CCMC AUTHORITY BOARD OF DIRECTORS AGENDA
August 31, 2023 REGULAR MEETING
6:00PM VIA ZOOM

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

Board of Directors

Kelsey Hayden	exp. 3/26
Linnea Ronnegard	exp. 3/24
Liz Senear	exp. 3/24
Ann Linville	exp. 3/25
Chris Iannazzone	exp. 3/26

CEO
Hannah Sanders, M.D.

OPENING: Call to Order

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

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. Trustee Insights – Quality Oversight - Substance Use Disorder Pgs 1-4

C. CONFLICT OF INTEREST

D. APPROVAL OF AGENDA

E. APPROVAL OF MINUTES
1. July 27, 2023 Meeting Minutes Pgs 5-7

F. REPORTS OF OFFICERS OR ADVISORS
1. Board Chair Report
2. CEO Report Pgs 8-9
3. Director of Finance Report Pgs 10-12

G. DISCUSSION ITEMS

H. ACTION ITEMS
1. Approval of the Bad Debt Policy Pgs 13-18
2. Approval of Privileges for Eldon Snyder, DO Pgs 19-25

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 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

Trustee Insights

QUALITY OVERSIGHT

Trustees Play Major Role in Addressing Substance Use Crisis

Board oversight of quality improvement and patient safety has been shown to correlate with improved patient outcomes

BY RICHARD BOTTNER, KARLA HARDESTY, KORREY KLEIN AND BENJAMIN ANDERSON

Across the United States the number of deaths and medical complications from unhealthy substance use continue to skyrocket. Behind the alarming numbers of people impacted are individuals: fathers and mothers, sons and daughters, brothers and sisters and dear friends. Despite significant national attention, the substance use epidemic continues to impact every neighborhood in the country. Rural and urban communities alike continue to struggle with improving care and outcomes for people with substance use disorders and addiction. As the nation continues to identify and implement public health programs to curb this national health crisis, hospitals and health systems have a unique role to play.

According to the Centers for Disease Control and Prevention (CDC), substance use disorders (SUD) are "treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use." While opioids have received much of the national attention around unhealthy substance use, alcohol, stimulants, tobacco and increasing use of cannabis also represent significant public health concerns. The burden of illness across the nation related to these substances is massive — over 40 million people in the U.S. have a substance use disorder, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Specific to illicit substances, more than 107,000 people died of a drug overdose in the U.S. in 2021, the highest number ever recorded and a 15% increase from 2020, as determined by the National Center for Health Statistics.

This article describes the important role hospitals and their boards can play in supporting the SUD care continuum and improving addiction care in hospitals and health systems and the communities they serve.

Impact of Substance Use Disorders on Hospitals

A recent analysis by Premier based on input from over 4,000 hospitals nationwide found that opioid use disorder alone costs hospitals $95 billion per year, nearly 8% of all hospital expenditures. Between 1998 and

2016, there were over 5.5 million hospitalizations across the U.S., primarily for alcohol use disorder. Nationally, approximately one in 11 visits to the emergency department and one in nine hospitalizations are related to substance use disorder, accounting for up to 33% of all admissions in safety net settings. Contrary to common belief, many hospitalizations are unrelated to overdose or withdrawal specifically. Reasons for hospital admission include infections of the heart, skin or joints which often result in lengthy, complex and expensive hospitalizations.

Patients with SUD may be cautious to engage in medical care because of negative past experiences with the health care system. In fact, up to 30% of patients with SUD self-discharge or leave the hospital "against medical advice" because of stigma, inadequate control of cravings or fear of mistreatment. Patients with SUD are also more likely to be readmitted within 30 days of hospital discharge. These are preventable readmissions. Moreover, when patients are not provided access to resources and pathways to treatment during an acute hospitalization, 80% of patients will return to substance use.

It is critical to appreciate that hospitalization is a reachable moment for patients who may not be engaged in care otherwise. Hospitalization is the ideal time to "meet patients where they are" and provide supportive resources related to SUD. Patients who initiate SUD care during hospitalization are more likely to enter outpatient treatment, stay in treatment longer and have more substance-free days compared to those offered only a referral. Patients with SUD who are linked to outpatient SUD programs post-discharge are also less likely to be readmitted at 30 and 90 days for SUD-related reasons.

