



**CCMC AUTHORITY BOARD OF DIRECTORS AGENDA
ZOOM MEETING OR TELECONFERENCE
February 23, 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 - None

F. REPORTS OF OFFICERS OR ADVISORS

1. Board Chair Report
2. CEO Report
3. Director of Finance Report

Pgs 1-2

G. DISCUSSION ITEMS

1. Review of the CAH Periodic Evaluation

Pgs 3-19

H. ACTION ITEMS

1. Approval of Delineation of Privileges for Chelsea Pluta, DO
2. Approval of Delineation of Privileges for David Delman, MD

Pgs 20-26

Pgs 27-34

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.

I. BOARD MEMBERS COMMENTS

J. EXECUTIVE SESSION

K. ADJOURNMENT

This Board of Directors meeting will be held via ZOOM:

<https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09>

Meeting ID: 467 570 1050; Passcode: 379187

To call in: 1-253-215-8782

Meeting ID: 467 570 1050; Passcode: 379187

For a full packet, go to www.cityofcordova.net/government/boards-commissions/health-services-board

*Executive Session: Subjects that may be considered in executive session are: 1) Matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; 2) Subjects that tend to prejudice the reputation and character of any person, provided that the person may request a public discussion; 3) Matters which by law, municipal charter, or ordinance are required to be confidential; 4) Matters involving consideration of governmental records that by law are not subject to public disclosure; 5) Direction to an attorney or labor negotiator regarding the handling of specific legal matters or labor negotiations.

CEO Report Board Meeting February 2023

Earlier this month CCMC participated in the Alaska Hospital Association Healthcare legislative fly in. During this meeting we had the opportunity to meet with state legislators, state commissioners and hospital leadership throughout the state. The meetings were inspiring and encouraging for future directions in healthcare. We have great partnerships with other small hospitals and are evaluating ways we can assist each other. We also took the opportunity to advocate for Alaska to join the nurse licensure compact and continue to the certificate of need program.

NVE Healthcare Consolidation: The discussions continue around tribal consolidation of healthcare services in Cordova. This month we participated in a second health service planning meeting (the last one-day workshop was in January of 2022). During this meeting hospital and ICHC staff meet with consultants from NVE to discuss healthcare building size and staffing needs for a unified Cordova healthcare system. The recent meeting was more focused on space to accommodate the Ilanka clinic and modernize our current facility inside the existing hospital with an addition or new clinic in close proximity.

The consultants are concurrently evaluating the hospital revenue cycle to determine if it will be sustainable and how it can be improved under tribal ownership. The two entities continue to work together on health care delivery and future planning. This is important now as NVE is working to find funding for infrastructure improvements. We anticipate a formal proposal for healthcare consolidation will be coming in the next couple months.

Services:

LTC: We have a full census for our LTC beds. As we continue to have respiratory illnesses pop up in our facility, our staff continue to monitor recommended practices and implement process improvements as needed. This includes changes to staff testing, quarantine guidance, vaccination guidance, and ensuring we allow access to visitors.

ER/ Hospital/SWING: The staffing shortage has continued. We continue to use direct contracts with traveling staff when we can to avoid paying large agency costs. This takes an extra effort from our nursing leadership and HR. We have improved our marketing for our inpatient swing rehab program in an effort to find more patients interested in choosing Cordova for their skilled rehabilitation needs.

Clinic: Clinic is gearing up to participate in the health fair and provide health fair labs. This year labs will be done similar to last year. There will be a limited number of self-order labs, while others will be available at the health fair rate but with a provider order.

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

Administrative: The challenges of operating a critical access hospital continue to put pressure on all of us. We are working to get our business office to be appropriately staffed but continue to operate despite being short a staff accountant and a medical records specialist. We have several process improvements being implemented to improve our revenue cycle. We are hopeful we will see a large financial impact when these improvements have had time.

