CCMC AUTHORITY BOARD OF DIRECTORS AGENDA
ZOOM MEETING OR IN-PERSON
April 27, 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. 3/26
Chris Iannazzone	exp. 3/26

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 1-6

C. CONFLICT OF INTEREST

D. APPROVAL OF AGENDA

E. APPROVAL OF MINUTES

1. March 30, 2023 Meeting Minutes Pgs 7-9

F. REPORTS OF OFFICERS OR ADVISORS

1. Board Chair Report
2. CEO Report Pgs 10-11
3. Director of Finance Report Pgs 12-14
4. Medical Director Quarterly Report Pgs 15
5. Nursing Department Quarterly Report Pgs 16-17
6. Ancillary Services Quarterly Report Pg 18
7. Sound Alternatives Quarterly Report Pgs 19-20

G. DISCUSSION ITEMS

H. ACTION ITEMS

1. Board of Directors Election of Officers Pg 21

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

L. ADJOURNMENT

This Board of Directors meeting will be held In-Person and 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.

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.

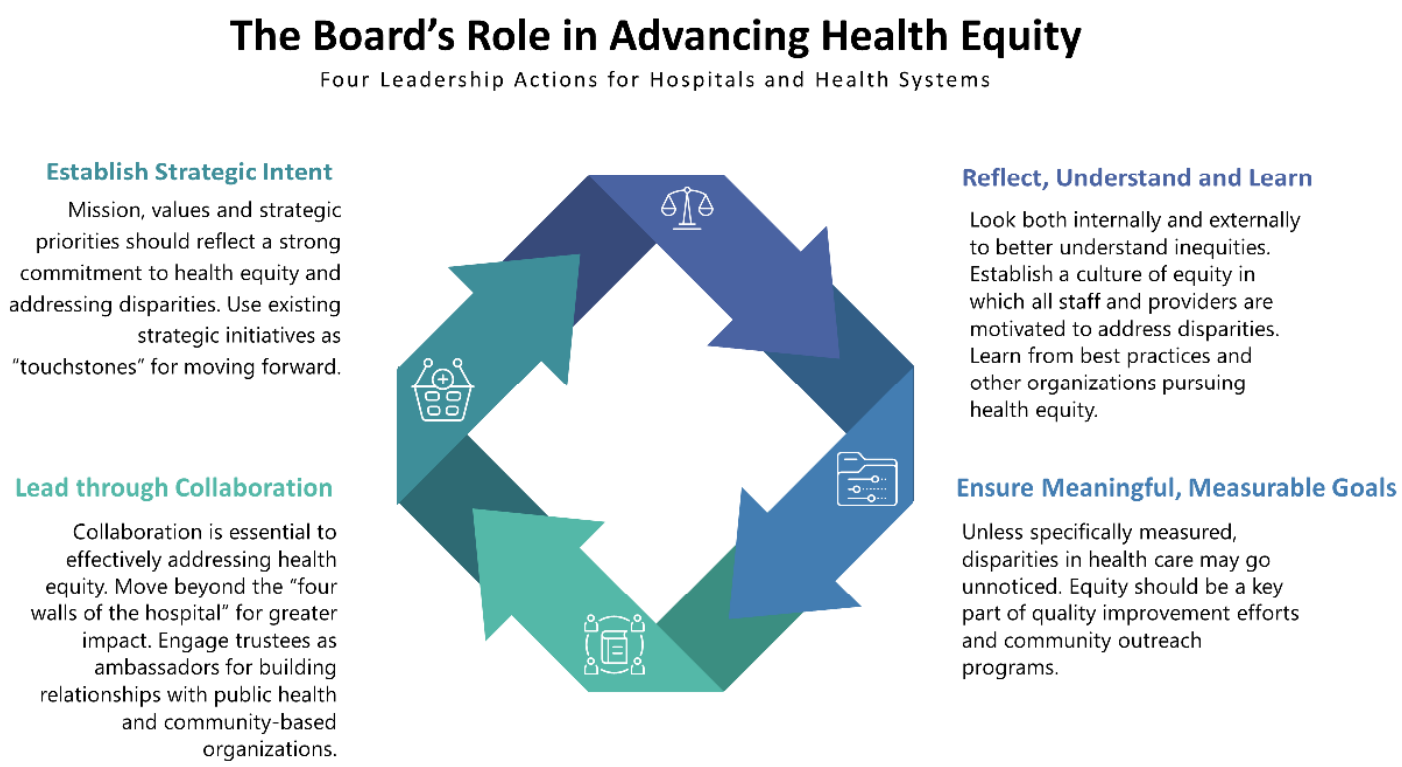
A fair and just opportunity to be healthy means that everyone has the opportunity to be as healthy as possible. Being as healthy as possible refers to the highest level of health that reasonably could be within an individual's reach if society makes adequate efforts to provide opportunities.