What Hospital Boards Can Do

The Institute for Healthcare Improvement promotes a high degree of board engagement in quality improvement and patient safety activity. In fact, board oversight of quality improvement and patient safety has been shown to correlate with higher performance on key quality indicators and improved patient outcomes. According to GovernWell, boards have the responsibility to take four leadership actions, which have been applied to substance use disorders below.

1. **Establish Strategic Intent.** Boards can ensure that mission, values and strategic priorities reflect commitment to improving care and outcomes for patients with substance use disorders.

2. **Lead through Collaboration.** Boards can promote the importance of building community engagement and connections between hospitals and community-based organizations that serve people with substance use disorders. Engaging the vast community networks of trustees can support and solidify this approach.

3. **Reflect, Understand and Learn.** Boards can incorporate and lean on people with lived experience, including past patients of the hospital, to better illuminate opportunities for care improvement. As is the case for all quality improvement and patient safety, a "culture of caring" should be established to promote engagement among providers and staff and encourage disclosure of opportunities to better serve people with substance use disorders.

4. **Ensure Meaningful, Measurable Goals.** Measurement is key to ensuring ongoing clinical and systems improvement for people with substance use disorder. Numerous measures related to the substance use disorder care continuum are available from the American Hospital Association's (AHA) "Stem the Tide" program, American Society for Addiction Medicine, National Quality Forum and the Centers for Medicare & Medicaid Services, among others.

Boards can also look to partner with various local, state and national affiliations for participation in advocacy efforts to address substance use disorders. Boards can promote evidence-based practice through their quality programs, advocate for SUD-related education, and perhaps most importantly, serve as a vital conduit between the hospital's SUD work and the community. Public health messaging is a core function of governance. Boards bring their diverse community perspective to hospitals and are also responsible for communicating hospitals' priorities and programs to the community, including work around mental health and addiction. SAMHSA and AHA have toolkits and resources for board members to learn more about SUD, various community models and advocacy.

What Hospitals Can Do

Hospitals are critical access points along the SUD care continuum, and therefore, must be well equipped to address key areas. Prevention, treat-

ment, harm reduction and recovery are the generally accepted and nationally recognized areas of focus in the SUD care continuum.

Prevention strategies are used to mitigate individuals away from developing a substance use disorder. The most notable prevention strategy in recent history has been the focus on safe and appropriate prescribing of opioids. Prevention is important but insufficient by itself. This is clearly exemplified in recognizing that while we are prescribing far less opioids as a medical community, the number of overdose deaths continues to skyrocket.

Treatment is a critical and vastly underutilized part of the care continuum. The treatment system in the U.S. includes prescribing medications such as buprenorphine and methadone for opioid use disorder, naltrexone for alcohol use disorder, and nicotine replacement therapy for tobacco use disorder — to name a few. Medications are often coupled with behavioral change support, which can include cognitive behavioral therapy and sometimes residential or partial hospitalization programs.

Harm reduction preserves patient autonomy and promotes appreciation that recovery is a patient-centered journey that does not necessitate total abstinence. As defined by SAMHSA, harm reduction is "an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services."

Recovery includes four critical dimensions for patients including: achieving good health, establishing a stable place to live, developing meaning and purpose, and integrating into a community complete with support structures.

There are many opportunities for hospitals to integrate prevention, treatment, harm reduction and recovery strategies *(see "Caring for People with Substance Use Disorders: Hospital-Based Interventions" below)*. Such interventions must

Caring for People with Substance Use Disorders: Hospital-Based Interventions

Prevention	Treatment	Harm Reduction	Recovery
• Integrate robust screening protocols • Establish evidence-based pathways for pain management in the hospital setting • Promote screening for HIV and hepatitis C among hospitalized patients	• Initiate medications for substance use disorder • Establish best practices for acute and chronic pain management • Partner with community-based treatment programs for post-discharge referral	• Distribute naloxone for all at-risk patient populations • Distribute alcohol swabs, wound care supplies and fentanyl test strips • Provide safe syringes	• Integrate peer recovery coaches and people with lived experience into clinical and administrative operations • Link to outpatient peer groups • Promote recovery-friendly workplaces