To: Cordova Community Medical Center Authority Board

From: Hannah Sanders, CEO

Re: Annual Critical Access Hospital Evaluation for 2022

A review of Cordova Community Medical Center was conducted for the year 2022, as required by the Center for Medicare and Medicaid Services (CMS) Conditions of Participation for Critical Access hospitals. The annual report is submitted to you for review and approval.

The information for the review was completed by Hannah Sanders. The report was reviewed by the Leadership Team and by the Medical Staff Executive Committee.

EXECUTIVE SUMMARY

This year has brought significant financial strain to our facility. The cost of supplies has had a substantial increase due to both supply cost and large increase in cost of freight. Staff shortages and increased salary expectations, particularly for essential professionally licensed staff, has increased our cost of professional services at an alarming rate. We have worked to grow revenue sources through increasing skilled nursing and rehab abilities but are still working to increase the volume in these areas.

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

Our average length of stay is 57.6 hours, below the CAH requirement of 96 hours. More detailed information is included in the main report.

Quality and Process Improvement

We have strengthened our quality program and have made substantial improvement throughout our facility. We are very proud of the providers and staff who are driving our substantial improvements. We improved and implemented several process improvement plans this last year including:

- Billing statement improvement
- CAH admission forms to consolidate and obtain required information
- Clinic and Hospital AR consolidation
- Health Fair Lab draws to simplify patient access and provider orders
- Care Plan and Conference organization to ensure participation
- Restorative Nursing LTC program improvement
- Radiology Order Maintenance
- Price and Charge review evaluation

- Nursing assessment documentation improvement
- Environmental Services streamline and consistency improvement
- Emergency Preparedness Cache update
- Emergency Room Screening Improvement
- Pharmacy Organization Improvement
- Radiology Contrast use process improvement
- Lab policy review process
- Outpatient Referral Tracking and Trending
- Environmental Services improvement
- Antibiotic Stewardship

Consultative services:

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

- Occupational Therapist
- Physical Therapy
- Podiatry
- Orthopedic Surgery

Peer Review

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

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

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

Services

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

As a result of the review, we identified the need to expand, redefine and develop a process for crisis care management in Cordova. We have identified an interest in increased specialist visits

in Cordova, including Cardiology and Obstetrics however have not been able to secure specialists in these areas.

Contracted Services

Dietician

Radiology

Tele behavioral Health

Tele neurology

Policies and Procedures Summary

The clinical policies were reviewed by the quality management committee which included Hannah Sanders, MD, Curt Bejes, MD Laura Henneker, FNP, Kadee Goss, RN and Daniella Rossi, RN. Recommendations for changes were submitted for approval.

Recommendation

The Critical Access Hospital program continues to meet our needs from a clinical and patient care perspective. We are continuing to struggle with financial solvency and would be unable to sustain our hospital without the Critical Access designation.

MAIN REPORT

Section 1: Financial

During 2022 we saw increase stabilization in our volumes either at or above pre-pandemic levels. During the 4th quarter of 2022, we evaluated our cost to charge ratio, our reimbursements and allowable charges rates. With this information we made updates to our charge master.

Payor Mix Data

Payor	Hospital	Clinic	LTC	Total	Percent Payor
Medicare	\$3,915,972.22	\$14,081.79		\$3,930,054.01	27%
Medicaid	\$2,409,726.31	\$21,509.5	\$3,499,478.71	\$5,930,714.52	41%
BlueCross	\$1,079,920.22	\$13,597.14		\$1,093,517.36	8%
Commercial	\$3,005,767.03	31,363.06		\$3,037,130.09	21%
Private	\$377,839.80	\$6,055.82	\$87,595.24	\$471,490.86	3%
Total	\$10,789,225.58	\$86,607.31	\$3,587,073.95	\$14,462,906.84	100%

Previous Year Comparison

	2022	2021	YOY Variance	YOY %
Medicare	\$3,930,054.01	\$2,804,406.47	\$1,125,647.54	28.6%
Medicaid	\$5,930,714.52	\$5,914,415.81	\$16,298.71	0.2%
Commercial	\$4,085,687.25	\$3,794,363.37	\$291,323.88	7.1%
Charity	\$232,198	\$36,396.96	\$195,801.04	84%
Administrative	\$378,787	\$324,204.60	\$49,582.4	13%
Total	\$14,557,440.78	\$12,873,787.21	\$1,678,653.57	11.5%

Section 2: Volume and Utilization of Services

1.Capacity

We have 13 set-up beds available for inpatient, observation and swing bed patients. We did not exceed more than 12 patients at any time. With recognition that hospital capacity may need to

be expanded for emergency response, we have reviewed contingency plans to expand our capacity for any future emergency needs.