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



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.
5. World Health Organization. Social Determinants of Health. Accessed March 2021. www.who.int/social_determinants/sdh_definition/en/
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
Via ZOOM Meeting or Teleconference
March 30, 2023 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Ann Linville called the Board Meeting to order at 6:05pm.
Board members present**: Ann Linville, Kelsey Hayden, Liz Senear and Chris Iannazzone.**
Quorum was established. 4 members present.
CCMC staff present: Dr. Hannah Sanders, CEO; 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
1. Dr. Sanders stated that she included the Board education piece. Stating that it's been something that's been on everyone's mind here with the social determinants of health and really recognizing that about 5% of what we do here in the hospital impacts people's health and their health is impacted by everything else. She saw this education and thought it was pertinent because we can really look at how the Board can help us think about these social determinants of health and determine how we can work together in Cordova to make some changes and impact people.
   Ann Linville – Thank you, I found it very interesting.
   Liz Senear – Something related to the report, If you have specific kinds of disabled access you would like to have we're finalizing the Trail Plan for the Trail Committee. I know Odiak Pond is going to be in it and we're going to have some sort of thing up at the ski hill that's disabled friendly, but if you have any other ideas let me know.

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA
M/Senear S/Hayden "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
M/Hayden S/Senear "I move to approve the January 26, 2023 and February 23, 2023 Meeting Minutes."
Senear- yea, Hayden – yea, Iannazzone – yea, and Linville – yea.
4 yeas, 0 nay, 1 absent; Motion passed 4-0.

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 we just finished today having the team from our EMR (Electronic Medical Record) here to help us try to improve that, and a lot of good things came out of it. We were able to identify things that they hadn't been doing for us, we identified training points so I think there's some positive growth with the medical record. We'll be putting more work into that in the next three months to try to improve our system there. We have been working really hard to ensure that any of our community members that have commercial insurance, that those community members are able to get their benefits because we've been struggling with denials from commercial payers. There have been times that I've reached out to people and asked them to call their insurance company and/or talk to their HR representatives and have their HR person put pressure on their insurance companies to not deny the coverage that people should be getting. We're working really hard to improve that will help improve our revenue cycle further, although we're doing an excellent job. Otherwise, my written report is there and I am happy to answer any questions.

3. **Director of Finance Report** – **Denna Stavig** reported that her report is in the packet. Long-term care is just a little higher this month just because of a retro adjustment from our rate change in January, that will drop back down again next month below where it is. It's because we changed our rates in January it had a lagging effect in our long-term care EHR so we see that this month. Other than that, we had a pretty good month. We had a negative bad debt, but if you look at YTD, it's about where it should be. Other than that, it was a positive month, and so far, we have had a positive year.

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS

1. CEO Contract Approval

M/Hayden S/Iannazzone "I move that the CCMC Board of Director's approve the CEO Contract renewal for Dr. Hannah Sanders."

Iannazzone – yea, Linville – abstain, Senear – yea, and Hayden – yea.
3 yeas, 0 nay; 1 absent; 1 abstain - Motion passed 3-0.

2. Approval of Delineation of Privileges for Gurjeet Singh, MD

M/Senear S/Hayden "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."

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 ~ It's nice this meeting was short. Next month I'll be back in Cordova, so I'll be able to attend the in-person meeting.

Iannazzone ~ I do just want to comment, I kind of missed the board development packet that you included. I am curious if there would be an opportunity for us as individual board members to digest it and then maybe have it on the agenda for next week. Just to come back

and have a brief discussion on it. It does seem like a really good idea for us just to dive into this and see how we can improve as board members.
Hayden ~ Thanks everybody for your efforts, and I'm looking forward to the board development and seeing you guys in-person next month.
Linville ~ Thank you, I look forward to next months meeting, and Thank you Chris for the idea on the board development.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT
M/Hayden S/Senear "I move to adjourn"

Ann Linville declared the meeting adjourned at 6:26pm.

