CCMC AUTHORITY BOARD OF DIRECTORS AGENDA
ZOOM MEETING OR TELECONFERENCE
March 30, 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

1. The Board's Role in Advancing Healthier, More Equitable Communities Pgs 2-6

C. CONFLICT OF INTEREST

D. APPROVAL OF AGENDA

E. APPROVAL OF MINUTES

1. 1-26-2023 Regular Meeting Minutes Pgs 7-9
2. 2-23-2023 Regular Meeting Minutes Pgs 10-12

F. REPORTS OF OFFICERS OR ADVISORS

1. Board Chair Report
2. CEO Report Pgs 13-15
3. Director of Finance Report Pgs 16-18

G. DISCUSSION ITEMS

H. ACTION ITEMS

1. CEO Contract Approval Pg 19
2. Approval of Delineation of Privileges for Gurjeet Singh, MD Pgs 20-24

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

Q: How does the board ensure a healthy, equitable community?

The sobering fact of health inequity has been spotlighted through the recent experience of COVID-19 infections and racial injustice in the United States. As a result, boards and senior leaders are deepening their commitment to advancing health equity. Moving forward has significant implications that are important for trustees to understand.

Hospitals and health systems have always played a unique role in our society and in the health of their communities. Improving the health of the community is the driving mission for most, if not all, hospitals and health systems. Health equity is closely aligned with that mission. Boards of trustees, along with senior management, share the responsibility for setting overall organizational strategy. Significant disparities in health outcomes across our society have led boards and leaders to focus on health equity as a strategic priority.

Understanding Health Equity

Twenty years ago, the Institute of Medicine urged a call to action to improve the American health care system. Its influential report, *Crossing the Quality Chasm: A New Health System for the 21st Century,* addressed six key dimensions in which our overall health care system functions at far lower levels than it should. Its aims for improvement stressed that quality health care should be safe, effective, patient-centered, timely, efficient, and equitable.[1]

Although considerable progress has been made in most of these quality dimensions over the past two decades, the sixth dimension – *equitable (or equity)* – has lagged behind the others. Equity is defined as everyone having a fair and just opportunity to be as healthy as possible[1]. This requires removing obstacles to health such as poverty, discrimination, and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.[2] Health equity remains a complex and persistent societal challenge.

Every community experiences health inequities—the uneven distribution of social and economic resources that impact an individual's health. The unavoidable cost related to a lack of health equity includes the medical costs related to preventable chronic disease and the overutilization of health care resources. More importantly, health inequities have a devastating effect on the ability of all people in our communities to live their healthiest and best lives.[3]

What Contributes to Health Inequity?

In the U.S. each year, millions of people face food insecurity, homelessness, or an inability to access medical care, sometimes simply due to lack of transportation. For the elderly on fixed incomes, the high price of prescriptions, vision care, or oral care may make it difficult for them to access needed services. Families may lack health insurance or the ability to navigate the health system due to language barriers. Some of our fellow community members live in what are termed "food deserts," lacking in available fresh fruits and vegetables, resulting in an over-reliance on fast food. Social isolation or housing in areas where violence has become a regular occurrence also impacts overall health.

How Much of a Problem are Disparities?

Although health inequity was identified as one of the top six issues by the Institute of Medicine back in 2001, the COVID-19 pandemic greatly elevated the depth of the challenge. According to the Centers for Disease Control

and Prevention (CDC), Black, Latino and American Indian or Alaska Native people are disproportionately affected by COVID-19, often having three times the rate of hospitalization and double the death rates as their white counterparts. This disparity was demonstrated in a widespread manner that spans the country, throughout hundreds of counties in urban, suburban and rural areas, and across all age groups.[4]

Experts cite many possible reasons for disparities, including what are often referred to as **social determinants of health**, defined by the World Health Organization (WHO) as the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.[5] Examples of social determinants that may have impacted coronavirus infection rates include multi-generational or crowded housing, food insecurity, lack of health insurance, essential jobs that cannot be done remotely, and use of public transportation.

Some research demonstrates that up to 80% of health outcomes are driven by these social determinants. The American Hospital Association (AHA) adapted the World Health Organization definition in its framework to understand these important factors, which include housing, food, education transportation, violence, social support, employment and health behaviors.[6]

The Board's Leadership Role in Advancing Health Equity

Hospitals and health systems alone cannot address all the social determinants of health. However, they can have a substantial impact. The specific approaches will vary greatly depending on the organization and the needs of the communities served.