2. Volume

Utilization of services was reviewed as outlined in the table below. Overall volume has increased. It is unclear if the pressure for increased hospital utilization and surges will continue into 2024 so volume projections are unlikely to be accurate.

Volume	Current year	Prior year	% Change
Inpatient Admits	51	46	9%
Acute patient days	129	126	2%
Swing Bed patient days	710	821	14%
ER visits	712	622	14%

Medical Imaging for xray procedures was 849 in 2022 up from 791 in 2021. CCMC completed 320 CT scans in 2022 up from 297 in 2021.

The volume of outpatient visits for laboratory tests has varied widely over the last 3 years secondary to increased testing for respiratory illness.

Year	Number of lab tests
2022	8,294
2021	10,020
2020	12,213
2019	4,332

3. Average Length of Stay

The average length of stay for the year was 57.6 hours. The average for all patients in a 12-month period is less than 96 hours.

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

Average Length of Stay	Current year	Prior year
Inpatient average length of stay (days)	2.4	2.8
Swing Bed average length of stay (days)	66	25.9
Observation average length of stay (hours)	33.6	1.3
Emergency Department Visits	697	712

4. Medical Necessity Reviews

The utilization review nurse or director of nursing screens every inpatient, swing bed and observation patient to determine if provider documentation supports the status. We have begun implementation of utilization review software InterQual. Currently, any issues or questions regarding medical necessity are discussed with Dr. Bejes, the physician advisor, and Kadee Goss who is acting as the utilization review nurse until this position is filled in 2023. Reports are submitted to the Utilization Review Committee monthly for review and discussion.

5. Transfers

Transfers from the Emergency Department have remained essentially the same as the prior year. In 2021 we had 47 transfers which represented 7.6% of the ED visits that we had in the year. In 2022 we had 38 transfers which represented 5.4% ED visits.

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

Section 3: Medical Record Review

1. Medical Record Peer Review

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

In 2022 a total of 99 charts were internally reviewed. 15 cases were sent for external review that were sent as part of our random sample. A total of 112 records were reviewed which is 16% of patient encounters.

2. Chart Review

Chart reviews involve both a concurrent and retrospective process as illustrated below. As a result of the medical record reviews for 2022 the following focus areas for improvement were identified:

- (1) Behavioral Health Crisis Care
- (2) Pain Medication usage
- (3) Patient Portal Usage and Health Information exchange

Medical Record Review

Review completed by utilization review staff for appropriateness of admission, continued stay and delivery of Important Message from Medicare regarding observation stays. In addition, reviews are done to evaluate documentation related to core measure compliance.

Documentation reviews by the Quality/utilization nurse:

- o History and Physical
- o Progress Notes
- o Discharge Summary
- o Timing and Dating of Orders
- o Provider signatures
- o Consents
- o Blood Utilization
- o Medication errors
- o Morbidity and Mortality
- o Falls

- o Infection Rates
- o Blood Utilization
- o AMAs

Patient Satisfaction is evaluated through a contract group, NRC picker, that sends out after care surveys and compiles the data. Each year the scorecard data is challenging to evaluate as our volume is so low that indicators do not meet statistical significance. The organizational scorecard which shows performance for many of these measures is attached.

Section 4: Review of Services

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

1. Nursing

Emergency, med-surg, swing

Volume/Activity: 51 inpatient admissions, 23 Swing Bed Admissions

2. Medical Imaging

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

Volume/Activity: 849 Xray and 320 CT scan radiology studies completed

3. Laboratory

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

Volume/Activity: 8,294 studies

4. Rehabilitation

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

Volume/Activity: 4,395 visits.