Prepared by: Faith Wheeler-Jeppson

April 2023 CEO Board Report

Around the State:

We continue to work with the Alaska Hospital and Healthcare Association supporting legislative priorities including support for the nurse licensure compact. This bill continues to progress. We are hopeful it will be passed this year. If Alaska joins the nurse licensure compact it will improve our ability to recruit nursing staff for permanent and traveler positions.

Financial Performance:

Our hospital continues to remain financially stable. Our revenue this month was $1.2 million, which is in line with our budget projections. We have also been successful in reducing our expenses, improving revenue collection and increasing revenue without compromising the quality of care we provide.

Staffing:

We have implemented new training programs including a CNA training and individual training through a department of labor grant. The grant provides funding for individual employees (that applied prior to grant submission) to participate in career specific conferences and courses.

We are still struggling to fill vacant positions. We are continually evaluating and improving our recruiting efforts to ensure we are competitive and can attract top candidates to our team – our current focus is on nurse recruiting.

Patient Care:

As part of our continued quality program, we send surveys to patients after they come to CCMC. Our patient satisfaction rates continue to be high, with 95% of patients reporting overall satisfaction with the care they received at our hospital. Our medical staff is highly skilled and dedicated to providing quality care to our patients.

Community Outreach:

We have continued our efforts to reach out to the community and improve health education. This month we are working with Ilanka Community Health Center to bring back the Cordova Health Fair. This will be the first in person health fair since the start of Covid. CCMC continues to work independently and in partnership with organizations in the community to provide programs to promote healthy living and disease prevention. We are also continuing to work with local organizations to identify and address health disparities in our community.

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	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.5
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	6										10	3.3
Acute Patient Days														
FY 2019	33	0	6	12	7	4	13	10	12	3	10	11	121	10.1
FY 2020	4	0	4	14	4	4	17	9	8	3	36	6	109	9.1
FY 2021	4	13	8	2	17	11	9	14	15	18	13	2	126	10.5
FY 2022	15	11	7	10	8	10	21	9	12	7	5	14	129	10.8
FY 2023	3	9	16										28	9.3
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										6	2.0
SWB Patient Days														
FY 2019	75	44	31	30	31	30	61	93	86	95	109	121	806	67.2
FY 2020	99	61	70	67	49	30	14	0	13	29	19	24	475	39.6
FY 2021	37	77	60	49	50	36	55	60	85	155	117	40	821	68.4
FY 2022	34	81	79	54	37	48	89	101	104	7	24	52	710	59.2
FY 2023	73	28	55										156	52.0
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	0.0
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	310										900	300.0
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											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	67										168	56.0
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	458										1,144	381.3
OT Procedures														
FY 2019	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
FY 2020	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
FY 2021	25	223	183	49	36	115	174	118	161	350	309	120	1,863	155.3
FY 2022	122	190	251	134	120	229	243	200	197	53	87	164	1,990	165.8
FY 2023	94	51	152										297	99.0
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	575										1,666	555.3
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	63										180	60.0
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	22										70	23.3
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	151										530	176.7
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	86										304	101.3

CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT 04/14/23 09:24 AM
FOR THE 3 MONTHS ENDING 03/31/23