How does the board promote and advance health equity? Boards, senior executives and clinical leaders set the mission, values and strategic priorities for the organization, playing a critical role in ensuring that health equity is in some way addressed, with defined improvement actions and metrics to measure progress.

Conducting a Community Health Needs Assessment. An excellent place to start is with a community health needs assessment that many hospitals conduct every three years. This assessment is a federal requirement for

Health Equity: Key Concepts and Terms

Health means physical and mental health status and well-being, distinguished from health care.

Opportunities to be healthy depend on the living and working conditions and other resources that enable people to be as healthy as possible. A group's opportunities to be healthy are measured by assessing the determinants of health—such as income or wealth, education, neighborhood characteristics, social inclusion, and medical care—that they experience. Individual responsibility is important, but too many people lack access to the conditions and resources that are needed to be healthier and to have healthy choices.

A fair and just opportunity to be healthy means that everyone has the opportunity to be as healthy as possible. Being as healthy as possible refers to the highest level of health that reasonably could be within an individual's reach if society makes adequate efforts to provide opportunities.

Achieving health equity requires actions to increase opportunities to be as healthy as possible. That requires improving access to the conditions and resources that strongly influence health — good jobs with fair pay, high-quality education, safe housing, good physical and social environments, and high-quality health care — for those who lack access and have worse health.

Health equity and health disparities are closely related to each other. **Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities**. Disparities in health and in the key determinants of health are how we measure progress toward health equity.

Progress toward health equity is assessed by measuring how these disparities change over time.

Source: The Robert Wood Johnson Foundation

The Board's Role in Advancing Health Equity

Four Leadership Actions for Hospitals and Health Systems

Establish Strategic Intent

Mission, values and strategic priorities should reflect a strong commitment to health equity and addressing disparities. Use existing strategic initiatives as "touchstones" for moving forward.

Lead through Collaboration

Collaboration is essential to effectively addressing health equity. Move beyond the "four walls of the hospital" for greater impact. Engage trustees as ambassadors for building relationships with public health and community-based organizations.

Reflect, Understand and Learn

Look both internally and externally to better understand inequities. Establish a culture of equity in which all staff and providers are motivated to address disparities. Learn from best practices and other organizations pursuing health equity.

Ensure Meaningful, Measurable Goals

Unless specifically measured, disparities in health care may go unnoticed. Equity should be a key part of quality improvement efforts and community outreach programs.

all tax-exempt hospitals and requires the hospital to: define its community; identify and engage stakeholders; collect and analyze data; prioritize community health issues; document and communicate results; and plan and implement strategies to address these needs, and evaluate progress.[7]

Building a Deeper Understanding of Needs. Many hospitals use other tools, such as the *County Health Rankings and Roadmap,* to assist them in developing their triennial assessment.[8] Information on a wide spectrum of variables, such as racial, ethnic, education, and language demographics of the community, along with data on factors such as average life expectancy, chronic disease rates, violence, substance abuse, obesity, food insecurity, tobacco use, poverty levels, and unemployment will help the hospital identify the most urgent unmet health needs in the community. Feedback from trusted community stakeholders will also contribute to a deeper understanding of community needs.

The assessment will also identify potential partnership opportunities for the hospital in the community, such as with Federally Qualified Health Centers, county or city health departments, food pantries, homeless shelters, faith communities, and social service organizations.

Equity Pledge. Another example of a specific strategy that many hospitals have undertaken is the *#123forEquityPledge* — an initiative of the American Hospital Association and the Institute for Diversity and Health Equity. The pledge asks hospital and health system leaders to work to ensure that every person in every community receives high-quality, equitable and safe care. Hospitals and health systems that take the pledge can also report their specific actions, challenges, and results to share and learn from and with other organizations.[9]

IHI Framework. One approach to consider using is the Institute for Healthcare Improvement white paper, *Achieving Health Equity: A Guide for Health Care Organizations*.[10] The framework provides five key components for health care organizations to improve health equity in the communities they serve:

- Make health equity a strategic priority.
- Develop structure and processes to support health equity at work.

Health Equity: Questions for Board Consideration

- Is health equity a strategic priority for our hospital/health system?
- How does our board promote and advance health equity?
- Does our hospital/health system have strategies in place to partner with organizations that represent and serve diverse groups in our community?
- How is the diversity of the communities we serve reflected in our board's composition and the senior management team?
- Has a team from our hospital/health system met with community leaders to seek their advice on how to work together to address the health inequities in the communities we serve?
- Does our hospital/health system emphasize the importance of accurate, consistent and systematic collection of data on patients?
- Does our hospital/health system monitor our patient population to properly care for and serve gender, racial, ethnic, language, religious and socio-economic differences and needs?