Foundational and cross-functional strategies that must drive this work include:

- Launching staff education and hospital-wide campaigns promoting de-stigmatization;
- Reviewing policies that may limit access to SUD care in the hospital, including clinical and nursing policies, hospital bylaws and formularies;
- Delivering care with the respectful knowledge that many patients have endured traumatic events and periods in their lives that have inadvertently created mistrust of the health care system;
- Focusing on community-based organization for people with SUD and the necessity to navigate patients to care appropriately after discharge; and
- Ensuring electronic health record support and real-time data collection.

consider the unique operating environments and practice settings within the walls of each hospital, primarily emergency departments, inpatient acute care, labor and delivery, and perioperative services. Regardless of individual department or unique patient populations, certain approaches can be utilized across the enterprise including system-wide education, policy review, data analysis and engagement of SUD-focused community partners.

Summary

Boards can collaborate with their leadership to ensure the above strategies of prevention, treatment, harm reduction and recovery are in place and measured. Unhealthy substance use is a nationally recognized public health problem. Low-barrier access to SUD care in partnership with hospitals is part of the solution. While hospitals are not ideal environments for patients with SUD to receive long-term and maintenance care for addiction, hospitals are care environments equipped to care for people with acute physical and mental health crises. With appropriate interventions in hospitals, the nationwide crisis in treating and reducing substance use disorders can be addressed collectively and yield greater success. Governance engagement and action is a core component to improve care and outcomes for people with SUD.

The authors acknowledge colleagues from the AHA and Nicholaus Christian, M.D., addiction medicine fellow at Yale University, for reviewing this article and offering feedback prior to publication. Elements of the preceding article adapted from work conducted by the Colorado Hospital Association's Clinical Leadership and Excellence Council and its group of SUD advisors.

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Please note that the views of authors do not always reflect the views of the AHA.

Minutes
CCMC Authority – Board of Directors
ZOOM Meeting
July 27, 2023 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Linnea Ronnegard called the Board Meeting to order at 6:03pm.
Board members present**: Linnea Ronnegard, Liz Senear, and Ann Linville.**
Kelsey Hayden and Chris Iannazzone were absent
Quorum was established. 3 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Denna Stavig, Director of Finance; Kadee Goss, Chief Nursing Officer; Noelle Camarena, Director of Operations; 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 – yea, Senear- yea, Linville – yea, Hayden – absent, and Iannazzone - absent.
3 yeas, 0 nay, 2 absent; Motion passed 3-0.

E. APPROVAL OF MINUTES
M/Linville S/Senear "I move to approve the June 29, 2023 Meeting Minutes."
Linville – yea, Ronnegard – yea, Senear- yea, Iannazzone – absent, and Hayden – absent
3 yeas, 0 nay, 2 absent; Motion passed 3-0.

F. REPORTS OF OFFICERS and ADVISORS
1. **Board Chair report** – Nothing to report.

2. **CEO Report** – **Dr. Sanders** reported that her written report is in the packet. Additional items to mention are that I am really happy with the staff, as we go through transitions people are stepping up and learning each other's roles to cross-cover. We have a good plan to move forward particularly with our Director of Nursing for the hospital and Long-Term Care replacements. Other items highlighted in the report are the Dietary team has been doing meal distribution for seniors providing fresh produce and shelf stable meals. The produce that we were distributing is in partnership with Nichols Front Door Store

and the food we distribute is remarkably fresh and beautiful. We're hoping to be able to do this a couple more times this summer and again moving into the fall as grant funds allow.

3. **Director of Finance Report** – **Denna Stavig** reported that her report is in the packet. We did pretty good in June, better than we were expecting. We did have a negative month, but largely due to our Bad Debt allowance. We wrote off about $300k. Without that adjustment it would have been positive despite low Swing Bed volumes. Other than that, we did our payback for the 2022 Cost Report in June, so that cleared our payable. Our Days of Cash on Hand is doing fine. Benefits are up, because we're still paying on our PBS (our self-insurance) there are lagging claims. Several claims we just received are for services rendered in December. So not only did we have to pay our Premera monthly invoice, but we also had to pay PBS which was about $90k. However, we are expecting a stop loss payment that should be in the same amount as what we had paid out to PBS.