	SINGLE MONTH				YEAR TO DATE			
	ACTUAL	BUDGET	$ VARIANCE	% VAR	ACTUAL	BUDGET	$ VARIANCE	% VAR
REVENUE								
ACUTE	145,637	70,000	75,637	108	305,315	210,000	95,315	45
SWING BED	361,269	350,000	11,269	3	1,059,060	1,000,000	59,060	5
LONG TERM CARE	516,438	510,000	6,438	1	1,498,849	1,481,000	17,849	1
CLINIC	84,469	65,000	19,469	29	278,071	195,000	83,071	42
ANCILLARY DEPTS	290,537	225,000	65,537	29	885,057	645,000	240,057	37
EMERGENCY DEPART	455,240	225,000	230,240	102	1,017,017	575,000	442,017	76
BEHAVIORAL HEALT	23,834	20,000	3,834	19	71,373	60,000	11,373	18
RETAIL PHARMACY	101,490	120,000	(18,509)	(15)	334,928	360,000	(25,071)	(6)
PATIENT SERVIC	1,978,918	1,585,000	393,918	24	5,449,674	4,526,000	923,674	20
DEDUCTIONS								
CHARITY	8,162	17,000	8,837	51	26,105	50,000	23,894	47
CONTRACTUAL ADJU	709,844	350,000	(359,844)	(102)	1,321,668	1,050,000	(271,668)	(25)
ADMINISTRATIVE A	3,364	37,500	34,135	91	4,709	112,500	107,790	95
BAD DEBT	(216,000)	21,000	237,000	1128	(158,000)	61,000	219,000	359
DEDUCTIONS TOT	505,371	425,500	(79,871)	(18)	1,194,483	1,273,500	79,016	6
COST RECOVERIES								
GRANTS	1,357	0	1,357	0	120,150	135,000	(14,849)	(10)
IN-KIND CONTRIBU	16,662	18,500	(1,837)	(9)	49,987	54,500	(4,512)	(8)
OTHER REVENUE	11,536	19,000	(7,463)	(39)	21,892	56,000	(34,107)	(60)
COST RECOVERIE	29,556	37,500	(7,943)	(21)	192,030	245,500	(53,469)	(21)
TOTAL REVENUES	1,503,103	1,197,000	306,103	25	4,447,221	3,498,000	949,221	27
EXPENSES								
WAGES	488,875	504,000	15,124	3	1,413,102	1,512,000	98,897	6
TAXES & BENEFITS	286,557	259,000	(27,557)	(10)	872,304	777,000	(95,304)	(12)
PROFESSIONAL SER	190,609	162,000	(28,609)	(17)	516,036	485,000	(31,036)	(6)
SUPPLIES	142,273	160,000	17,726	11	447,196	479,000	31,803	6
MINOR EQUIPMENT	3,758	4,000	241	6	7,762	12,000	4,237	35
REPAIRS & MAINTE	10,651	17,000	6,348	37	40,935	50,000	9,064	18
RENTS & LEASES	11,886	11,000	(886)	(8)	42,158	33,000	(9,158)	(27)
UTILITIES	65,315	53,000	(12,315)	(23)	181,199	159,000	(22,199)	(13)
TRAVEL & TRAININ	10,516	10,000	(516)	(5)	25,155	30,000	4,844	16
INSURANCES	17,604	17,600	(4)	(0)	52,812	52,800	(12)	(0)
RECRUIT & RELOCA	806	3,300	2,493	75	1,520	9,900	8,379	84
DEPRECIATION	58,553	50,000	(8,553)	(17)	175,661	146,000	(29,661)	(20)
OTHER EXPENSES	9,316	30,000	20,683	68	44,822	83,000	38,177	45
TOTAL EXPENSES	1,296,725	1,280,900	(15,825)	(1)	3,820,669	3,828,700	8,030	0
OPERATING INCO	206,378	(83,900)	290,278	345	626,552	(330,700)	957,252	289
NET INCOME	206,378	(83,900)	290,278	345	626,552	(330,700)	957,252	289

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 03/31/23

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	2,068,290	2,219,295	(151,005)
NET ACCOUNT RECEIVABLE	2,560,658	1,713,838	846,819
THIRD PARTY RECEIVABLE	5,479	212,748	(207,269)
CLEARING ACCOUNTS	71,070	(1,459)	72,530
PREPAID EXPENSES	124,425	103,532	20,893
INVENTORY	467,449	494,935	(27,485)
TOTAL CURRENT ASSETS	5,297,373	4,742,890	554,482
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	8,666,889	7,678,256	988,632
EQUIPMENT	9,625,416	9,525,081	100,335
CONSTRUCTION IN PROGRESS	4,038	798,300	(794,262)
SUBTOTAL PP&E	18,418,354	18,123,648	294,706
LESS ACCUMULATED DEPRECIATION	(14,246,643)	(13,598,449)	(648,194)
TOTAL PROPERTY & EQUIPMENT	4,171,710	4,525,199	(353,488)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(78,750)	(63,750)	(15,000)
PERS DEFERRED OUTFLOW	1,178,466	1,178,466	
TOTAL OTHER ASSETS	1,249,716	1,264,716	(15,000)
TOTAL ASSETS	10,718,801	10,532,806	185,994

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 03/31/23

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	272,733	177,384	95,349
PAYROLL & RELATED LIABILITIES	748,918	787,702	(38,784)
INTEREST & OTHER PAYABLES	5,449	(169)	5,618
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	48,418	168,493	(120,074)
TOTAL CURRENT LIABILITIES	6,541,979	6,599,869	(57,889)
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	13,968,818	14,026,708	(57,889)
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	626,552	(562,137)	1,188,689
TOTAL NET POSITION	(3,250,017)	(3,493,901)	243,884
TOTAL LIABILITIES & NET POSITION	10,718,801	10,532,806	185,994

CCMC Medical Director Report 1st Quarter 2023

1st quarter chart reviews will be performed soon. These include all deaths, transfers, medivacs and random chart reviews. We continually look for ways to improve on the excellent care we currently provide.