- Deploy specific strategies to address the determinants of health on which the health care organization can have a direct impact.
- Decrease institutional racism within the organization.
- Develop partnerships with community organizations to improve health and equity.

Meaningful, Measurable Goals

Although it will be up to senior management and clinical leaders to ensure that the strategic improvement activities are implemented in practice, ***the board is responsible for seeing that the plans are being followed.*** Metrics should be established in advance to evaluate progress toward goals. This performance data should be reported to the board or its designated committees (*e.g.* Quality, Strategic Planning, or Community Outreach) at defined intervals, such as quarterly. Data that the board will want to monitor will, of course, depend on the specific improvement initiatives that are underway, and with enough specificity to identify trends and gaps.

Even the most well-intentioned effort to reduce disparities is less likely to succeed if it's not part of a broader culture of equity. When staff recognize that disparities exist within the organization and view inequality as an injustice that must be redressed, that organization has a strong culture of equity.[11]

While fostering a culture of equity can be challenging, it can have significant benefits. When an organization values a culture of equity, the staff share a definition of equitable care and places a high value on its delivery, which can yield concrete benefits.[12]

Prioritizing Collaboration

Individual health care organizations cannot independently do everything that is needed to fulfill their mission commitment to the community and health equity. Thinking and operating independently fails to leverage and maximize the opportunities that come with joint efforts and shared resources. These realities are prompting hospitals and health systems to develop partnerships with a wide range of other agencies, including public health, social service organizations and other hospitals in their communities.

Developing and governing successful community partnerships requires high levels of trust and engagement among community agencies and organizations, coupled with the ability to envision a future

where health and health care looks different and is better than it is today.

There is no single model of partnership or governance that will meet each community's unique needs. As boards evaluate and prioritize the community's needs and the depth of the organization's resources, trustees must know the power and potential of leveraging community partnerships can help to fulfill the organization's mission and commitment to achieving health equity.

Funding Health Equity Initiatives

A major responsibility of the hospital board is to ensure that strategic activities are adequately funded, including those addressing health equity. This will require the board and senior management to carefully consider and prioritize what is feasible to accomplish, weighing community needs with financial capabilities. The hospital may need to seek external grant funding or philanthropy in order to fund health equity initiatives, something that board members may be called upon to support.

Sources and Additional Information

1. Institute of Medicine Institute of Medicine (US) Committee on Quality of Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington (DC): National Academies Press (US); 2001.
2. Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.
3. Oppel, RA, Gebeloff, R, Lai, KKR, Wright, W, and Smith, M. "The Fullest Look Yet at the Racial Inequity of Coronavirus," *The New York Times,* July 5, 2020.
4. The Centers for Disease Control and Prevention. Coronavirus: People at Increased Risk. 2020. www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html.
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6. American Hospital Association. *Presentation on Addressing Social Determinants of Health*. Accessed March 2021. www.aha.org/addressing-social-determinants-health-presentation.
7. Association for Community Health Improvement. Community Health Assessment Toolkit. 2017. www.healthycommunities.org/resources/community-health-assessment-toolkit.
8. Robert Wood Johnson Foundation. County Health Rankings and Roadmap, 2020. www.countyhealthrankings.org/explore-health-rankings.
9. American Hospital Association. *Equity of Care: A Toolkit for Eliminating Healthcare Disparities*. 2017.
10. Institute for Healthcare Improvement. Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. www.ihi.org.
11. Robert Wood Johnson Foundation. Culture of Health. Accessed March 2021. www.rwjf.org.
12. American Public Health Association. Creating the Healthiest Nation: Advancing Health Equity. Accessed March 2021. www.apha.org.

Minutes
CCMC Authority – Board of Directors
Hybrid Via ZOOM or In-Person
January 26, 2022 at 6:00pm
Regular Quarterly 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, and Liz Senear.**

Quorum was established. 3 members present.
CCMC staff present: Dr. Hannah Sanders, CEO; Noelle Camarena, Director of Operations; Kadee Goss, Chief Nursing Officer; Denna Stavig, Director of Finance; and Faith Wheeler-Jeppson.

