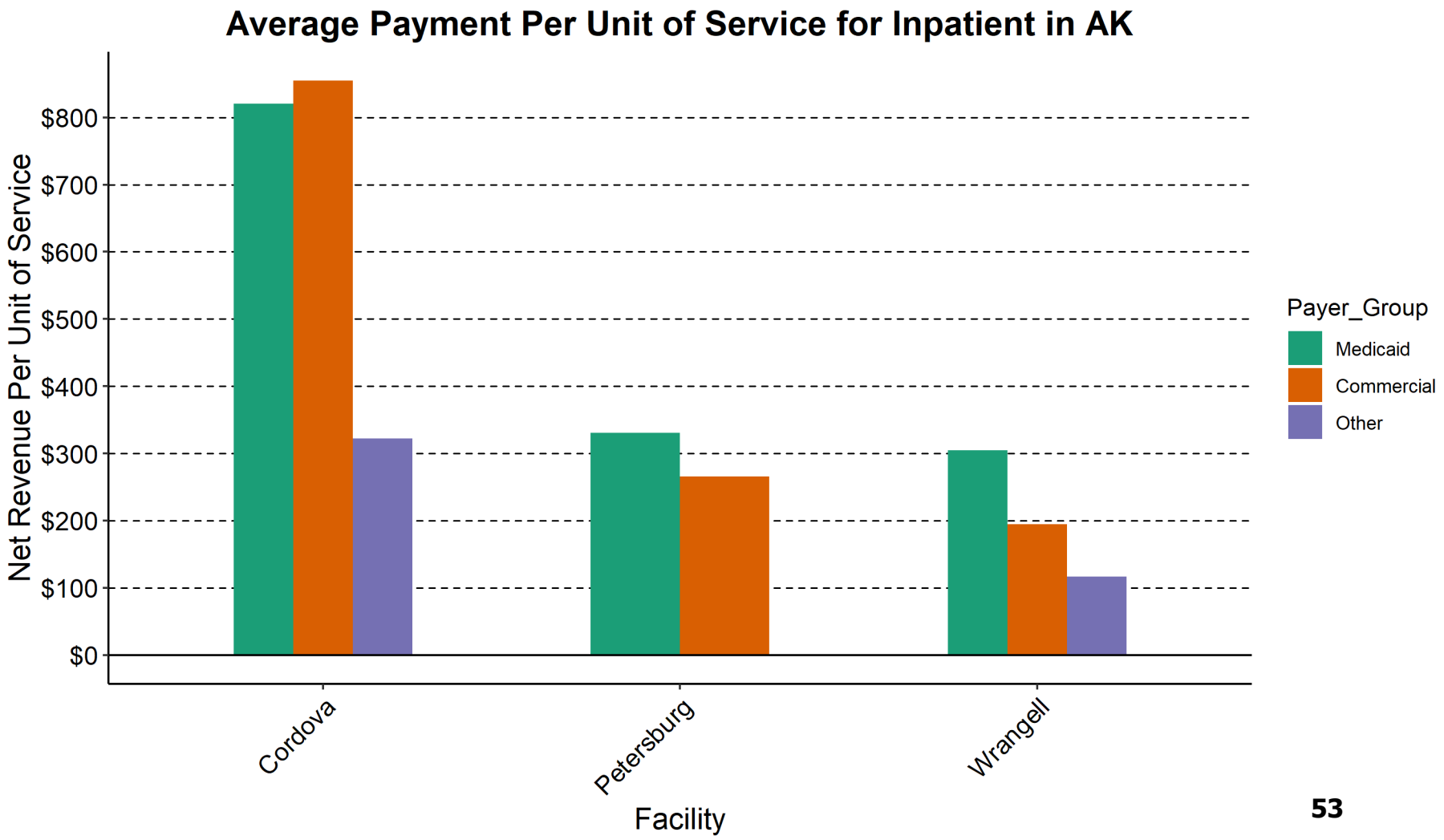


51

Clinic Costs Appear Higher Than RHCs in WA State

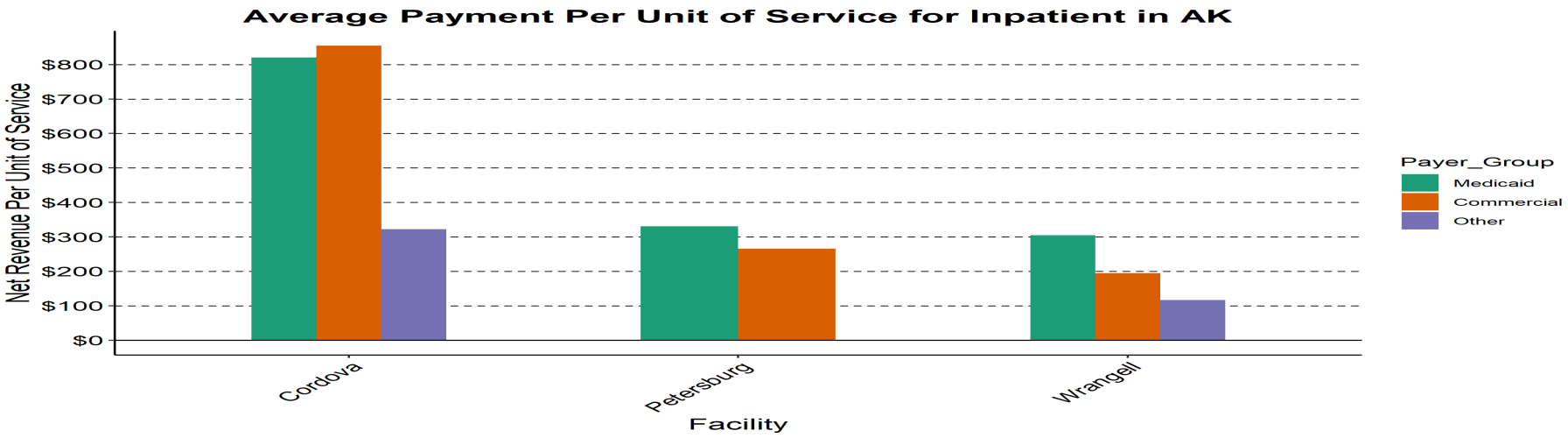


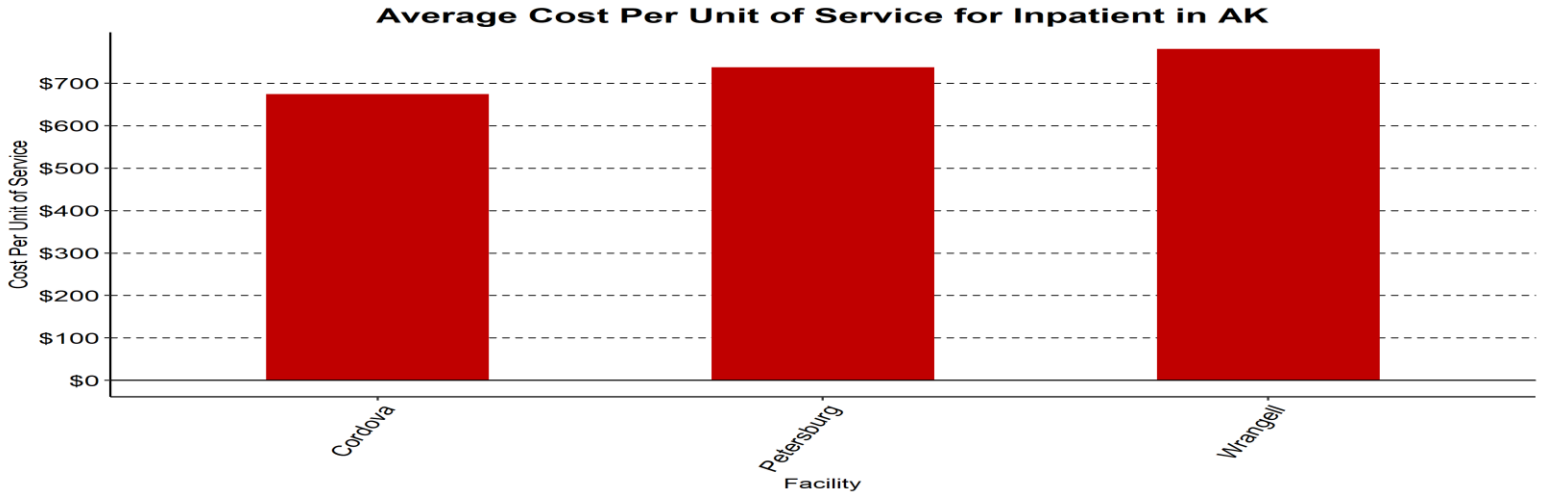
Lower Payments for Inpatient (Room & Board) at Wrangell