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

Volume/Activity: 1,990

5. Outpatient Clinics

Behavioral Health - Sound Alternatives

Volume: 1095 visits

6.Family medicine clinic: 2,918 visits which includes nurse visits, and provider clinic visits
Currently we offer a full spectrum outpatient family medicine clinic which includes procedures such as biopsy, joint injections, trigger point injections, prenatal care with OB consultation, CDL exams, pediatric and adult wellness.

7.Long Term Care/Skilled Nursing Facility

Continues to provide nursing care to individuals with high needs

Volume/Activity: 10 beds remain at capacity

8.Dietary / Food Service

Patient meals as well as cafeteria and delivered meals for seniors. Volume/Activity: 10,715 LTC Meals, 2567 Hospital, Other meals (includes cafeteria and delivered) 50,900

Satisfaction data is collected from a contract with NRC Health. This group sends after care surveys to patients. In general, our survey response rate is less than 20%. Overall evaluation of the surveys demonstrates overall satisfaction is greater than 89% in key service areas. There are some areas such as getting answers the caller need from a phone call and seeing a provider quickly that scores are below 65%. Interpretation of this data is limited due to small sample size but has helped us identify and improve on key areas that define patient experience and build trust.

Section 5: Contract Services

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

1. Home Sleep Study

Contracting Entity: Global sleep solutions and Peak Neurology

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

Very limited use in 2022, likely due to no significant fluctuations in the Cordova population.

During the initial years of providing this service it had higher utilization as we were able to reach longstanding undiagnosed sleep apnea.

2. Tele behavioral health and Tele Neuro

Contracting Entity: MindCare

Description/Scope including any new services or modalities:

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

3. Dietician

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

4. Radiology

Contracting Entity: Alaska Imaging Associates

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

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

Section 6: Infection Control infection control plan available on request and includes:

- Risk Assessment
- Goals / Plan
- Outcomes

Section 7: Performance Improvement

We have an active Quality Committee chaired by Kadee Goss. During the past twelve months, the Committee has collaboratively worked with department managers. The process improvement projects include:

Billing statement improvement: We identified an issue with the wording on our billing statements. We adjusted the wording and have feedback that the statements are indeed more clear. Statement evaluations with necessary changes and improvements is ongoing.

CAH admission forms: We identified a need to update and consolidate forms. We also learned that we are sometimes missing needed information that is essential to provider documentation. The forms have been updated and reviewed to ensure essential information is obtained in a concise manner. Form evaluation with necessary changes and improvements is ongoing.

Clinic and Hospital AR consolidation: When the hospital changed to Evident EMR, the decision was made to have two account records. This resulted in patients getting billing statements from both outpatient services and hospital services. This made bill pay confusing

and made integration of patient electronic portal also challenging. We have now consolidated to one AR and a single hospital billing statement for all services rendered through CCMC.

Health Fair Lab: During previous health fair community members were able to self-order a wide array of labs. Many of these labs were not clinically appropriate and none were reviewed by a provider. To improve patient safety and help encourage only clinically appropriate labs, a process evaluation with necessary changes and improvements to ordering took place. This is ongoing as we adjust for the upcoming health fair.

Restorative Nursing LTC program improvement – modified the program into a multi-tier program that is completed by CNAs. We also transitioned from paper documentation to electronic documentation of this program. It was implemented and evaluated

Contract Review Process – process for ensuring contract renewal and evaluation is ongoing.

Nursing assessment documentation improvement – to ensure proper documentation is being put in patient charts. We had nursing and leadership do monthly chart audits and make recommendations for improvement. Process improvement and evaluation is ongoing.

Emergency Preparedness Cache update – Reorganized and inventoried EP cache for 2022

Emergency Room Screening Improvement – ensure nurses are completing required screening. Screenings were tracked and nursing staff were educated. The number of missed screenings decreased by 50% in the first month down to 95% after several months. Process improvement and evaluation of the screening is ongoing.