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

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA
M/Senear S/Linville "I move to approve the Agenda."
Ronnegard – yes, 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 December 26, 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. The Certificate of Need program- the reason that certificate of need is really important is, say a private Radiology company did want to come in and start doing X-ray, MRI, and CT in Cordova, they could make a lot of money by undercutting us and then take a large amount of our business. We're so dependent on every single dollar, it's really important to us. There is not room for isolated competition in our small community. Some state legislators have been talking about doing away with the certificate of need program for a number of years now, and we're requesting they please keep it. Included in the report is a presentation "What are the Causes of Deficits in Alaska's Critical Access Hospitals and What Are the Solutions" by Harold Miller, President and CEO of the Center for Healthcare Quality and Payment Reform. Some highlights - when you look at our Emergency Department in 2017 the losses from that department accounted for 75% of the losses at our hospital compared to Petersburg which was around 20% of their losses, and Wrangell was somewhere around 30%.
   Another disproportionate statistic shows that we have a much larger uninsured/underinsured amount compared to Wrangell or Petersburg which are really demographically pretty similar in the migrant workforce. There is room for improvement working with our transient population and potentially helping them enroll in insure.

3. **Director of Finance Report –** Denna reported that the financial report is in the packet December was actually pretty good. There was a lot of Patient Revenue but there were a lot of end of year adjustments, contractual adjustments that ended up having some negative effects for

the year all the inventory adjustments and liability adjustments we ended with a net loss of about a million. When I did my Contractual Allowance calculation, I adjusted off an additional 100,000 just based on the allowances that we have to do for the different payer categories. Then we did the inventory adjustments which adjusted off some more, they were about what they were last year, but it did all impact the bottom line. Bad Debt is just an allowance, we're working on our bad debt policy, but we didn't formally write off any bad debts. So, it's just an allowance for uncollectible accounts and it is lower than it was last year. So that's part of the contractual adjustment I do every month.

4. **Medical Director's Quarterly Report –** Dr. Sanders report that the Medical Director's report is in the packet and she is available to answer any questions. 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.
5. **Nursing Department Quarterly Report –** Kadee Goss reported that her Nursing report is in the packet as well as the Quality Improvement report. Linnea asked Kadee about the de-escalation training mentioned in her report. Kadee responded in kind that she was actually working on getting somebody in here to help staff be prepared in case you have a patient that comes in and is either a little combative or threatening. We want the staff to feel secure and confident on how to handle those situations. We currently have a grant in place, I'm hoping to see if I can get one of our staff to go and get trained so they can continually train our staff each year. We want to train them and get them where they feel comfortable with how to respond to situations that they get put in here with some patients that come in.
6. **Ancillary Services Quarterly Report –** Tamara Russin reported that her Ancillary Services Quarterly report is in the packet. She encourages anyone who hasn't had their Flu shot to come in and get one. Dr. Gifford, our pediatrician will be coming in April. The Health Fair is happening this year. Ilanka is hosting the event, it will be in person on April 29th in the gym.
7. **Sound Alternatives Quarterly Report –** Barb is sick today, her written report is in the packet, I am happy to answer any questions that you might have.

G. DISCUSSION ITEMS

1. Letter from NVE

Dr. Sanders told the Board that it was just a discussion item, she wanted to make sure that the Board had seen it. This is what had gone to City Council, and she just wanted to make them aware.

Liz – What does "we will take responsibility for all health care operations" mean? They don't want to buy the hospital, or they want to take part? What does that mean?

Dr. Sanders – City Council put a group into place, the joint negotiation team to navigate the process if a formal offer to acquire the hospital is presented. We have the framework once they are ready to engage in a more formal way to sit and have meetings and talk about what this means. We haven't brought that team together yet, but I anticipate that they probably will. This letter is really an indication that the Tribal Council has said yes, we are open and consider a healthcare consolidation in Cordova.

H. ACTION ITEMS

1. Delineation of Telemedicine Privileges for Elizabeth North, DO

M/Senear S/Linville "I move that the CCMC Authority Board of Directors approve the Delineation of Telemedicine Privileges for Elizabeth North, DO as presented."

Linville – yes, Ronnegard – yes, and Senear – yes.

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

2. Delineation of Telemedicine Privileges for Gowri Ramachandran, MD

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the Delineation of Telemedicine Privileges for Gowri Ramachandran, MD as presented."

Senear – yes, Ronnegard – yes, and Linville – yes.

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

3. Delineation of Telemedicine Privileges for David Rogers, MD

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the Delineation of Telemedicine Privileges for David Rogers, MD as presented."
Senear – yes, Linville – yes, and Ronnegard – yes.
3 yeas, 0 nay, 2 absent; Motion passed.