53

Deficit at Wrangell Due to Lower Payment & Higher Cost





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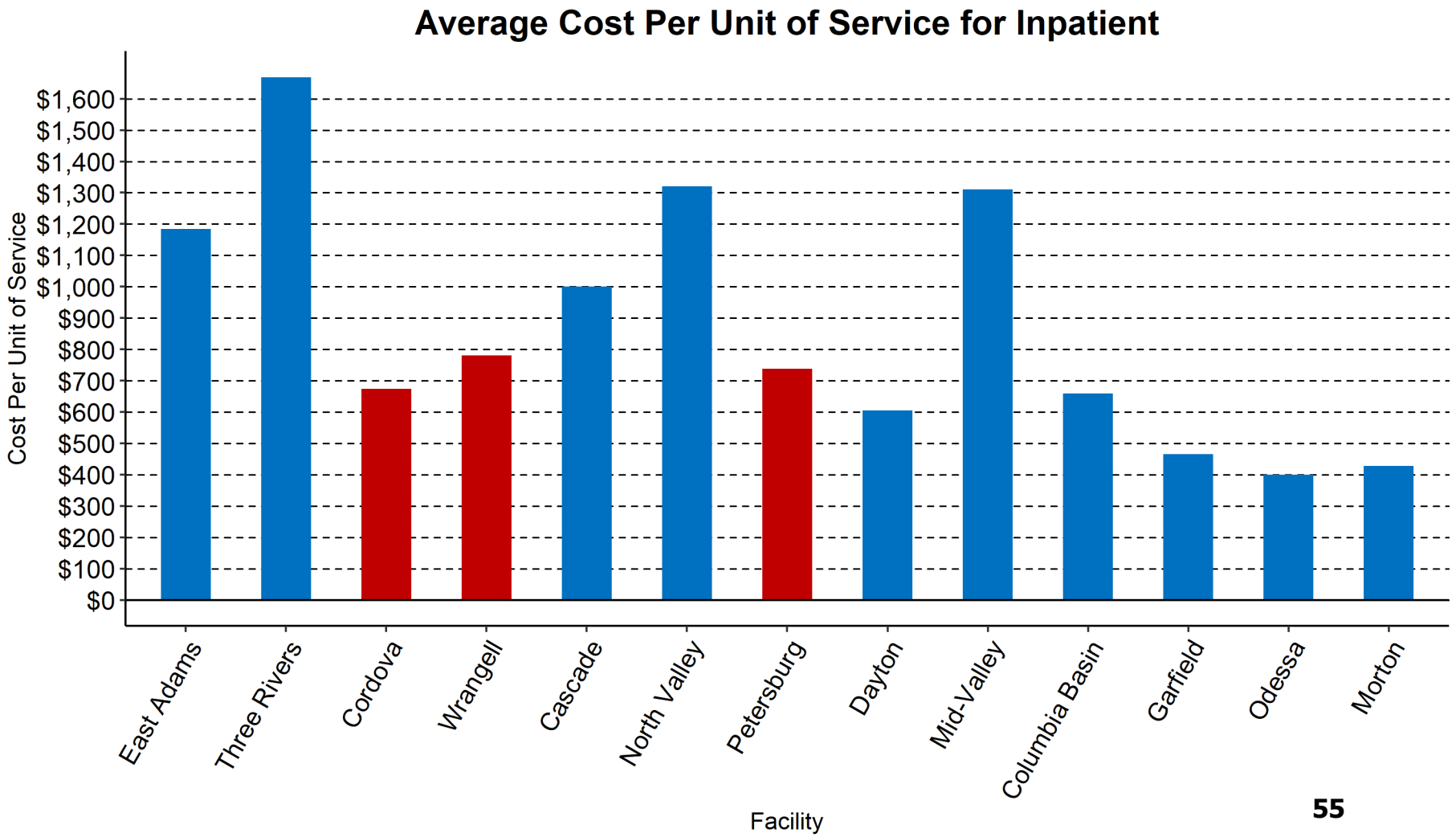
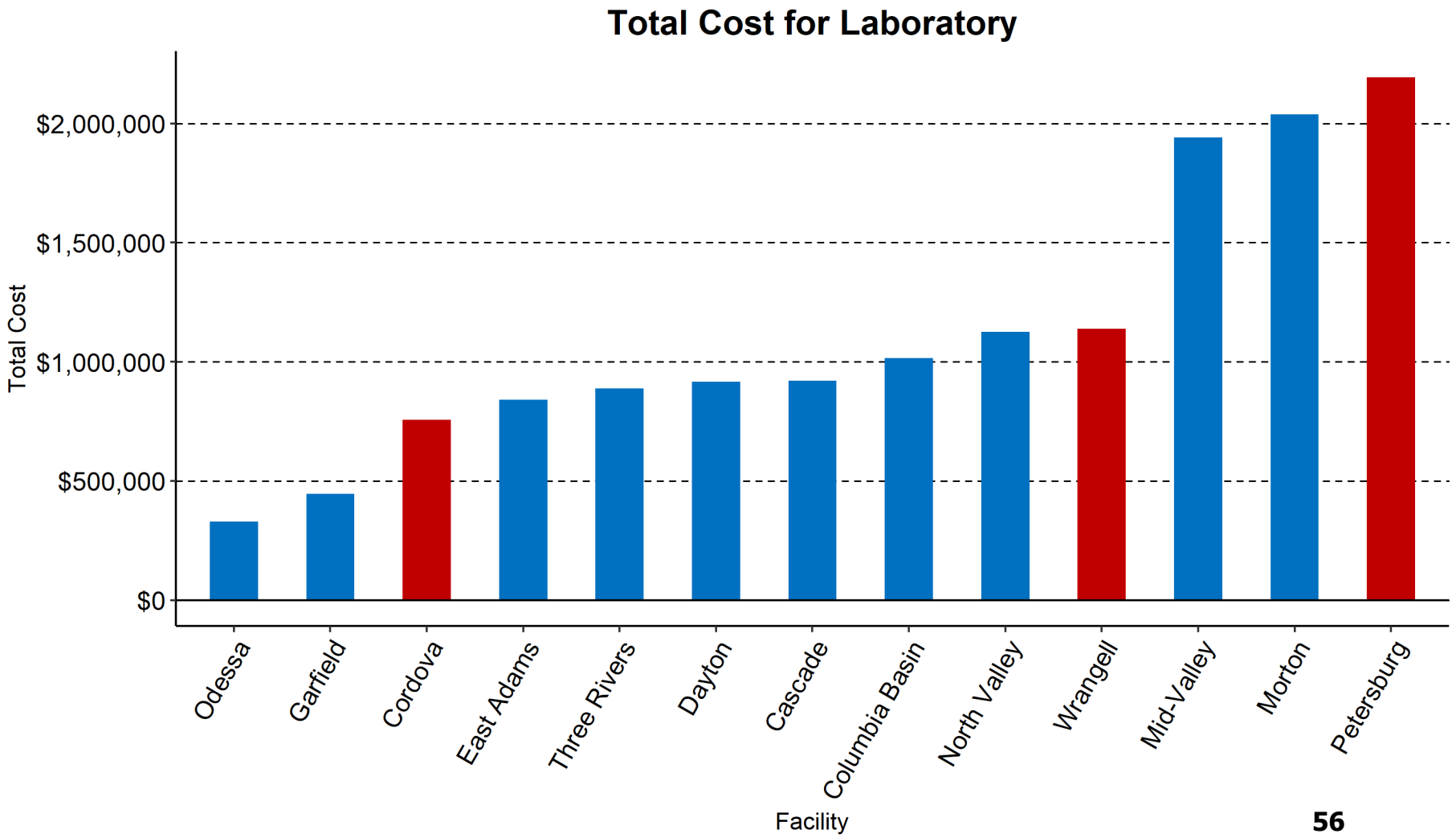
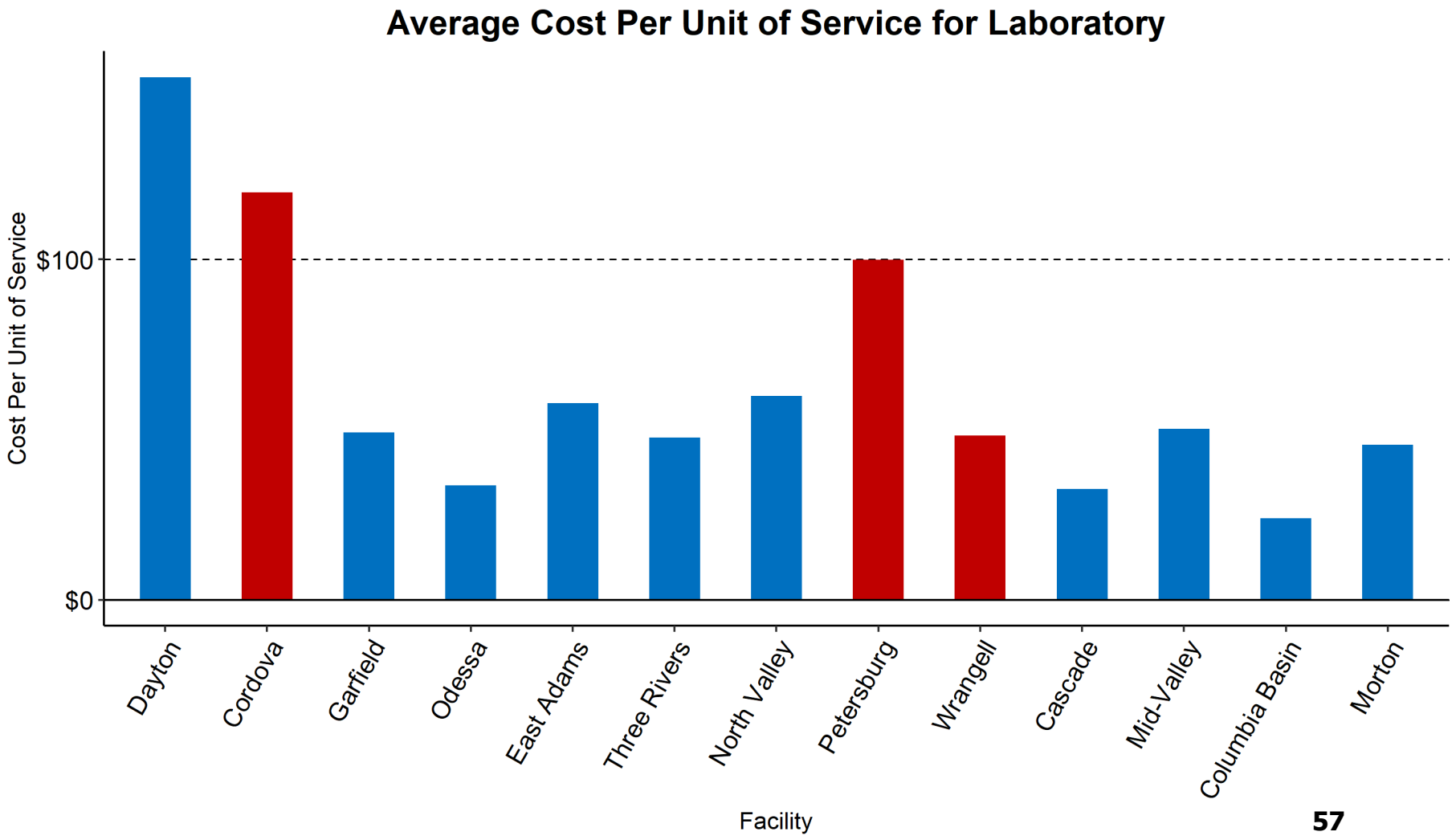
Inpatient Unit Costs Appear Similar or Lower Than WA CAHs