Pharmacy Organization Improvement completed for improved flow

Radiology Contrast use process improvement – this process was evaluated, reviewed and improved.

Antibiotic Stewardship Program: We strive to minimize antibiotic use when not indicated. To ensure this the pharmacist reviews all antibiotics. A secondary review is completed by the medical director for prescriptions in which a culture was not obtained, or a clinical diagnosis was not provided that necessitates antibiotics. The medical director also reviews cases in which multiple antibiotics are used. We use our EMR for antibiotic use monitoring along with data from cultures to ensure the right antibiotic is being administered. Process evaluations with necessary changes and improvements is ongoing.

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

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

Lab policy review process: This is the last department with both paper and electronic policy. We are working to move all lab policies to an electronic approval. We want to ensure that policy review is timely and that none are missed in the process. Utilizing the hospital's electronic policy system will ensure this.

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

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

Environmental Services: Cleaning for the comfort and dignity of residents and patients with a multi-disciplinary approach to planning for deep cleaning with staff from environmental services, infection control, nursing, dietary, and facilities/maintenance all contributing to the agenda. Each Department has 1:10 Bleach: water solution for cleaning designated work areas. Environmental Cleaning dashboards have been created to help guide staff. Random surveillance audits and environment of care rounds with educational time outs are done regularly to ensure all staff understand and maintain a clean and comfortable environment for our residents, patients, and one another. Process evaluations with necessary changes and improvements is ongoing.

Quality measure reporting and monitoring occurs on the following events:

MRSA Rate
Readmission Rate
Pressure Ulcer Rate
C.difficile (CDI) Rate
CAUTI

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

Section 8: Policy Review

We utilize a cloud-based software for our policy management. CCMC has 837 active policies. Of these 680 policies were revised last year. A committee consisting of department heads, met quarterly to review policies and procedures. Over the twelve-month period, 100% of policies of LTC, Lab and Behavioral policies were reviewed year. Hospital only policies are reviewed every other year.

Section 9: Organizational Plans

All organizational plans have been updated during the past year. Each plan was reviewed and approved by senior leadership, board of directors and the medical staff. There were no significant changes. These plans are available for review separately and on request.