4. Delineation of Telemedicine Privileges for Jingxin Wang, MD

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the Delineation of Telemedicine Privileges for Jingxin Wang, MD as presented."
Ronnegard – yes, Linville – yes, and Senear – yes.
3 yeas, 0 nay, 2 absent; Motion passed.

5. Delineation of Privileges for Noelle Camarena, FNP

M/Senear S/Linville "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Noelle Camarena, FNP as presented."
Linville – yes, Ronnegard – yes, and Senear – yes.
3 yeas, 0 nay, 2 absent; Motion passed.

6. Approval of the CCMC 2023 QAPI Plan

M/Senear S/Linville "I move that the CCMC Authority Board of Directors approve the CCMC 2023 QAPI Plan as presented."
Senear – yes, Ronnegard - yes, and Linville - yes.
3 yeas, 0 nay, 2 absent; Motion passed.

I. AUDIENCE PARTICIPATION

J. BOARD MEMBERS COMMENTS

Ronnegard ~ As always, thank you to all of you, thank you to staff and all the work you put in to the reports that come to the board it's really appreciated.

Linville ~ The meeting was very informative I agree. I wish I could have been there in person, but I have had a little bit of a cold all week. So, thank you.

Senear ~ This meeting for me was really informative on a bunch of different things so I really appreciate that. It was nice to see something about what's happening with the possible merger just because there's been no information for so long. Now we've seen that letter and it was like getting a little bit more direction on what was happening, and it sounds like we're kind of on the same page about that.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

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

Linnea Ronnegard declared the meeting adjourned 6:45pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Authority – Board of Directors
Via ZOOM Meeting or Teleconference
February 23, 2023 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Kelsey Hayden called the Board Meeting to order at 6:03pm.
Board members present**: Kelsey Hayden, Liz Senear, Ann Linville, and Chris Iannazzone.**
Quorum was established. 4 members present.
CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Denna Stavig, Director of Finance; Barb Jewell, Director of Community Programs; and Faith Wheeler-Jeppson.

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

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA
M/Senear S/Linville "I move to approve the Agenda."
Hayden – yea, Senear- yea, Linville – yea, and Iannazzone – yea.
4 yeas, 0 nay, 1 absent; Motion passed 4-0.

E. APPROVAL OF MINUTES ~ None

F. REPORTS OF OFFICERS and ADVISORS
1. **Board Chair report** – No Board Chair Report

2. **CEO Report** – **Dr. Sanders** reported that her written report is in the packet. A few things to mention are that Denna and I went to Juneau and got to meet with some of our representatives as well as the leadership from other hospitals. We think that there are some really good partnership opportunities with them that we haven't explored, so we're excited about the potential to do that. With that being said, it's hard to dive into anything like that with this kind of continued discussion with NVE. Those conversations have been seeming to gain a little bit of momentum, right now we're just continuing the conversation without a formal offer on the table. However, I have been told that there will likely be one coming, at which point we can start the discussion of what does this look like. Everything else at the hospital seems to be going really well, we've implemented a lot of changes and we see those changes in the financial reports that you guys got this morning which Denna will talk to you about.

3. **Director of Finance Report** – **Denna Stavig** reported that I think you guys were all emailed the financials this morning, it's a short month, so it didn't quite get everything closed in time for it to make it in the packet. It was a good month for us, our revenue was

up more than we projected. The way I put the budget in I had us at a loss in January and we ended up positive, so that's great news. Nothing too crazy to report on the income statement other than our utilities were really high mainly because of our electric bill. Our electric bill from the month prior was only $9000 and this month it was $22,000, which is an insane jump. Nothing really too much different on the balance sheet either, cash is fine for right now which is great.

G. DISCUSSION ITEMS ~ Review of the CAH Periodic Evaluation

Dr Sanders explained the purpose of the CAH Periodic Evaluation to the Board. The periodic annual evaluation is something that we do every single year to look at our volumes, look at our programs, see how we're doing, and see where we can do better. It gives us the opportunity to truly evaluate the entire hospital, to create a report that's more like the narrative to the Audit. Everybody of course is working really hard, and I think that we continue to see that on our annual evaluation. Any questions?

H. ACTION ITEMS

1. Approval of Delineation of Privileges for Chelsea Pluta, DO

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the Delineation of Telemedicine Privileges for Chelsea Pluta, DO as presented."