Our long term care beds have remained full. One recent death has occurred, and one of our swing bed patients will be moving in to that spot. The swing bed program is active, and we are looking for ways to attract more candidates to this program.

Covid and influenza cases have been on the decline. CCMC no longer requires visitors and staff to wear masks unless there is an outbreak in the facility or community. We were happy to be able to make that decision, and the community has been appreciative.

We continue to do our annual review of policies, updating them where needed.

Representatives from our electronic health record provider (Evident) were on site in March in an attempt to better answer questions from staff and make our current system more usable. Most attendees felt this was helpful.

We had a medical staff meeting in March which was attended by all of the physicians in Cordova. There was great conversation on multiple topics. Our desire and ability to collaborate is extremely helpful in reviewing our current practices and developing new ones.

Last fall the Community Needs Assessment showed that "Substance Use Disorder" (SUD) was one of the top concerns of Cordova residents. We are making progress in developing ways to add to the services currently available. Noelle Camarena, a nurse practitioner who joined CCMC during the winter, is using her past experience in this area to help us develop new practices. We are also working closely with Sound Alternatives since mental health care is a key part of helping people with SUD.

Respectfully,

Curtis M. Bejes, M.D.

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

CNO Report
April 2023

Leadership
Cordova Community Medical Center (CCMC) is focused on promoting patient safety, teamwork and giving personalized quality care to each patient and resident that we care for.

Staffing
We currently have six full-time permanent nurses and two travel nurses. We continue to seek a full-time permanent nurse for the Emergency Room and the Long-Term Care unit. Our Certified Nursing Assistants (CNA) are all permanent staff, eight full-time and two part-time.

Education Plan
The CNA program is underway we have 7 students in the program. They have started their clinicals at CCMC and it is going great.

Census
We currently have 10 Long Term Care residents and three swing bed patients. 169 patients were seen in the ER this last quarter with nine transfers.

Let me know if you have any questions.

Kadee Goss, BSN
CNO

CCMC Authority Board of Directors
April 2023

Infection Control

CCMC continues to focus on infection prevention, proper personal protective equipment and hand hygiene.

- The Infection Control Committee meets quarterly.
- The last Quality meeting was held on January 19th, 2023, we reviewed:
    - Antibiotic Stewardship - The proper use and tracking of antibiotics given to patients throughout the facility. The doctor orders an antibiotic, the lab draws cultures, the nurses given the medication/providers prescribe the medication, and the pharmacist and I review the growth of the cultures when the results return, and we ensure the proper medication was given. If the medication is not sensitive to the antibiotic that was prescribed, then the provider is notified, and a new prescription is ordered.
    - Refrigerator Temperatures - All of our medication refrigerators are monitored by senso scientific. We are alerted by the system if any of the temperatures fall out of range. This helps to ensure all medication are staying at the accurate temperature including blood products.
    - Hand Hygiene - Every month staff members are anonymously observed for proper hand hygiene. The goal is for 20 staff members a month to be observed, 10 in long-term care and 10 on the hospital side. If ever there are observations of non-compliance the staff is re-educated on the importance of hand hygiene and infection control.
    - Employee Health - All staff complete an N95 mask fit test annually and a tuberculosis screening assessment.
    - Multidisciplinary Reports - Environmental Services, Maintenance, Nursing, Lab, Nutritional Services and Sterile Processing.

The Infection Control Risk Assessment is updated annually with potential threats to the facility regarding the acquisition and transmission of infections. Once the potential threats are identified goals are set, policies are in place, staff is educated to help keep these identified risk levels low.

Kadee Goss, BSN

CCMC Authority Board of Director's Quarterly Report
April 14, 2023
Clinic & Ancillary Services
Tamara Russin

Clinic

The Clinic is preparing for the fishing season! This is the start of worker compensation season for us as well, along with Fishermen Fund claims. While the care of these injuries isn't different than anything else, the paperwork and work notes are and keeping everything together and complete is important. The fishing season brings many injuries, and we like to get these claims as complete as possible by mid-fall. During the winter we have very few cases to keep track of!

The first quarter of 2023 had a steady number of Clinic patients. Cordova did not get a second wave of influenza, but there were plenty of other respiratory illnesses in the community. Clinic staff has been able to get immunizations up-to-date for most patients and follow-up with patients who have chronic illnesses as covid has faded into the background.