Ancillary Margins May Be Lower Due to Higher Costs



Ancillary Margins May Be Lower Due to Higher Unit Costs



Summary & Suggestions

EMERGENCY DEPARTMENT

- Losses for ED visits are the largest or one of the largest contributors to overall hospital deficits at all three hospitals. At Cordova, the losses in the ED represent 94% of the total hospital deficit.
- Costs and payments for ED visits should be analyzed further for Cordova, Petersburg, and Wrangell to determine if costs could be reduced and commercial payments could be increased
- Ideally, a similar analysis of ED costs and payments would be performed for other CAHs in the state so a better method of paying EDs could be developed

ANCILLARIES

- Costs and payments for ancillary services should also be examined further to determine if there are opportunities for higher margins to offset losses elsewhere

CLINIC

- Losses for the Petersburg clinic represent 85% of the total hospital deficit
- The role and cost of the clinic should be examined to determine if costs can be reduced and/or if higher commercial payments can be obtained

INPATIENT/NURSING FACILITY

- Additional analysis is needed of costs and payments for inpatient and nursing facility services at Wrangell

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www.PaymentReform.org
@PaymentReform

Cordova Community Medical Center Statistics

	31	28	31	30	31	30	31	31	30	31	30	31		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Total	Monthly 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	2.1	1.5	1.9	3.5	3.5	3.9	0.5	1.0	2.1		2.3
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	3	5	7	8	4	3	4	3	5	51	4.3
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	10	8	10	21	9	12	7	5	14	129	10.8
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	1	2	2	3	2	4	2	2	1	23	1.9
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	54	37	48	89	101	104	7	24	52	710	59.2
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	0	0	1	0	0	0	0	0	0	1	0.1
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	300	310	299	310	310	300	310	290	310	3,639	303.3
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	10	10	10	10	10	10	10	10	10		10.0
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	50	75	85	76	97	64	63	38	46	712	59.3
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	394	307	352	396	384	360	201	274	442	4,395	366.3
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	155.3
FY 2022	122	190	251	134	120	229	243	200	197	53	87	164	1,990	165.8
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	902	958	699	610	822	594	585	499	553	8,294	691.2
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	94	60	82	69	93	51	72	58	61	849	70.8
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	25	29	42	31	26	16	30	15	28	320	26.7
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	237	260	241	221	212	304	359	219	182	2,918	243.2
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	79	82	67	74	99	126	125	108	94	1,095	91.3

CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT 01/20/23 10:50 AM
FOR THE 12 MONTHS ENDING 12/31/22

	SINGLE MONTH				YEAR TO DATE			
	ACTUAL	BUDGET	$ VARIANCE	% VAR	ACTUAL	BUDGET	$ VARIANCE	% VAR
REVENUE								
ACUTE	148,606	60,400	88,206	146	1,120,178	708,900	411,278	58
SWING BED	348,836	198,200	150,636	76	3,450,247	2,350,000	1,100,247	46
LONG TERM CARE	396,867	407,600	(10,732)	(2)	4,693,758	4,800,000	(106,241)	(2)
CLINIC	55,502	70,100	(14,598)	(20)	833,711	821,000	12,711	1
ANCILLARY DEPTS	229,964	285,900	(55,936)	(19)	2,587,900	3,353,800	(765,899)	(22)
EMERGENCY DEPART	201,414	202,100	(685)	(0)	2,625,419	2,400,000	225,419	9
BEHAVIORAL HEALT	15,737	21,400	(5,662)	(26)	229,222	249,300	(20,077)	(8)
RETAIL PHARMACY	136,664	116,600	20,064	17	1,380,714	1,364,000	16,714	1
PATIENT SERVIC	1,533,592	1,362,300	171,292	12	16,921,152	16,047,000	874,152	5
DEDUCTIONS								
CHARITY	11,285	8,450	(2,835)	(33)	232,198	100,000	(132,198)	(132)
CONTRACTUAL ADJU	658,747	221,600	(437,147)	(197)	4,017,496	2,600,000	(1,417,496)	(54)
ADMINISTRATIVE A	11,223	33,700	22,476	66	378,787	400,000	21,212	5
BAD DEBT	5,000	71,000	66,000	92	3,000	350,000	347,000	99
DEDUCTIONS TOT	686,255	334,750	(351,505)	(105)	4,631,481	3,450,000	(1,181,481)	(34)
COST RECOVERIES								
GRANTS	44,835	27,300	17,535	64	745,447	811,000	(65,552)	(8)
IN-KIND CONTRIBU	17,022	15,600	1,422	9	500,192	184,700	315,492	170
OTHER REVENUE	6,435	25,000	(18,564)	(74)	200,813	300,000	(99,186)	(33)
COST RECOVERIE	68,293	67,900	393	0	1,446,453	1,295,700	150,753	11
TOTAL REVENUES	915,630	1,095,450	(179,819)	(16)	13,736,123	13,892,700	(156,576)	(1)
EXPENSES								
WAGES	491,708	528,900	37,191	7	5,361,341	6,238,400	877,058	14
TAXES & BENEFITS	250,395	233,900	(16,495)	(7)	3,140,999	2,751,600	(389,399)	(14)
PROFESSIONAL SER	203,175	93,900	(109,275)	(116)	2,111,318	1,100,000	(1,011,318)	(91)
SUPPLIES	249,569	130,200	(119,369)	(91)	1,861,509	1,525,800	(335,709)	(22)
MINOR EQUIPMENT	744	4,150	3,405	82	37,809	50,000	12,190	24
REPAIRS & MAINTE	29,432	22,200	(7,232)	(32)	208,866	260,000	51,133	19
RENTS & LEASES	10,448	11,300	851	7	138,337	134,300	(4,037)	(3)
UTILITIES	4,542	43,950	39,407	89	533,982	497,500	(36,482)	(7)
TRAVEL & TRAININ	3,405	4,350	944	21	98,831	50,000	(48,831)	(97)
INSURANCES	17,604	19,150	1,545	8	222,530	225,000	2,469	1
RECRUIT & RELOCA	1,277	4,800	3,523	73	26,613	57,000	30,386	53
DEPRECIATION	58,547	55,100	(3,447)	(6)	644,461	649,100	4,638	0
OTHER EXPENSES	16,146	29,650	13,503	45	294,327	350,000	55,672	15
TOTAL EXPENSES	1,336,997	1,181,550	(155,447)	(13)	14,680,929	13,888,700	(792,229)	(5)
OPERATING INCO	(421,366)	(86,100)	(335,266)	(389)	(944,805)	4,000	(948,805)	(23720)
NET INCOME	(421,366)	(86,100)	(335,266)	(389)	(944,805)	4,000	(948,805)	(23720)