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

2. Approval of Delineation of Privileges for David Delman, MD

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the Delineation of Telemedicine Privileges for David Delman, MD as presented."

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

I. AUDIENCE PARTICIPATION ~ None

J. BOARD MEMBERS COMMENTS

Senear ~ As always good work everybody, it's nice to see that revenues are higher than predicted. For the work session, I am going to Seattle on the 24th which is the Friday before the meeting. The 20th and 21st I have a Trails Committee obligation. I can be available to call in for a Special Meeting on the 27th, 28th, and 29th in the evening, any of those days. I'm pretty sure I will be available for the regular board meeting, I think I will have arrived on the 30th at the place we're going to and in time for me to call in.

Iannazzone ~ This may be a little off topic but, today we had a nice meet and greet at CCMC with a family from a from an incident in the ER about a month ago. It's one of those very warming moments in this field that you don't get very often. To be able to come into the facility for a moment like that was pretty special, and all of the work that the staff had done to welcome that family. and anytime you like that enter open that very excited and curious to see how things continue to develop with NVE. And a Special Meeting works well for me work sessions also open to the six o'clock time slot as well.

Hayden ~ Noon meetings work good for me as well. Particularly Wednesdays, Tuesdays, and Thursdays I'm doing daycare shuffle so not as great. Thank you all! Happy Birthday Denna. Sorry you have a meeting on your birthday, but thank you for being so committed. Interested to see how things play out with NVE, but glad that we're in really good place, fragile, but good.

Linville ~ I wanted to say Happy Birthday to Denna, thank you for showing up on your birthday. I probably just called you out, and I hope that I'm correct a little birdy told me that. Good job on revenues. The special meeting, noon is good for me as well usually. I do have something that the night of the 27th, but other than that I think I think I'm open.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

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

Kelsey Hayden declared the meeting adjourned at 6:26pm.

Prepared by: Faith Wheeler-Jeppson

CEO Report Board Meeting March 2023

Revenue Cycle:
We have identified several insurance companies that are consistently not paying claims despite CCMC having prior authorizations and appropriate documentation. We are currently working with the payors directly but are preparing to escalate the issue with the state insurance commission.

Services:
LTC: We have a full census for our LTC beds and continue to have committed staff that provide excellent care.

ER/ Hospital/SWING: For the last year emergency room volumes have been above previous years. We continue to provide and encourage use of our swing rehab program. Our staff remain flexible and are working very hard to provide these services with a level of quality that is comparable to large urban centers.

Clinic: Clinical staff continue support specialist visits with Orthopedic surgeon, Dr. Grey, coming to clinic this month. Noelle Camarena has joined our leadership team and is providing care one day a week in clinic. We are preparing for the upcoming fishing season which increases volumes throughout the hospital. Clinic staff is also preparing for health fair labs which will be offered next month.

Sound Alternatives: We continue to improve how we provide crisis response and care for behavioral health emergencies. We are working in increase availability of medication assisted therapy for substance abuse. We have hired a community case manager, Aniessa Hodges, and are excited to get her trained into this position. The community case manager will support individuals throughout the community, connecting resources throughout Cordova while supporting and improving social determinants of health.

Rehabilitation Services: We have noticed changes in how commercial payors are covering individual's outpatient rehab therapy. We are currently negotiating on behalf of these patients to ensure they are able to receive therapy in our community and have this be a covered service.

Administrative: The finance team is working finishing up the 2022 audit and working on the cost report. They are also working hard to develop a strong denials management program. We are seeing the impact of their hard work on our financial statements.

Electronic Medical Record: We completed the RFP for a new EMR and evaluated all proposals including a proposal from our current vendor to come onsite and conduct a thorough

evaluation from the original deployment of the EMR. CCMC elected to give the current vendor an opportunity to correct and improve their system before we move forward with a potentially expensive EMR replacement. This week the Evident team has been onsite, and our employees have spent hours working with them, demonstrating how our system work and learning from the evident team. We are putting a lot of effort into seeing if this tool can work better for us.