4. **Medical Director Quarterly Report – Dr. Bejes' Quarterly Report** is in the packet, if you have any questions on anything from his report, I would be happy to answer them.

5. **Nursing Department Quarterly Report – Kadee Goss' Quarterly Report** is in the packet, additional items to mention are that we have a permanent nurse starting on Monday in our ER. And I just wanted to say Thank you, I've enjoyed working with you guys. We leave Cordova next month, I want you to know that I have really enjoyed my time here. We have an awesome team.
6. **Ancillary Services Quarterly Report – Tamara Russin's Quarterly Report** is in the packet, additional items to mention are that Dr. Gifford will be coming next month as well as Dr. Gray.

7. **Sound Alternatives Quarterly Report** – nothing to report

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS

1. Approval of Update to CCMC Policy ADM 300

M/Senear S/Linville "I move that the CCMC Authority Board of Directors approve CCMC policy ADM 300: Policies, Procedures, and Guideline Development and Review as presented."
Senear- yea, Hayden – absent, Ronnegard – yea, Iannazzone – absent, and Linville – yea.
3 yeas, 0 nay, 2 absent; Motion passed 3-0.

2. Approval of the Request to Increase the CCMC Bank of America Credit Limit

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the CCMC Bank of America credit limit increase from $20,000 to $50,000 as requested."
Iannazzone – absent, Hayden – absent, Linville – yea, Ronnegard – yea, and Senear- yea.
3 yeas, 0 nay, 2 absent; Motion passed 3-0.

3. Approval of Delineation of Telemedicine Privileges for Jonathan Kleinman, MD

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

4. Approval of Delineation of Telemedicine Privileges for Joseph Holman, MD

M/Senear S/Linville "I move that the CCMC Authority Board of Directors approve the Delineation of Telemedicine Specialty Consult Privileges for Joseph Holman, MD as presented."
Iannazzone – absent, Linville – yea, Ronnegard – yea, Hayden – absent, and Senear – yea.
3 yeas, 0 nay, 2 absent; Motion passed 3-0.

I. AUDIENCE PARTICIPATION ~ None

J. BOARD MEMBERS COMMENTS
Iannazzone ~ absent
Hayden ~ absent
Ronnegard ~ I was really glad to see that we had seven CNA students pass and that they're choosing to stay in Cordova. I'm glad that we're offering more education in Cordova, I think that's wonderful. And the people that are leaving are going to be greatly missed.
Senear ~ We have a lot of good staff on board, and we're getting applicants so that's good. Getting more services going is great. And I noticed looking through the June information that it was a slower month but it looked good.
Linville ~ I'm happy to hear that you're filling the roles that needed filling. I am sad to see Kadee go, I'm sad to see Alana go. I'm glad that those are being filled so that's not going to be as stressful of a situation.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT
M/Senear S/Linville "I move to adjourn"
Linnea Ronnegard declared the meeting adjourned at 6:32pm.

Prepared by: Faith Wheeler-Jeppson

CEO Report August 2023

Community:
September is National Recovery month. The CDC tagline, "Every Person, Every Family, Every Community," emphasizes that recovery is possible for all. The CDC emphasis treatment can save a life and can help people struggling with substance use disorders by counteracting addiction's powerful effects on their brain and behavior. The overall goal of treatment is to return people to productive functioning in their family, workplace, and community. Recovery month celebrates the gains made by those in recovery from substance use disorder.

In support, celebration, and kick off of recovery month, CCMC's Sound Alternatives department will be hosting a Recovery BBQ on September 6th to support and celebrate family, community and friendship in solidarity with those in recovery. Please attend if you're able!

Staffing
CCMC is excited to announce Alexus Allen, RN has accepted the permanent hospital DON position. She has experience working in our long-term care (LTC) and emergency room. We are excited to see where her leadership will take our hospital.