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 12/31/22

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	1,603,723	1,460,035	143,687
NET ACCOUNT RECEIVABLE	1,942,321	2,177,912	(235,591)
THIRD PARTY RECEIVABLE	5,093	1,085,515	(1,080,422)
CLEARING ACCOUNTS	93,711	3,201	90,510
PREPAID EXPENSES	195,664	164,081	31,582
INVENTORY	480,713	446,799	33,914
TOTAL CURRENT ASSETS	4,321,228	5,337,546	(1,016,317)
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	8,666,889	7,664,341	1,002,548
EQUIPMENT	9,625,416	9,425,081	200,335
CONSTRUCTION IN PROGRESS		851,766	(851,766)
SUBTOTAL PP&E	18,414,316	18,063,198	351,117
LESS ACCUMULATED DEPRECIATION	(14,074,732)	(13,445,270)	(629,461)
TOTAL PROPERTY & EQUIPMENT	4,339,583	4,617,927	(278,343)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(75,000)	(60,000)	(15,000)
PERS DEFERRED OUTFLOW	1,178,466	1,178,466	
TOTAL OTHER ASSETS	1,253,466	1,268,466	(15,000)
TOTAL ASSETS	9,914,279	11,223,941	(1,309,661)

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 12/31/22

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	180,156	422,357	(242,201)
PAYROLL & RELATED LIABILITIES	635,572	650,752	(15,179)
INTEREST & OTHER PAYABLES	3,733	1,024	2,709
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	78,088	188,273	(110,184)
TOTAL CURRENT LIABILITIES	6,364,009	6,728,865	(364,856)
LONG TERM LIABILITIES			
NET PENSION LIABILITY	6,825,636	6,825,636	
TOTAL LONG TERM LIABILITIES	6,825,636	6,825,636	
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	601,203	601,203	
TOTAL DEFERRED INFLOWS	601,203	601,203	
TOTAL LIABILITIES	13,790,848	14,155,704	(364,856)
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(2,950,277)	(2,950,277)	
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	(944,805)		(944,805)
TOTAL NET POSITION	(3,876,569)	(2,931,763)	(944,805)
TOTAL LIABILITIES & NET POSITION	9,914,279	11,223,940	(1,309,661)

Cordova Community Medical Center Medical Director Report 3rd and 4th Quarter
January 20, 2023

Quarterly chart reviews are performed for all deaths, readmissions to the hospital within 30 days of discharge, all deaths, and all medivacs/transfers. In addition, random charts are also reviewed for all physicians on the medical staff. Forty-seven charts were chosen for review. Eleven are still in the review process. For those reviewed to date no deficiencies, trends or other actionable items were identified.

Our long term care beds remain full. There was a Covid outbreak in most of the residents. They received eligible treatment. All recovered uneventfully. The swing bed program is still active with patients coming and staying for varying lengths of time depending on their needs. They come for a variety of reasons.

There was a surge in the number of respiratory illnesses between Thanksgiving and Christmas, mainly influenza, RSV and Covid 19. Although the number of cases is much lower, all three illnesses are still present. We are not out of the flu season yet, and we encourage everyone over 6 months of age to get the influenza vaccine if they have not had it already. Although it is not 100% effective, it is still by far the best way to prevent influenza, an illness that still causes many hospitalizations and deaths every year.

Hospitals around the state and also the country are always at or near capacity since the Covid pandemic began. This is partly because of staff shortages and not a lack of physical beds. It is also because of the high number of people with respiratory illnesses who need hospitalized. Being vaccinated against influenza and Covid 19 will absolutely help decrease the need for hospitalization from these illnesses. It is extremely frustrating to physicians working emergency rooms and very scary for patients and their families when they need to be transferred to a facility for a higher/appropriate level of care and no beds are available. At times our physicians have called both hospitals in Anchorage, Matsu Regional and even Fairbanks only to be told there are no beds available. There have been occasions when patients needed to be transferred by medivac to Seattle.

Our emergency department and the staff that work there continue to provide excellent care to the community. Although the number of patients served is small compared to many emergency departments, I am amazed, while doing my chart reviews, at the high quality of care I see provided to gravely ill/injured patients. We are fortunate to have such a skilled and caring staff.

Last fall the community needs assessment revealed that Substance Use Disorder was one of the 2 major concerns from the community. This is a broad topic ranging from prevention, treatment, and on through abstinence after successful treatment. Staff from multiple areas, including physicians, nurse practitioners, nurses, social workers and behavioral health providers are actively working to address this problem from several fronts. I look forward to sharing more information in the future as we put programs into place.

Cordova Community
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CNO Report
January 2023

Leadership

CCMC is focused on patient safety and promoting teamwork.

Staffing

We currently have five fulltime permanent nurse and three travel nurses. We have a permanent ER nurse returning next month and two contracted nurses returning for assignments. We are hoping to minimize our use of travel agencies by having enough contract employees to cover our nursing needs, while we continue to seek a full-time permanent RN or LPN for LTC and an ER nurse.

Alma Gappe one of our amazing Certified Nursing Assistance, is retiring after 32 years of dedicated and caring service to our residents. She will be greatly missed.

We have openings for permanent CNA's, which we hope to fill soon from the students in the next Prince William Sound College Cohort. Two of CCMC's nurses will be instructors for the course starting in March.

The Unit clerks, Dietary and Environmental Services staffing has been adequate and continue to strive for excellent care.

Education Plan

We are setting up de-escalation training for all staff and an annual training day for nurses and CNA's to cover all areas of need to ensure staff are prepare and confident to complete their duties. All staff complete annual Relias training as well as month and quarterly trainings and in-services.

Census

We currently have 10 Long Term Care residents and two swing bed patients. 147 patients were seen in the ER this last quarter with eight transfers. We continue to reach out to other facilities in Alaska letting them know of our bed availability for acute and swing bed patients.

Let me know if you have any questions.

Kadee Goss BSN
CNO

CCMC Authority Board of Directors
Jan 2023 Quality Improvement Report

Quality Improvement

CCMC continues to focus on quality improvement and staff education

- The quality committee meets quarterly.
- The last Quality meeting was held on January 11th 2023, we reviewed:
    - Process improvement projects (PIPs) that are taking place throughout the facility. Recruitment of staff, organizing processes and training project are a few PIPs we are working on.
    - Plans of Correction from our most recent Long Term Care and Critical Access Hospital surveys, to ensure all are up to date.
    - All unusual occurrences are reviewed, and plans are set in place to make needed change for improvements
    - Environmental of care rounds are performed on a regular basis in all areas of the facility. Each unit reports on the rounds and if there needs to be any changes or improvements. All findings are reported to the proper departments as needed, for example maintenance is notified if any items need to be fixed and housekeeping is notified if anything needs to be cleaned.
- CCMC LTC unit applied for the American Healthcare Association/National Center for Assisted Living Quality Award. By applying for this bronze award, we will receive feedback on areas that need approvement and learn where we stand on areas of quality compared to other facilities.
- The QAPI plan has been updated and added to this report for the board to approve.

Kadee Goss BSN

CCMC Authority Board of Director's Quarterly Report
January 18, 2023
Clinic & Ancillary Services
Tamara Russin

Clinic

Clinic visits slowed down during the final quarter of 2022 with the departure of summer residents. We continue to give flu shots almost daily, which is different than a usual year when we are normally pretty much done with flu vaccines by November. We are guessing it's because some patients were more interested in getting the updated bivalent covid booster, postponing the flu shot until later. Given the greater early flu activity in Alaska this season, we are expecting a second wave soon and are still encouraging flu vaccines for everyone.