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

Section 10: Survey Readiness

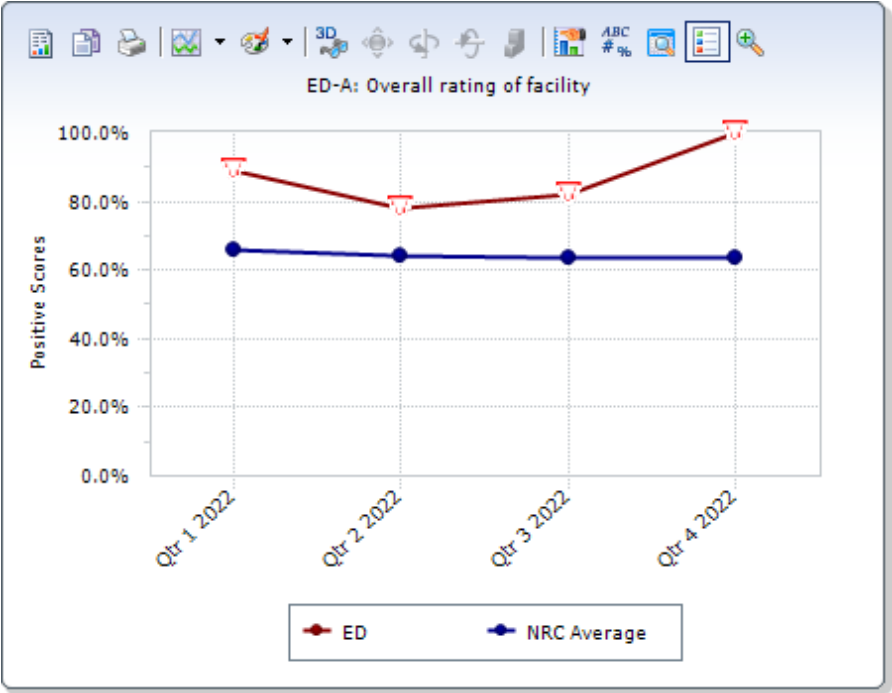
1. State and Federal Hospital Survey

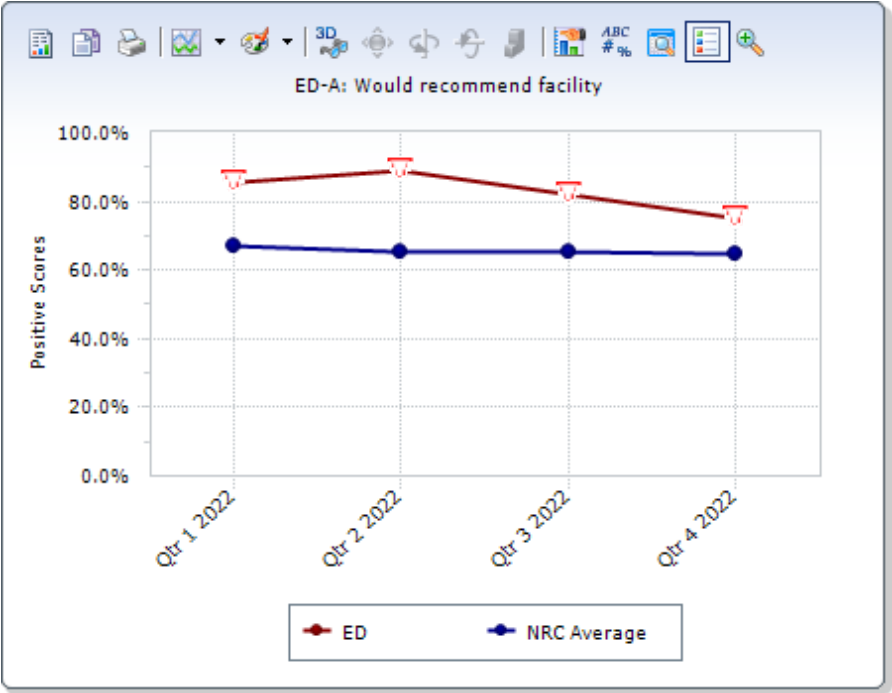
The State of Alaska completed a Long-Term Care Critical Access Hospital survey. On March 25, 2022 we had the state and federal hospital survey and after correcting identified deficiencies, CCMC was found to be in substantial compliance. We had the LTC survey

September 2022 and after correction minor deficiencies, CCMC was found to be in substantial compliance.

2. Continuous Survey Readiness

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





CGCAHPS Spotlight Report

Discharge Dates From Apr 1, 2022 to Dec 31, 2022

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

February 16, 2023



Picker Dimensions		Benchmarks	Cordova Community Medical Center		
Overall		NRC Average*	Qtr 4 2022‡	Qtr 3 2022	Qtr 2 2022
Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?		82.4%	81.3%µ	95.2%µ	91.7%µ
Key Drivers		NRC Average*	Qtr 4 2022‡	Qtr 3 2022	Qtr 2 2022
Do you have confidence and trust in this provider?	Emotional Support	90.7%	93.8%µ	95.2%µ	91.7%µ
During your most recent visit, did this provider spend enough time with you?	Respect for Patient Preferences	93.0%	100.0%µ	95.2%µ	100.0%µ
During your most recent visit, did this provider listen carefully to you?	Respect for Patient Preferences	93.8%	100.0%µ	95.2%µ	100.0%µ
Highest Scores		NRC Average*	Qtr 4 2022‡	Qtr 3 2022	Qtr 2 2022
After your most recent visit, did you know who to call if you needed help or had more questions after you left your appointment?	Continuity and Transition	92.6%	100.0%µ	90.5%µ	100.0%µ
During your most recent visit, did this provider spend enough time with you?	Respect for Patient Preferences	93.0%	100.0%µ	95.2%µ	100.0%µ
During your most recent visit, did this provider's office do everything they could to make the necessary arrangements if you needed to see another healthcare professional?	Continuity and Transition	96.0%	100.0%µ	88.9%µ	100.0%µ
Lowest Scores		NRC Average*	Qtr 4 2022‡	Qtr 3 2022	Qtr 2 2022
Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time?	Access to Care	54.8%	56.3%µ	60.0%µ	79.2%µ
In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Access to Care	60.3%	66.7%µ	50.0%µ	85.7%µ
In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	Access to Care	67.8%	66.7%µ	87.5%µ	88.2%µ