We continue to have several key positions vacant including the hospital case manager, a staff accountant, behavioral health clinician and emergency RN positions.

Volumes
Outpatient visits have remained at expected summer levels. We have been below capacity in our swing beds and continue to have a bed open in LTC. We are receiving referrals and expect to see an increase in swing beds admissions and be at capacity in the LTC in the coming month.

Facility
CCMC received a city appropriation for 2023 with the intent for the funds to go toward high priority capital improvements, if it is not needed for operations. Due to discussions regarding acquisitions and a larger hospital remodel, the generator project was put on hold. As we get toward the end of the year, all signals indicate CCMC will be able to use the funds toward capital and we are ready to issue the generator RFP. As you recall CCMC has 2 existing indoor generators which are 100 kW and 150 kW emergency generators with two Automatic Transfer Switches (ATS). The existing electrical system currently consists of critical/life safety and equipment branches that are currently fed from the same distribution panel. This is out of compliance with code. CCMC seeks to demolish and remove the existing generators, replace with a single outdoor generator, and replace existing ATS. The new generator and ATS system will bring CCMC into compliance with applicable life safety code and electric code requirements. This project has been in the works since 2017, we hope to get this project off the ground and completed by 2024.

Revenue Cycle
CCMC continues to see the hard work we are putting into managing the revenue cycle being effective. The previous bad debt policy did not outline required CMS steps. We have updated our bad debt policy to identify CMS regulations and ensure compliance with regs. The policy is in the packet your review and approval.

We are encouraging use of our online bill pay and continue to work with patients to ensure insurance is billed appropriately, establish payment plans when needed and assist with charity care and sliding scale applications as appropriate.

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	3.6	2.0	0.5	1.1	0.0	0.0	0.0	0.0	0.0		1.1
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	2	5	4	5						26	3.7
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	15	15	11	18						87	12.4
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	2	1	1	1						11	1.6
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	94	48	5	15						318	45.4
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	1	1	0	1						3	0.4
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	309	296	270	257						2,032	290.3
CCMC LTC Avg. Census														
FY 2019	10	9	10	10	10	10	9	10	10	10	10	10		9.8
FY 2020	10	10	10	10	10	10	10	10	10	10	9	10		9.8
FY 2021	10	10	10	10	10	10	10	10	10	10	10	10		9.9
FY 2022	10	10	10	10	10	10	10	10	10	10	10	10		10.0
FY 2023	10	10	10	10	10	9	8							9.6
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	39	56	84	109						456	65.1
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	405	345	209	304						2,407	343.9
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	115	75	94	70						651	93.0
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	578	801	655	766						4,466	638.0
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	49	50	88	97						464	66.3
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	18	16	36	39						179	25.6
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	176	214	188	230						1,338	191.1
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	98	122	86	94						704	100.6

CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT 08/23/23 01:55 PM
FOR THE 7 MONTHS ENDING 07/31/23