The Clinic team has been able to focus on some things that have taken the back burner during the past couple of years: utilizing the EHR to help manage patient care and reorganizing/revamping systems that have changed or shifted during the pandemic.

The specialty clinics are scheduled for February: Dr. Gray (orthopedics) February 3, Dr. Kaufman (podiatry) February 6-7, and Dr. Batilova (pediatrician) yet to be determined.

Lab/Radiology/Rehab Services

Vanessa is the sole radiology technician for CCMC. She does an excellent job and we are working hard to ensure she does not get burnt out being on call 24/7. We are back to square one in searching for a second radiology tech, preferably one that can do ultrasound as well. I was talking to a high school senior this weekend who is planning on being a traveling ultrasound tech…and already put a word in for coming for an assignment while she visits her family. You can never start too early!

The Lab is running smoothly. The CLIA inspection in November went very well with minimal corrections required. Our in-house lab trainee has nearly completed her training period and will be ready to help cover for planned maternity leave in the lab. Training existing staff in new areas is an excellent way to encourage self-growth while providing much needed coverage throughout CCMC.

Rehab Services is thriving. Brittany is out on maternity leave and we are excited to welcome baby Sully back to Cordova soon. Coverage for her maternity leave is being provided by a return traveler direct contracted with CCMC. This sort of coverage is another excellent way to maintain consistency and keep traveler fees as low as we can.

Erin (OT) is working in the schools a couple of days a week covering all OT services. This in addition to swing bed patients and outpatient services keeps her busy. She and Melanie have just begun 'Mondays with Melanie' on the CCMC Facebook with tips on exercises/stretches. Check it out if you haven't already!

January 2023 Board Report
Sound Alternatives
Barb Jewell-Director of Community Services

Behavioral Health

Sound Alternatives provided services to 40 individual clients this past quarter, an increase of 25%. The program had 327 visits this quarter which was an increase of 8% (and of note, a 30% increase over the quarter in which we did not have a 2nd Clinician).

This quarter continued to see a significant increase in requests for emergency services. We provided 26 emergency services to 8 individuals over the quarter, two of whom were already enrolled in services, and 3 who were in jail.

Prior to the end of the quarter, we had not made any progress in regards to exploring a merger with CRFC awaiting the analysis from the consultant at Foraker. However, since then we have met and agreed that pursuing this option, while it is a good model for providing this service to the community, it is not currently feasible given the lack of staffing at both agencies.

Out temporary clinician completed her contract in November. She agreed to provide telehealth approximately 10 hours per week to provide continuity for her clients. We hired a Part time Administrative Assistant. Katie Fry, who has been a great addition to our team.

We do not have any candidates, temporary or part time for our clinician position or Case Manager positions. As a result of staffing shortage we have gone to a four day a week schedule.

We received our 2023 continuation grant from the state and our first quarter advance payment at the end of September.

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

Cordova Safe Housing Program

This quarter continued to see a high demand for the short-term shelter program. We provided housing services and case management to 8 participants for a total of 119 shelter nights. Severe substance use is the contributing factor to these individuals housing situation. We are working with several to get them into residential treatment.

Community Case Management Program

We continue to recruit for a Community Case manager. We did serve 6 individuals, providing assistance with benefit applications, referrals to health care providers, housing, and employment.

Dietary & Senior Services

Dietary staff provided a total of 6,113 meals this quarter: 2760 meals for Long term Care, 2698 for seniors through the congregate and Home delivered meals, 327 for staff and 103 for Acute Care Patients. *(please note staff pay for all their meals).* Holiday meals were provided for Long Term Care residents for Thanksgiving and Christmas.

Helen Howarth, City Manager
City of Cordova
601 1st Street
Cordova, AK 99574

December 21, 2022

Dear Ms. Howarth:

Please accept this letter of Interest as an expression of the commitment of the Native Village of Eyak to work with the City to consolidate healthcare operations in Cordova. While we appreciate the many years of work the City and Tribe have put into this effort, it is time to move past the general idea phase to more robust discussions of commitments, expectations, actions, and plans.

Native Village of Eyak Commitments

1. We will take responsibility for all healthcare operations within the community of Cordova
2. We will finance and complete Phase 1 & 2 environmental analysis to determine the suitability and feasibility of sites adjacent to the Cordova Community Medical Center (CCMC).
3. Our Council has also committed resources to complete the design of the new Ilanka Community Health Clinic (ICHC), in keeping with the NVE priority of improving healthcare for the whole community.
4. Our team will work cooperatively on a structure and process for the Native Village of Eyak to assume CCMC governance and operations alongside enhanced ICHC operations to ensure the community has access to the best healthcare possible.
5. We will lobby our congressional delegation before the end of March for an appropriation to help fund the new Ilanka Clinic. This first appropriation anticipates future support for a remodel and/or replacement of the Cordova Community Medical Center.
6. NVE will consider 105-L leasing to service the debt from construction of the new Clinic and fill any gaps in capital infrastructure funding.
7. Per (4) above the NVE Council has begun to structure a joint Board to govern the Medical Center and Clinic as we cooperatively consolidate healthcare in Cordova. This will entail many public meetings and joint City-Tribal sessions; but we are committed to this work.

Native Village of Eyak Expectations

1. The City of Cordova Council would pass a resolution in support of our request to Senator Murkowski for an appropriation toward Clinic construction.
2. The City would assist NVE in obtaining the appropriate permits as necessary throughout the project.
3. The City will collaborate with NVE during the A&E phase of the construction project to resolve all zoning, ingress/egress, utility, drainage, and environmental challenges which may arise.
4. The City will provide a formal point of contact(s) who will help coordinate and communicate information throughout the duration of the project.
5. The City representatives will commit to meet with the NVE representatives at least two times per month throughout the duration of the project.

We look forward to your joining us to organize a governing body for healthcare for the community of Cordova. The representatives of this Board will work with CCMC/ICHC, the City of Cordova and the Native Village of Eyak to resolve issues ranging from PERS liability, ground lease/ownership, potential Coast Guard needs, credentialing/privileging of staff, and ongoing financial sustainability planning.

Our goal is to move forward in a collaborative manner working in the best interest of the community with the final product being a Memorandum of Agreement which can be codified by both NVE Tribal Council and the Municipality of Cordova City Council.

Please let me know when we could meet after the New Year to discuss details.

Sincerely,

Ted A Wright

Ted A Wright
Executive Director

Memorandum

To: CCMC Authority Board of Directors
From: Administration
Subject: Approval of Privileges for Elizabeth North, DO
Date: 1/16/2023

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Telemedicine Privileges for Elizabeth North, DO as presented."

Cordova Community
MEDICAL CENTER

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

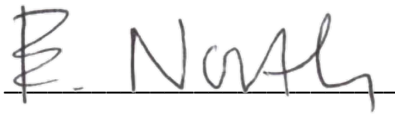
Hospital has received about a distant site hospital or distant site telemedicine entity practitioner. Any information exchanged between the Hospital and a distant site hospital or distant site telemedicine entity in connection with a distant site hospital or distant site telemedicine entity practitioner's 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 Neurology (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: 11/14/2022

Print: Elizabeth North DO

ALASKA REGIONAL HOSPITAL

10/21/2022

Elizabeth A. North, DO
Blue Sky Neurology, A Division of CarePoint Health
5600 S Quebec Street Ste 312A
Greenwood Village, CO 80111

Dear Dr. North:

On behalf of the Board of Trustees of Alaska Regional Hospital, I am pleased to inform you of your approved appointment as a member of the Medical Staff. You have been assigned to the **Associate/Affiliate** Status of the Medical Staff in the Department of **Medicine** with clinical privileges as delineated in the attached. This appointment is effective **10/21/2022 through 10/31/2023.**

The Medical Staff Bylaws and other Medical Staff policies that govern your practice at the Hospital are posted on the Hospital's confidential intranet and/or available through the Medical Staff Office. While it is important that you abide by all of these documents, we wanted to take this opportunity to specifically highlight a few policies and procedures that are critical to your appointment and your success at the Hospital.

Change in Status/Information Provided on Application Form
Your appointment and clinical privileges were granted based upon a careful assessment of your current qualifications and background. If there is any change in your status or any change to the specific information that you provided on your application form, it is your responsibility to inform the Chief of Staff and Medical Staff Office **within seven business days** of when the change occurs. This would include, but not be limited to, change in your licensure status or professional liability insurance coverage, the filing of a lawsuit against you, the initiation of an investigation or change in your Medical Staff status at any other hospital, exclusion or preclusion from participation in Medicare or any sanctions imposed, and any change in your health status that may affect your ability to safely and competently exercise clinical privileges.