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
FY 2023	2.5	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.3
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
FY 2023	1	3											4	2.0
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
FY 2023	3	9											12	6.0
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
FY 2023	2	1											3	1.5
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
FY 2023	73	28											101	50.5
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
FY 2023	0	0											0	0.0
CCMC LTC Resident Days														
FY 2019	299	278	308	300	310	300	280	310	300	310	300	303	3,598	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
FY 2023	310	280											590	295.0
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
FY 2023	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
FY 2023	62	39											101	50.5
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
FY 2023	364	322											686	343.0
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
FY 2023	94	51											145	72.5
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
FY 2023	545	546											1,091	545.5
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
FY 2023	72	45											117	58.5
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
FY 2023	30	18											48	24.0
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
FY 2023	221	158											379	189.5
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
FY 2023	150	68											218	109.0

CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT 03/23/23 02:23 PM
FOR THE 2 MONTHS ENDING 02/28/23

	SINGLE MONTH				YEAR TO DATE			
	ACTUAL	BUDGET	$ VARIANCE	% VAR	ACTUAL	BUDGET	$ VARIANCE	% VAR
REVENUE								
ACUTE	97,355	70,000	27,355	39	159,677	140,000	19,677	14
SWING BED	204,143	350,000	(145,856)	(41)	697,790	650,000	47,790	7
LONG TERM CARE	585,049	461,000	124,049	26	982,411	971,000	11,411	1
CLINIC	100,856	65,000	35,856	55	193,601	130,000	63,601	48
ANCILLARY DEPTS	262,184	210,000	52,184	24	594,519	420,000	174,519	41
EMERGENCY DEPART	218,970	175,000	43,970	25	561,777	350,000	211,777	60
BEHAVIORAL HEALT	18,678	20,000	(1,321)	(6)	47,538	40,000	7,538	18
RETAIL PHARMACY	128,606	120,000	8,606	7	233,438	240,000	(6,561)	(2)
PATIENT SERVIC	1,615,845	1,471,000	144,845	9	3,470,755	2,941,000	529,755	18
DEDUCTIONS								
CHARITY	14,371	16,000	1,628	10	17,943	33,000	15,056	45
CONTRACTUAL ADJU	402,278	350,000	(52,278)	(14)	611,823	700,000	88,176	12
ADMINISTRATIVE A	634	37,500	36,865	98	1,344	75,000	73,655	98
BAD DEBT	(63,000)	19,000	82,000	431	58,000	40,000	(18,000)	(45)
DEDUCTIONS TOT	354,284	422,500	68,215	16	689,111	848,000	158,888	18
COST RECOVERIES								
GRANTS	118,793	135,000	(16,206)	(12)	118,793	135,000	(16,206)	(12)
IN-KIND CONTRIBU	16,662	17,500	(837)	(4)	33,325	36,000	(2,674)	(7)
OTHER REVENUE	4,031	18,000	(13,968)	(77)	10,356	37,000	(26,643)	(72)
COST RECOVERIE	139,487	170,500	(31,012)	(18)	162,474	208,000	(45,525)	(21)
TOTAL REVENUES	1,401,048	1,219,000	182,048	14	2,944,118	2,301,000	643,118	27
EXPENSES								
WAGES	430,522	504,000	73,477	14	924,227	1,008,000	83,772	8
TAXES & BENEFITS	249,826	259,000	9,174	3	585,746	518,000	(67,746)	(13)
PROFESSIONAL SER	140,217	161,000	20,782	12	325,427	323,000	(2,427)	(0)
SUPPLIES	148,672	159,000	10,327	6	304,923	319,000	14,076	4
MINOR EQUIPMENT	3,457	4,000	542	13	4,004	8,000	3,995	49
REPAIRS & MAINTE	17,692	16,000	(1,692)	(10)	30,284	33,000	2,715	8
RENTS & LEASES	17,907	11,000	(6,907)	(62)	30,272	22,000	(8,272)	(37)
UTILITIES	49,468	53,000	3,531	6	115,883	106,000	(9,883)	(9)
TRAVEL & TRAININ	12,430	10,000	(2,430)	(24)	14,639	20,000	5,360	26
INSURANCES	17,604	17,600	(4)	(0)	35,208	35,200	(8)	(0)
RECRUIT & RELOCA	428	3,300	2,872	87	714	6,600	5,885	89
DEPRECIATION	58,553	46,000	(12,553)	(27)	117,107	96,000	(21,107)	(21)
OTHER EXPENSES	20,959	23,000	2,040	8	35,505	53,000	17,494	33
TOTAL EXPENSES	1,167,739	1,266,900	99,160	7	2,523,944	2,547,800	23,855	0
OPERATING INCO	233,308	(47,900)	281,208	587	420,173	(246,800)	666,973	270
NET INCOME	233,308	(47,900)	281,208	587	420,173	(246,800)	666,973	270