Noelle Camarena, FNP, is part of the Clinic team every Friday as well as filling in when Laura Henneker is on PTO. She is always available to place IUDs or insert Nexplanon for patients who request those procedures and want a female provider. Additionally, she helps coordinate communication among the providers and shares both clinical and business information as needed.

The specialty clinics scheduled for April: Dr. Gray (orthopedics) April 14 and Dr. Gifford (pediatrician) April 19.

Lab/Radiology/Rehab Services

Radiology and laboratory services are doing well. These are required services for operating a Critical Access Hospital/Emergency Department and it's hard for a small facility like ours to maintain staffing for these departments. We are very fortunate to have such a reliable team! As we all know, having permanent, local staff to fill these positions is the ideal and something we continue to work toward for all positions.

Lab is getting ready to offer Health Fair labs. Special pricing begins April 24 and ends May 5. Labs will be done at the Health Fair on April 29 from 8:00-12:00. Like last year, patients can self-order a Lipid Panel, Vitamin D, and/or blood typing. All other labs must be provider ordered. All of the providers in Cordova have had the orders since the beginning of March and patients will bring the orders with them for their lab draw. If patients are unable to make the Health Fair, they can schedule appointments with Lab the week before and after.

Rehab Services is a busy department. When the hospital census is high, Rehab is busier working with in-patients as well as the regular patient load. We also appreciate the great working relationship CCMC has with Dr. Gray. Being familiar with CCMC, he utilizes the Rehab department fully and is always available for a consult if needed.

Additionally, the Rehab department is constantly learning and exploring. All of the providers have been able to utilize a grant through the Department of Labor for further training. They are inspired and appreciative and all of our patients benefit!

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

Behavioral Health

Sound Alternatives provided services to 36 individual clients this past quarter, a decrease of 10%. The program had 204 visits this quarter which was a decrease of 38%. While our previous temporary clinician had agreed to provide services through telehealth, she was not able to follow through on this and so we only had one part time clinician during this quarter. The decreases were due both to only having one clinician, and staff out on vacation during the quarter. Based on lack of coverage we went to a four-day schedule.

In mid-March, we did successfully hire a Clinician, Tiffany Osong, LMSW who will work with us through mid-September. She has already picked up a case load and is an excellent addition to the team.

Developmental Disabilities

Due to the extremely small number of participants and lack of staffing, we have let the State of Alaska know we will not be continuing this service after June 2023. This was a difficult decision to make but we had only 1 active participant receiving 4 hours of services per week which was not enough to sustain the program.

Cordova Safe Housing Program

The CSHP Program provided services to 5 participants during the quarter. We did not apply to continue the grant that supports this service. This was a collaborative project with Cordova Family Resource Center. Neither organization has the staffing needed to sustain the services safely. In addition, while we were extremely successful at providing short term shelter and connecting participants with resources such as food and healthcare, we were minimally successful at helping participants obtain sustainable housing which was really the intent of the project. Obstacles outside of the control of the project included extremely limited affordable housing and in particular, chronic substance abuse were obstacles we were not able to overcome.

Community Case Management Program

Through this program we served 7 individuals, linking them with community supports, and engaged in outreach with community organizations. We hired a Community Case Manager, Aniessa Hodges and she is busy is outreaching to community partners, creating educational materials on various health topics, and has scheduled activities for Child Abuse Prevention month and a Healthy Walking challenge for May.

Dietary & Senior Services

Dietary staff provided a total of 6,377 meals this quarter: 2360 meals for Long term Care, 2,731 meals for seniors through the congregate and Home delivered meals, 317 for staff and 110 for Acute Care Patients. *(please note staff pay for all their meals).*

As a part of our new grant cycle, we have been able to increase some outreach and activities for seniors. Through the Ride we have been able to provide some additional community services such as helping with grocery shopping and picking up prescriptions. Additionally, we have been inviting speakers to come talk to our Seniors at lunch time including Jude from the Library and Barbara Solomon from Ilanka. Katie Fry will be providing Chair Yoga once a week starting in late April as well.

MEMORANDUM

To: CCMC Authority Board of Directors
From: Administration
Subject: Election of Officers
Date: 4/13/2023

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

_____ as Chairperson

_____ as Vice-Chairperson

_____ as Secretary/Treasurer

Board of Directors Members

Linnea Ronnegard
Kelsey Hayden
Liz Senear
Ann Linville
Chris Iannazzone

May 2023

◄ Apr 2023 | Jun 2023 ►

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