Medical Staff Professionalism Policy
The Medical Staff and Board have adopted a Medical Staff Professionalism Policy that applies to all individuals who work and practice at the Hospital. That Policy is based on the expectation that all individuals will be treated with courtesy, respect, and dignity. We believe that such conduct is essential to the provision of safe and competent care.

Focused Professional Practice Evaluation
In accordance with the FPPE Policy to Confirm Practitioner Competence and Professionalism, all initial clinical privileges are subject to focused evaluation. The FPPE requirements for core privileges in your specialty are:

- Chart Review of patients, number and types of cases to be determined, will be reviewed by the department chair to confirm competency

It is expected that your required FPPE will be completed within 12 months of your initial,

ALASKA REGIONAL HOSPITAL

or before your initial privileges expire, based on your birth month/year.

Professional Practice Evaluation Process (Peer Review)
The goal of our professional practice evaluation process is to be educational and our Medical Staff leaders make every effort to address identified patient care concerns through collegial methods. All practitioners who practice at the Hospital are subject to review, and it is expected that you will participate constructively in the review process when one of your cases is under review. From time to time, you may also be asked to share your expertise and review a case, and we appreciate your cooperation and willingness to do so. This is an essential aspect of our responsibilities to each other and to our patients.

Reporting of Quality Concerns
Hospital employees and Medical Staff members are encouraged to report quality of care concerns so that they can be reviewed and any identified opportunities for improvement implemented promptly. Please discuss any quality concerns with your Department Chair or the Chief of Staff or report them to the Medical Staff Office.

Medical Record Completion
While we certainly understand the time pressures and demands upon your practice, it is essential that you understand that timely and appropriate medical record completion is not a meaningless, administrative task. It is a fundamental component of quality patient care. It also has implications for Hospital and physician liability, effective performance review, accreditation and licensure, and reimbursement. We stand ready to assist you in this record keeping responsibility in any manner that may be helpful, but please understand that the medical record completion policy will be strictly enforced.

On behalf of the CEO, Jennifer Opsut, congratulations on your appointment and welcome to Alaska Regional Hospital. We appreciate your affiliation and look forward to working with you.

Should you have any questions or concerns, please feel free to contact our Medical Staff Office at AKARMedicalStaff@HCAHealthcare.com or 907-264-1582.

Sincerely,

Timothy Ballard, MD
Chief Medical Officer
Alaska Regional Hospital

Cordova Community MEDICAL CENTER

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

DATE: January 26, 2023

RE: Elizabeth North, MD

TO: Cordova Community Medical Center Authority Board

Medical Staff Recommendation & Confirmation

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

Medical Staff has:

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

DS
PG } relied upon the decisions of Telemedicine Entity.

DocuSigned by:
Paul Gloe
6C24CD6B672F40A...

11 January 2023 | 1:22 PM AKST

Authorized Representative of Chief of Staff — Date
Paul Gloe, MD
Chief of Staff

DocuSigned by:
Curtis Bejes
E73DD11B943F429...

12 January 2023 | 4:55 AM AKST

Authorized Representative of Medical Staff — Date
Curtis Bejes, MD
Medical Director

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

12 January 2023 | 5:00 AM AKST

Authorized Representative of Cordova Community Medical Center — 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 — Title

Memorandum

To: CCMC Authority Board of Directors
From: Administration
Subject: Approval of Telemedicine Privileges for Gowri Ramachandran, MD
Date: 1/16/2023

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

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- 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 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.

Signed: _____ Date: Dec 02 2022 06 :27 EST

Print: Gowri Ramachandran, MD

Cordova Community MEDICAL CENTER

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

PRACTITIONER CREDENTIALING

January 26, 2023

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

RE: Gowri Ramachandran, MD

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed Gowri Ramachandran, MD credentialing 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 Gowri Ramachandran, MD for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:
Paul Glor
6C24CD6B672F40A...

12 January 2023 | 9:19 AM AKST

Chief of Staff Date

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

12 January 2023 | 10:09 AM AKST

Chief Executive Officer Date

Cordova Community Medica Center
Request for Clinical Priviliges

Practitioner Name: Gowri Ramachandran

MEDICAL DIRECTOR REVIEW

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

- [ ] Pertinent results of performace improvements activities
- [ ] Mortality data
- [ ] Professional performance
- [x] Clinical judgement and technical skills in performing procedures and treating and manging patient
- [x] Peer Review results
- [x] Peer Recommendations
- [ ] Outcomes of procedures and treatment

Recommendation:

- [x] Approved as requested
- [ ] Approve with conditions/modifications (see explanation below)
- [ ] Deny (see explanation below)

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

curtis bejes

DocuSigned by:
Curtis Bejes
E73DD11B943F429...
Medical Director Signature

12 January 2023 | 9:59 AM AKST
Date

CCMC BOARD OF AUTHORITY

- [ ] Approved as requested
- [ ] Approve with conditions/modifications (see explanation below)
- [ ] 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 for David Rogers, MD
Date: 1/23/2023

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

Cordova Community MEDICAL CENTER

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

DATE: January 26, 2023

RE: David Chase Rogers, MD

TO: Cordova Community Medical Center Authority Board

Medical Staff Recommendation & Confirmation

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

Medical Staff has:

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

DS
{X} relied upon the decisions of Telemedicine Entity.

DocuSigned by:
6C24CD6B672F40A...
19 January 2023 | 10:01 AM AKST

Authorized Representative of Chief of Staff — Date
Paul Gloe, MD
Chief of Staff

DocuSigned by:
E73DD11B943F429...
19 January 2023 | 12:06 PM AKST

Authorized Representative of Medical Staff — Date
Curtis Bejes, MD
Medical Director

DocuSigned by:
A9259C1E5177486...
19 January 2023 | 1:18 PM AKST

Authorized Representative of Cordova Community Medical Center — 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 — Title

Cordova Community
MEDICAL CENTER

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

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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 _____ (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.

_____ 11/16/2022

Practitioner Signature Date

David Rogers

Practitioner Print

_____ _____

CEO Date

_____ _____

Chief of Staff or Designee Verification Date

Memorandum

To: CCMC Authority Board of Directors
From: Administration
Subject: Approval of Privileges for Jingxin Wang, MD
Date: 1/23/2023

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

ALASKA REGIONAL HOSPITAL

11/16/2022

Jingxin Wang, MD
Blue Sky Neurology, A Division of CarePoint Health
5600 S Quebec Street
Suite 312A
Greenwood Village, CO 80111-

Dear Dr. Wang:

On behalf of the Board of Trustees of Alaska Regional Hospital, I am pleased to inform you of your approved appointment as a member of the Medical Staff. You have been assigned to the **Associate/Affiliate** Status of the Medical Staff in the Department of **Medicine** with clinical privileges as delineated in the attached. This appointment is effective **11/16/2022 through 8/31/2023.**

The Medical Staff Bylaws and other Medical Staff policies that govern your practice at the Hospital are posted on the Hospital's confidential intranet and/or available through the Medical Staff Office. While it is important that you abide by all of these documents, we wanted to take this opportunity to specifically highlight a few policies and procedures that are critical to your appointment and your success at the Hospital.

Change in Status/Information Provided on Application Form
Your appointment and clinical privileges were granted based upon a careful assessment of your current qualifications and background. If there is any change in your status or any change to the specific information that you provided on your application form, it is your responsibility to inform the Chief of Staff and Medical Staff Office **within seven business days** of when the change occurs. This would include, but not be limited to, change in your licensure status or professional liability insurance coverage, the filing of a lawsuit against you, the initiation of an investigation or change in your Medical Staff status at any other hospital, exclusion or preclusion from participation in Medicare or any sanctions imposed, and any change in your health status that may affect your ability to safely and competently exercise clinical privileges.

Medical Staff Professionalism Policy
The Medical Staff and Board have adopted a Medical Staff Professionalism Policy that applies to all individuals who work and practice at the Hospital. That Policy is based on the expectation that all individuals will be treated with courtesy, respect, and dignity. We believe that such conduct is essential to the provision of safe and competent care.

Focused Professional Practice Evaluation
In accordance with the FPPE Policy to Confirm Practitioner Competence and Professionalism, all initial clinical privileges are subject to focused evaluation. The FPPE requirements for core privileges in your specialty are:

- Chart Review of patients, number and types of cases to be determined, will be reviewed by the department chair to confirm competency

Alaska Regional Hospital
2801 DeBarr Road
Anchorage . Alaska . 99508
alaskaregional.com

2801 DeBarr Rd.
Anchorage, AK 99508
Timothy.ballard@hcahealthcare.com

ALASKA REGIONAL HOSPITAL

It is expected that your required FPPE will be completed within 12 months of your initial, or before your initial privileges expire, based on your birth month/year.