03/23/23 02:23 PM

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 02/28/23

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	1,644,303	2,167,300	(522,996)
NET ACCOUNT RECEIVABLE	2,628,913	1,790,612	838,301
THIRD PARTY RECEIVABLE	5,330	212,748	(207,418)
CLEARING ACCOUNTS	91,054	(1,158)	92,213
PREPAID EXPENSES	148,171	123,819	24,352
INVENTORY	457,372	465,238	(7,866)
TOTAL CURRENT ASSETS	4,975,147	4,758,561	216,586
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	8,666,889	7,664,341	1,002,548
EQUIPMENT	9,625,416	9,525,081	100,335
CONSTRUCTION IN PROGRESS		812,077	(812,077)
SUBTOTAL PP&E	18,414,316	18,123,509	290,806
LESS ACCUMULATED DEPRECIATION	(14,189,339)	(13,546,679)	(642,660)
TOTAL PROPERTY & EQUIPMENT	4,224,976	4,576,829	(351,853)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(77,500)	(62,500)	(15,000)
PERS DEFERRED OUTFLOW	1,178,466	1,178,466	
TOTAL OTHER ASSETS	1,250,966	1,265,966	(15,000)
TOTAL ASSETS	10,451,090	10,601,357	(150,267)

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 02/28/23

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	268,552	123,092	145,459
PAYROLL & RELATED LIABILITIES	682,264	724,383	(42,118)
OTHER CURRENT PAYABLES		35,082	(35,082)
INTEREST & OTHER PAYABLES	5,062	(169)	5,231
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	58,308	178,382	(120,074)
TOTAL CURRENT LIABILITIES	6,480,646	6,527,230	(46,584)
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	13,907,485	13,954,069	(46,584)
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(3,895,083)	(2,950,277)	(944,805)
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	420,173	(420,948)	841,122
TOTAL NET POSITION	(3,456,395)	(3,352,712)	(103,683)
TOTAL LIABILITIES & NET POSITION	10,451,090	10,601,357	(150,267)

Memorandum

To: CCMC Authority Board of Directors
Subject: Approval of the CEO Contract
Date: 3/23/2023

Suggested Motion: "I move that the CCMC Board of Director's approve the CEO Contract renewal for Dr. Hannah Sanders."

Memorandum

To: CCMC Authority Board of Directors
Subject: Approval of Privileges Gurjeet Singh, MD
Date: 3/23/2023

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Telemedicine Privileges for Gurjeet Singh, MD with Blue Sky Neurology, a Division of CarePoint Health 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

PRACTITIONER CREDENTIALING

March 30, 2023

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

RE: Gurjeet Singh, 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 Gurjeet Singh, MD for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:
Paul Cloe
6C24CD6B672F40A...
Chief of Staff — Date: 23 March 2023 | 2:20 PM AKDT

DocuSigned by:
Hannah Sanders
A9259C1E5177486...
Chief Executive Officer — Date: 23 March 2023 | 6:00 PM AKDT

Cordova Community MEDICAL CENTER

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

DATE: March 30, 2023

RE: Gerjeet Singh, 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:
Paul Gloe
6C24CD6B672F40A...

23 March 2023 | 2:20 PM AKDT

Authorized Representative of Chief of Staff — Date

Paul Gloe, MD
Chief of Staff

DocuSigned by:
Curtis Bejes
E73DD11B943F429...

23 March 2023 | 5:44 PM AKDT

Authorized Representative of Medical Staff — Date

Curtis Bejes, MD
Medical Director

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

23 March 2023 | 6:00 PM AKDT

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

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

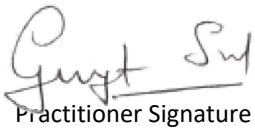
Hospital has received about a distant site hospital or distant site telemedicine entity practitioner. Any information exchanged between the Hospital and a distant site hospital or distant site telemedicine entity in connection with a distant site hospital or distant site telemedicine entity practitioner's 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 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.



Practitioner Signature

03/23/2023
Date

Gurjeet Singh MD
Practitioner Print

DocuSigned by:
Hannah Sanders
A9259C1E5177486...
CEO

24 March 2023 | 8:07 AM AKDT
Date

DocuSigned by:
6C24CD6B672F40A...
Chief of Staff or Designee

24 March 2023 | 7:49 AM AKDT
Date

April 2023

This is a blank and printable April Calendar. Downloaded from **WinCalendar.com**

◄ Mar 2023

April 2023

May 2023 ►

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

More Calendars from WinCalendar: May 2023, Jun 2023, Jul 2023