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

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

Red - score is significantly less than the NRC Average

µ - Warning: n-size is low!

‡ - Data is not final and subject to change.

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

PR=Percentile Rank



Human understanding

©2023 NRC Health



Memorandum

To: CCMC Authority Board of Directors

From: Administration

Subject: Approval of Privileges for Chelsea Pluta, DO

Date: 2/21/2023

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



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

PRACTITIONER CREDENTIALING

February 23, 2023

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

RE: Chelsea Pluta, DO

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed 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 **Psychiatry** for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:
Paul Gloe
145ED39394D148A...

Chief of Staff

16 February 2023 | 2:33 PM PST

Date

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

Chief Executive Officer

17 February 2023 | 6:14 AM AKST

Date



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

DATE: 2/23/2023

RE: Chelsea Pluta, DO

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:




145ED39394D148A...

Authorized Representative of Chief of Staff

Paul Gloe, MD

Chief of Staff

DocuSigned by:



E73DD11B943F429...

Authorized Representative of Medical Staff

Curtis Bejes, MD

Medical Director

DocuSigned by:



A9259C1E5177486...

Authorized Representative of Cordova Community Medical Center

Hannah Sanders, MD CEO

Chief Executive Officer

Cordova Community Medical Center

16 February 2023 | 2:33 PM PST

Date

17 February 2023 | 5:38 AM AKST

Date

17 February 2023 | 6:14 AM 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



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

TELEMEDICINE PRIVILEGES (Delegated)

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

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

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

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

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

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

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

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

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

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

Acknowledgement of Practitioner

I have requested privileges for telemedicine practitioner in Psychiatry (field of specialty). I have only requested those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise via telemedicine on behalf of Cordova Community Medical Center. I understand that in exercising any clinical privileges granted, I am constrained by Medical Staff bylaws, policies and rules applicable generally and any applicable to the particular situation.

Chelsea L. Pluta, DO

Practitioner Signature

Feb 13 2023 07:49 EST

Date

Chelsea Lyn Pluta, DO

Practitioner Print

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

CEO

17 February 2023 | 6:14 AM AKST

Date

DocuSigned by:
Paul Doe
145ED39394D148A...

Chief of Staff or Designee

16 February 2023 | 2:33 PM PST

Date



11/16/2022

Chelsea L. Pluta, DO
Mindcare Solutions
5314 Maryland Way Suite 110
Brentwood, TN 37027

Dear Dr. Pluta:

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 12/31/2023**.

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,



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



Memorandum

To: CCMC Authority Board of Directors

From: Administration

Subject: Approval of Privileges for David Delman, MD

Date: 2/21/2023

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



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

PRACTITIONER CREDENTIALING

February 23, 2023

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

RE: David Delman, MD

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed 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 David Delman, MD for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:

Paul Gloe

145ED39394D148A...

Chief of Staff

16 February 2023 | 2:34 PM PST

Date

DocuSigned by:

Hannah Sanders

A9259C1E5177486...

Chief Executive Officer

DocuSigned by:

Hannah Sanders

A9259C1E5177486...

Date



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

DATE: February 23

RE: David Delman, 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}

{ } relied upon the decisions of Telemedicine Entity.

DocuSigned by:

Paul Gloe

145ED39394D148A...