	SINGLE MONTH				YEAR TO DATE			
	ACTUAL	BUDGET	$ VARIANCE	% VAR	ACTUAL	BUDGET	$ VARIANCE	% VAR
REVENUE								
ACUTE	159,940	150,000	9,940	6	990,158	680,000	310,158	45
SWING BED	96,944	350,000	(253,055)	(72)	2,129,841	2,400,000	(270,158)	(11)
LONG TERM CARE	395,765	510,000	(114,234)	(22)	3,382,162	3,511,000	(128,837)	(3)
CLINIC	126,378	80,000	46,378	57	737,230	506,000	231,230	45
ANCILLARY DEPTS	319,597	250,000	69,597	27	2,011,736	1,635,000	376,736	23
EMERGENCY DEPART	605,656	312,000	293,656	94	2,795,152	1,732,000	1,063,152	61
BEHAVIORAL HEALT	22,990	21,000	1,990	9	171,564	141,000	30,564	21
RETAIL PHARMACY	140,569	125,000	15,569	12	877,470	849,000	28,470	3
PATIENT SERVIC	1,867,843	1,798,000	69,843	3	13,095,317	11,454,000	1,641,317	14
DEDUCTIONS								
CHARITY	30,771	17,000	(13,771)	(81)	80,294	116,000	35,705	30
CONTRACTUAL ADJU	1,118,870	360,000	(758,870)	(210)	3,692,905	2,480,000	(1,212,905)	(48)
ADMINISTRATIVE A	1,377	37,500	36,122	96	23,489	262,500	239,010	91
BAD DEBT	(206,000)	21,000	227,000	1080	86,000	145,000	59,000	40
DEDUCTIONS TOT	945,019	435,500	(509,519)	(116)	3,882,690	3,003,500	(879,190)	(29)
COST RECOVERIES								
GRANTS	17,366	0	17,366	0	254,078	269,000	(14,921)	(5)
IN-KIND CONTRIBU	16,662	18,500	(1,837)	(9)	116,638	127,500	(10,861)	(8)
OTHER REVENUE	5,158	19,000	(13,841)	(72)	56,148	131,000	(74,851)	(57)
COST RECOVERIE	39,187	37,500	1,687	4	426,864	527,500	(100,635)	(19)
TOTAL REVENUES	962,011	1,400,000	(437,988)	(31)	9,639,492	8,978,000	661,492	7
EXPENSES								
WAGES	469,964	504,000	34,035	6	3,298,423	3,528,000	229,576	6
TAXES & BENEFITS	255,126	259,000	3,873	1	2,046,960	1,814,000	(232,960)	(12)
PROFESSIONAL SER	190,383	162,000	(28,383)	(17)	1,304,313	1,131,000	(173,313)	(15)
SUPPLIES	181,245	160,000	(21,245)	(13)	1,209,661	1,119,000	(90,661)	(8)
MINOR EQUIPMENT	5,441	4,000	(1,441)	(36)	28,179	28,000	(179)	(0)
REPAIRS & MAINTE	9,604	17,000	7,395	43	104,970	118,000	13,029	11
RENTS & LEASES	10,829	11,000	170	1	84,270	77,000	(7,270)	(9)
UTILITIES	48,894	53,000	4,105	7	354,651	371,000	16,348	4
TRAVEL & TRAININ	829	11,000	10,170	92	41,486	71,000	29,513	41
INSURANCES	20,734	17,600	(3,134)	(17)	127,613	123,200	(4,413)	(3)
RECRUIT & RELOCA	1,859	3,400	1,540	45	6,939	23,300	16,360	70
DEPRECIATION	56,408	50,000	(6,408)	(12)	406,634	346,000	(60,634)	(17)
OTHER EXPENSES	7,168	30,000	22,831	76	103,784	203,000	99,215	48
TOTAL EXPENSES	1,258,491	1,282,000	23,508	1	9,117,890	8,952,500	(165,390)	(1)
OPERATING INCO	(296,480)	118,000	(414,480)	(351)	521,602	25,500	496,102	1945
NET INCOME	(296,480)	118,000	(414,480)	(351)	521,602	25,500	496,102	1945

08/23/23 01:55 PM

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 07/31/23

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	2,070,060	871,655	1,198,405
NET ACCOUNT RECEIVABLE	2,351,989	2,505,951	(153,962)
THIRD PARTY RECEIVABLE	5,627	212,748	(207,121)
CLEARING ACCOUNTS	362	239,993	(239,631)
PREPAID EXPENSES	192,155	158,352	33,803
INVENTORY	461,191	510,702	(49,510)
TOTAL CURRENT ASSETS	5,081,387	4,499,404	581,983
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	8,666,889	7,680,171	986,717
EQUIPMENT	9,625,416	9,583,624	41,792
CONSTRUCTION IN PROGRESS		977,400	(977,400)
SUBTOTAL PP&E	18,414,316	18,363,206	51,110
LESS ACCUMULATED DEPRECIATION	(14,472,616)	(13,806,024)	(666,592)
TOTAL PROPERTY & EQUIPMENT	3,941,699	4,557,181	(615,482)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(83,750)	(68,750)	(15,000)
PERS DEFERRED OUTFLOW	1,037,998	1,178,466	(140,468)
TOTAL OTHER ASSETS	1,104,248	1,259,716	(155,468)
TOTAL ASSETS	10,127,336	10,316,302	(188,966)