Professional Practice Evaluation Process (Peer Review)
The goal of our professional practice evaluation process is to be educational and our Medical Staff leaders make every effort to address identified patient care concerns through collegial methods. All practitioners who practice at the Hospital are subject to review, and it is expected that you will participate constructively in the review process when one of your cases is under review. From time to time, you may also be asked to share your expertise and review a case, and we appreciate your cooperation and willingness to do so. This is an essential aspect of our responsibilities to each other and to our patients.

Reporting of Quality Concerns
Hospital employees and Medical Staff members are encouraged to report quality of care concerns so that they can be reviewed and any identified opportunities for improvement implemented promptly. Please discuss any quality concerns with your Department Chair or the Chief of Staff or report them to the Medical Staff Office.

Medical Record Completion
While we certainly understand the time pressures and demands upon your practice, it is essential that you understand that timely and appropriate medical record completion is not a meaningless, administrative task. It is a fundamental component of quality patient care. It also has implications for Hospital and physician liability, effective performance review, accreditation and licensure, and reimbursement. We stand ready to assist you in this record keeping responsibility in any manner that may be helpful, but please understand that the medical record completion policy will be strictly enforced.

On behalf of the CEO, Jennifer Opsut, congratulations on your appointment and welcome to Alaska Regional Hospital. We appreciate your affiliation and look forward to working with you.

Should you have any questions or concerns, please feel free to contact our Medical Staff Office at AKARMedicalStaff@HCAHealthcare.com or 907-264-1582.

Sincerely,

Timothy Ballard, MD
Chief Medical Officer
Alaska Regional Hospital

Alaska Regional Hospital
2801 DeBarr Road
Anchorage . Alaska . 99508
alaskaregional.com

2801 Debarr Rd
Anchorage, AK 99508
Timothy.ballard@hcahealthcare.com

Cordova Community
MEDICAL CENTER

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

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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 Neurology (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.

Jingxin Wang

Practitioner Signature

01/16/2023

Date

Jingxin Wang MD

Practitioner Print

CEO

Date

Chief of Staff or Designee

Date

Cordova Community MEDICAL CENTER

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

DATE: January 26, 2023

RE: Jingxin Wang, MD

TO: Cordova Community Medical Center Authority Board

Medical Staff Recommendation & Confirmation

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

Medical Staff has:

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

{ } relied upon the decisions of Telemedicine Entity.

DocuSigned by:
6C24CD6B672F40A...
Authorized Representative of Chief of Staff
Paul Gloe, MD
Chief of Staff

19 January 2023 | 10:00 AM AKST
Date

DocuSigned by:
E73DD11B943F429...
Authorized Representative of Medical Staff
Curtis Bejes, MD
Medical Director

19 January 2023 | 12:05 PM AKST
Date

DocuSigned by:
A9259C1E5177486...
Authorized Representative of Cordova Community Medical Center
Hannah Sanders, MD CEO
Chief Executive Officer
Cordova Community Medical Center

19 January 2023 | 1:17 PM AKST
Date

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

Title

Memorandum

To: CCMC Authority Board of Directors
From: Administration
Subject: Approval of Privileges for Noelle Camarena, FNP
Date: 1/16/2023

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Noelle Camarena, FNP as presented."

N Camarena, FNP please check all that is relevant

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

Cordova Community Medical Center (CCMC) Ambulatory Clinic Privileges:

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

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

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

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

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

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

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

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

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

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

LEVEL ONE

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

LEVEL TWO

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

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

Acknowledgement of Practitioner

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

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

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

DocuSigned by:
3B0EC71B5EB94DA...

Practitioner Signature — 06 January 2023 | 1:02 PM PST (Date)

Noelle Camarena

Practitioner Print

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

CEO — 13 January 2023 | 4:40 AM AKST (Date)

DocuSigned by:
Paul Glor
6C24CD6B672F40A...

Chief of Staff or Designee Verification — 11 January 2023 | 9:15 AM AKST (Date)

Cordova Community MEDICAL CENTER

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

PRACTITIONER CREDENTIALING

January 26, 2023

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

RE: Noelle Camarena, FNP

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed Noelle Camarena, FNP credentialing 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 Noelle Camarena, FNP for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:
Paul Glor
6C24CD6B672F40A...

12 January 2023 | 9:19 AM AKST

Chief of Staff Date

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

13 January 2023 | 4:40 AM AKST

Chief Executive Officer Date

Cordova Community Medica Center
Request for Clinical Priviliges

Practitioner Name: Noelle Camarena, FNP

MEDICAL DIRECTOR REVIEW

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

- [ ] Pertinent results of performace improvements activities
- [ ] Mortality data
- [ ] Professional performance
- [x] Clinical judgement and technical skills in performing procedures and treating and manging patient
- [ ] Peer Review results
- [ ] Peer Recommendations
- [ ] Outcomes of procedures and treatment

Recommendation:

- [x] Approved as requested
- [ ] Approve with conditions/modifications (see explanation below)
- [ ] Deny (see explanation below)

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

DocuSigned by:
Curtis Bejes
E73DD11B943F429...
Medical Director Signature

11 January 2023 | 10:56 AM AKST
Date

CCMC BOARD OF AUTHORITY

- [ ] Approved as requested
- [ ] Approve with conditions/modifications (see explanation below)
- [ ] 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 the 2023 QAPI Plan
Date: 1/23/2023

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the CCMC 2023 QAPI Plan as presented."

Quality Assurance and Performance Improvement Plan
Cordova Community Medical Center
Critical Access Hospital & Long Term Care 2023

Cordova Community Medical Center, Cordova, AK
Effective Date:
JANUARY 1, 2023

Design & Scope

Statements and Guiding Principles:

Our Mission: As a partner in our community, Cordova Community Medical Center (CCMC) provides personalized service to support the health and well-being of all people through their journeys in life.

Our Values: Respect, Integrity, Stewardship, Compassion and Excellence

CCMC is dedicated to the highest level of professional and ethical standards in our service to the community. Staff and Administration work in partnership with one another, visiting specialists and their staffs, and other community providers, based on respect and the highest professional standards. Employees comply with all applicable federal and state laws and regulations in the course of carrying out CCMC's mission, act honestly and with integrity at all times, and provide the best possible care to all patients in a friendly, helpful and compassionate manner.

Types of Care and Services:

Skilled Nursing

Long-Term Care

Emergency & Acute Care

Post-acute care

Dietary

Dining

Dietician

Senior Program

Housekeeping

Laundry

Janitorial

Maintenance

Building

Landscaping/Groundskeeping

Therapy

Outpatient

Inpatient

Skilled Rehabilitation

Occupational

Equipment

Health Information Services

EHR/EMR

MDS

Social Services

Activities

Behavioral Health

Care Coordination

Pharmacy

Staff Education	**Business Office**
On-boarding and Orientation	Staffing
Internal Continuing Education	Billing
External Continuing Education	Human Resources
(Conferences, Symposiums, etc.)	

Addressing Care and Services:

CCMC Long Term Care (LTC) and Critical Access Hospital (CAH) QAPI Plan

Effective date: January 1, 2023

The QAPI program will aim for safety and high quality with all clinical interventions and service delivery while emphasizing autonomy, choice, and quality of daily life for patients, residents and family by ensuring our data collection tools and monitoring systems are in place and are consistent for proactive analysis, system failure analysis, and corrective action.

The scope of the QAPI program encompasses all types and segments of care and services that impact clinical care, quality of life, resident choice, and care transitions. These include, but are not limited to, customer service, care management, patient safety, credentialing, provider relations, human resources, finance, and information technology.

Aspects of service and care are measured against established performance goals. Key measures are monitored and trended on a quarterly and/or annual basis.

Defining and Measuring Goals:

The organization will utilize the best available evidence including data, national benchmarks provided by national associations, clinical organizations guidelines, and federal and state provided databases (e.g. CMS Quality Measures, Five-Star Quality Rating System, survey data) to establish baselines for organizational practices and goal-setting. The organization will continue to monitor progress toward goals by comparing its results to these benchmarks and its historical performance.

Governance & Leadership

Administrative Leaders:

Name Role:

Hannah Sanders, MD	Chief Executive Officer / Administrator
Linnea Ronnegard	Board Chairperson
Ann Linville	Board Vice Chairperson
Liz Senear	Board Secretary/Treasurer
Kelsey Hayden	Board Member
Chris Iannazzone	Board Member

Direction of QAPI Activities:

CCMC CAH & Long Term Care QAPI Plan Effective date: January 1, 2023

The Governing Body and Quality Improvement Committee of the hospital and nursing center develop a culture that involves leadership-seeking input from staff, patients, residents, their families, and other stakeholders.

The Governing Body is responsible for the development and implementation of the QAPI program. The Governing Body is responsible for:

1) Identifying and prioritizing problems based on performance indicator data.