Authorized Representative of Chief of Staff

Paul Gloe, MD

Chief of Staff

DocuSigned by:

Curtis Bejes

E73DD11B943F429...

Authorized Representative of Medical Staff

Curtis Bejes, MD

Medical Director

DocuSigned by:

Hannah Sanders

A9259C1E5177486...

Authorized Representative of Cordova Community Medical Center

Hannah Sanders, MD CEO

Chief Executive Officer

Cordova Community Medical Center

16 February 2023 | 2:34 PM PST

Date

17 February 2023 | 5:35 AM AKST

Date

17 February 2023 | 6:12 AM 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



P: (907) 424-8000 | F: (907) 424-8116
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Please provide a copy of credential and privileges from the contracted organization along with this application.

Acknowledgement of Practitioner

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Practitioner Signature

02/16/2023

Date

David Delman MD

Practitioner Print

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

CEO

17 February 2023 | 6:12 AM AKST

Date

DocuSigned by:
Paul Gloe
145ED39394D148A...

Chief of Staff or Designee

16 February 2023 | 2:34 PM PST

Date



11/16/2022

David H. Delman, MD
Blue Sky Neurology, A Division of CarePoint Health
5600 S Quebec Street
Suite 312A
Greenwood Village, CO 80111-

Dear Dr. Delman:

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 4/30/2024**.

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ALASKA REGIONAL
HOSPITAL

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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

APPOINTMENT/REAPPOINTMENT PROFILE

Date: December 13, 2022

TO: Medical Staff Office, Central Peninsula Hospital ("Spoke Facility")

FROM: Medical Staff Services, Alaska Regional Hospital ("Hub Facility")

SUBJECT: Attestation of Credentialing and Privileging Decision for **David H. Delman, MD**, a Licensed Independent Practitioner ("Provider") providing telemedicine services in accordance with the Telemedicine Agreement dated April 5, 2018 between Galen Hospital Inc. d/b/a Alaska Regional Hospital ("Hub Facility") and Central Peninsula Hospital ("Spoke Facility").

This letter serves as attestation that the above referenced Provider has been granted Teleneurology Privileges in accordance with Hub Facility's credentialing process. Practitioner is credentialed and privileged and in good standing to provide professional services at Hub Facility.

Date Privileges Granted:	November 16, 2022
Date Privileges Thru:	April 30, 2024

Hub Facility is a Medicare-participating hospital and meets the Medicare conditions of participation requirements for medical staff, governing body, and credentialing and privileging regarding Physicians providing telemedicine services.

Practitioner is licensed to practice in the State of Alaska.

Alaska License Number:	198869
Date License Expires:	April 19, 2023

Practitioner maintains professional liability insurance with limits of at least \$1,000,000.00 for each claim and \$3,000,000.00 in aggregate, is Board Certified in the specialty of Neurology, and is authorized to participate in the Medicare and Medicaid programs.

Specific documentation accompanying this attestation:

1. Copy of Provider's CV
2. Copy of Hub Facility's Board letter granting privileges
3. Copy of privilege set granted to Practitioner

Practitioner's full credentialing file will reside at and be maintained by Hub Facility.

CONFIDENTIAL: The documents provided with this attestation are privileged and confidential peer review information under the laws of the State of Alaska. Disclosure or dissemination of these documents is prohibited.

March 2023

Calendar contains US Holidays

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8 Int'l. Women's Day	9	10	11
12 Daylight Saving Begins	13	14	15	16	17 St Patrick's Day	18
19	20 Start of Spring	21	22	23	24	25 Earth Hour
26	27	28	29	30 Board Meeting 6pm	31	

Courtesy of [WinCalendar](#)

April 2023

Calendar contains US Holidays

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6 Holy Thursday	7 Good Friday	8
9 Easter	10	11	12	13	14	15
16	17	18 Tax Day (Taxes Due)	19	20	21	22 Earth Day
23	24	25	26 Administrative Professionals	27 Board Meeting 6pm	28 Arbor Day	29
30						

Courtesy of [WinCalendar](#)