2) Incorporating resident and staff input that reflects organizational processes, functions, and services provided to residents.

3) Ensuring that corrective actions address gaps in the system and are evaluated for effectiveness.

4) Setting clear expectations for safety, quality, rights, choice, and respect.

5) Ensuring adequate resources exist to conduct QAPI efforts.

The QAPI Committee reports to the executive leadership and Governing Body and is responsible for:

1) Meeting, at minimum, on a quarterly basis; more frequently, if necessary.

2) Coordinating and evaluating QAPI program activities.

3) Developing and implementing appropriate plans of action to correct identified quality deficiencies.

4) Regularly reviewing and analyzing data collected under the QAPI program and data resulting from drug regimen review and acting on available data to make improvements.

5) Determining areas for Performance Improvement Plans (PIPs) and Plan-Do-Study-Act (PDSA) rapid cycle improvement projects.

6) Analyzing the QAPI program performance to identify and follow up on areas of concern and/or opportunities for improvement.

Staff QAPI Adoption:

The QAPI program will be structured to incorporate input, participation, and responsibility at all levels. The Governing Body and QAPI Committee of the hospital will develop a culture that involves leadership-seeking input from staff, patients, residents, their families, and other stakeholders; encourages and requires staff participation in QAPI initiatives when necessary; and holds staff accountable for taking ownership and responsibility of assigned QAPI activities and duties.

QAPI Committee

QAPI Committee Members:

Medical Director/Designee: Curtis Bejes, MD

Administrator/Owner/Board Member/Other Leader:

Hannah Sanders, MD

Chief Nursing Officer over Nursing Services: Kadee Goss, RN

Infection Prevention & Control Officer: Kathleen Castellano

Director of Operations and Quality: Noelle Camarena

Additional Committee Members:

Name Role

Adam Woelk, MD Chief of Staff

Paul Gloe, MD

Laura Henneker FNP

Denna Stavig, Director of Finance

Daniella Rossi, Director of Nursing over Long Term Care

Faith Wheeler-Jeppson, Corporate Compliance

Kim Wilson, Human Resources

Holly Rikkola, Health Information Management (HIM)

Heidi Voss, Retail Pharmacist

Tim Hokanson Hospital Pharmacist

Vivian Knop, Materials Manager

Brian Rezek, Facility Manager

Monica Shaw, Dietary Manager

Barbara Jewell, Sound Alternatives Program Manager

Carmen Nourie, Medical Laboratory Director

Vanessa Stocks, Radiology, Technologist:

Brittany Vanderwerf, Physical Therapist

Erin Brennan, Occupational Therapist

Feedback, Data Systems & Monitoring

Monitoring Process:

The system to monitor care and services will continuously draw data from multiple sources. These feedback systems will actively incorporate input from staff, patients, residents, families, and others, as appropriate. Performance indicators will be used to monitor a wide range of processes and outcomes, and will include a review of findings against benchmarks and/or targets that have been established to identify potential opportunities for improvement and corrective action. The system also maintains a system that will track and monitor adverse events that will be investigated every time they occur.

Action plans will be implemented to prevent recurrence.

CCMC will take a systematic approach to evaluating potential problems and opportunities for improvement through continuous cycles of data gathering and analysis. This is accomplished through a variety of assessments such as patients, resident, family, and staff interviews; resident observations; medical record reviews; in-depth clinical reviews; facility level process reviews; and MDS data analysis.

Monitored Data Sources:

Assessments

QAPI Assessments

Resident-Level Investigations

Patient-Level Investigations

Facility-Level Investigations

Resident Satisfaction

Patient Satisfaction

Family Satisfaction

Centers for Medicare and Medicaid Services

Comparative Survey Data

Survey Data

Five Star Quality Rating System

CMS Quality Measures

State Survey Reports

Industry Associations

America Health Care Association /National Center for Assisted Living Trend Tracker

Internal Systems

Resident/Patient/Family Complaints

Resident/Patient/Family Suggestions

Staff Complaints

Staff Suggestions

Minimal Data Sets (MDS)

Electronic Medical Record /Electronic Health Record (EMR/EHR)

Additional Systems:

Adverse/Never Event Tracking System:

Medication Errors, Falls with Injuries, Infections, Elopement

Method of Monitoring Multiple Data Sources:

Information will be collected on a routine basis from the previously identified sources and the data will be analyzed against the appropriate benchmarks and target goals for the organization.

Performance Improvement Projects (PIPs)

Overall PIP Plan:

Performance Improvement Projects will be a concentrated effort on a particular problem in one area of the nursing center or on a facility-wide basis. They will involve gathering information systematically to clarify issues or problems and intervening for improvements. CCMC will conduct PIPs to examine and improve care or services in areas identified as needing attention.

PIP Determination Process:

Areas for improvement are identified by routinely and systematically assessing quality of care and service, and include high risk, high volume, and problem prone areas. Consideration will be given to the incidence, prevalence, and severity of problems, especially those that affect health outcomes, resident or patient safety, autonomy, choice, quality of life, and care coordination. All staff are responsible for assisting in the identification of opportunities for improvement and are subject to selection for participation in PIPs.

Assigning Team Members:

When a performance improvement opportunity is identified as a priority, the Quality Improvement Committee will initiate the process to charter a PIP team. This charter describes the scope and objectives of the improvement project so the team working on it has a clear understanding of what they are being asked to accomplish. Team members will be identified from internal and external sources by the Quality Improvement Committee or designated project manager, and with relationship to their skills, service provision, job function, and/or area of expertise to address the performance improvement topic.

Managing PIP Teams:

The PIP project director or manager will manage the day-to-day operations of the PIP and will report directly to the Quality Improvement Committee.

Documenting PIPs:

PIPs will be documented continuously during execution. The documentation will include the overall goals for the project and will identify team members, define appropriate measures, root cause analysis findings, interventions, PDSA cycle findings, meeting minutes, target dates, and overall conclusions.

Systematic Analysis & Systemic Action

Recognizing Problems and Improvement Opportunities:

We will use a thorough and highly organized/structured root cause analysis approach (e.g. Failure Mode and Effects Analysis, Flow Charting, Five Whys, Fishbone Diagrams,

etc.) to determine if and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. This systematic approach will help to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change.

These systemic actions will look comprehensively across all involved systems to prevent future events and promote sustained improvement. The focus will be on continuous learning and improvement.

Identifying Change as an Improvement:

CCMC CAH & Long Term Care QAPI Plan

Changes will be implemented using an organized and systematic process. The process will depend on the nature of the change to be implemented, but will always include clear communication of the structure, purpose, and goals of the change to all involved parties. Measures will be established that will monitor progress and change during PDSA cycles for PIPs and widespread improvement activities.

Communications & Evaluation

Internal and External QAPI Communication:

Regular reports and updates will be provided to the Board of Directors, management, staff, resident/family council, external partners, and other stakeholders. This will be accomplished through multiple communications channels and media such as staff meetings, new hire orientation, staff training sessions, e-mail updates and memos, storyboards, resident and family councils, newsletter articles, administration reports, local media, and social media.

Identifying a Working QAPI Plan:

On at least an annual basis, or as needed, the QAPI Self-Assessment will be conducted. This will be completed with the input from the entire QAPI team and organizational leadership. The results of this assessment will direct us to areas we need to work on in order to establish and improve QAPI programs and processes in our organization.

We will also conduct an annual facility assessment to identify gaps in care and service delivery in order to provide necessary services. These items will be considered in the development and implementation of the QAPI plan.

Assessment results over time.

Revising our QAPI Plan:

The Quality Improvement Committee will review and submit proposed revisions to the Governing Body for approval on an annual and/or as needed basis.

Record of Plan Review:

_____

Board Chair Signature **Date**

This document is intended to contain information, reports, statements, or memoranda that are subject to the "medical peer review" privilege or comparable state statute. This document is confidential and is meant for the intended recipient only. It is prepared as an integral part of Quality Assurance and Performance Improvement (QAPI) and it is used by the QAPI Committee to help identify, assess, and evaluate, through self-critical analysis, quality and performance issues. Further, it is used to develop initiatives to improve quality of care and quality of life for residents. If you have received this document in error, please delete it from your records.

CCMC Long Term Care QAPI Plan Effective date: January 1, 2023

February 2023

◄ January | March ►

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 City Council	2	3	4
5	6	7	8	9	10	11
12	13	14	15 City Council	16	17	18
19	20	21	22	23 Board Meeting 6pm	24	25
26	27	28				

March 2023

◄ February | April ►

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 City Council	2	3	4
5	6	7	8	9	10	11
12	13	14	15 City Council	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30 Board Meeting 6pm	31	