08/23/23 01:55 PM

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 07/31/23

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	181,743	227,878	(46,135)
PAYROLL & RELATED LIABILITIES	619,701	646,554	(26,853)
INTEREST & OTHER PAYABLES	7,175	1,262	5,913
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	8,595	128,100	(119,504)
TOTAL CURRENT LIABILITIES	6,283,674	6,470,254	(186,580)
LONG TERM LIABILITIES			
NET PENSION LIABILITY	8,148,107	6,825,636	1,322,471
TOTAL LONG TERM LIABILITIES	8,148,107	6,825,636	1,322,471
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	(2,907,065)	601,203	(3,508,268)
TOTAL DEFERRED INFLOWS	(2,907,065)	601,203	(3,508,268)
TOTAL LIABILITIES	11,524,716	13,897,093	(2,372,377)
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(1,937,496)	(2,950,277)	1,012,781
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	521,602	(649,026)	1,170,628
TOTAL NET POSITION	(1,397,380)	(3,580,790)	2,183,410
TOTAL LIABILITIES & NET POSITION	10,127,336	10,316,302	(188,966)

Memorandum

To: CCMC Authority Board of Directors
Subject: FS P856 Bad Debt Policy
Date: 8/28/2023

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the CCMC Finance Department Bad Debt Policy FS P856 as presented."

Purpose and/or Policy Statement:
The following policy and procedure is to be followed for billing and collecting of patient accounts. The purpose of the procedure is to establish a system whereby we will have constant knowledge of each account. It will provide a step-by-step procedure that will maintain constant contact with the responsible party for discharge through complete payment of the account, write-off, or charge-off.

Definitions:
Bad Debts: Bad debts are claims arising from rendering healthcare services to a patient that the hospital, using sound credit and collection policy, determined to be uncollectible from patients who do not have the ability to pay.

Medicare Bad Debts: Medicare bad debts are Medicare deductibles and coinsurance for hospital services (does not include physician services billed to the Part B Carrier or billed Method II on the UB04) that meet one of these three following criteria:

1. Medicare Bad Debts must be claimed in the cost report year they are written off.
2. Medicare Bad Debts must flow to a bad debt expense account on the General Ledger.
3. Medicare Bad Debts must be listed on the Medicare Bad Debt form with all columns filled out. Medicare Bad Debts are for hospital claims only (e.g. not physician charges).

Contractual Allowances/Discounts: Contractual allowances/discounts are the excess of the hospital's normal charge for healthcare services over the payment received from third party payors under contractual agreements.

Indigent Care: Indigent care is charges for healthcare services that are written off based on the hospital policy. A claim can be considered indigent/charity care after an investigation of the patient's ability to pay, following the indigent care policy and application process. Indigent care does not include any of the following: Medicare Bad Debts, Contractual Allowances/Discounts, Policy Discounts.

Procedure:

Billing

1. Itemized Bills: Sent to insurance, worker's compensation, and private pay patients, upon request.

    a. If the patient has insurance coverage, the billing specialist will submit each claim to the patient's insurance company.

b. If the patient is classified private pay, a first-time summary bill will be mailed to the patient or their guarantor within 30-40 days after discharge or following an outpatient visit. The first-time bill states their responsibility. An itemized bill is provided upon request.

2. Monthly Statement: Sent on a cycle basis. This procedure is repeated approximately every thirty (30) days until the account is paid, considered uncollectible, sent to early out, or written off.

Collection

1. Prior to Discharge: Every admission to the hospital must have the responsible party sign a Statement of Financial Responsibility.

2. Upon Inpatient or Discharge of Outpatient: Attempt will be made to collect co-pays and deductibles when applicable. If the patient has insurance, collect the estimated amount that will not be paid by the insurance. In outpatient charges, attempt to collect co-pays regardless of the situation. It is better to over-collect and refund than to be left with an uncollectible account.

3. After Discharge or Outpatient Charges: Follow the billing procedure first with the patient bills, then with the monthly statements as follows:

A. Patient accounts with no insurance coverage - After following the billing procedure with accounts where there was no payment or other action, each step is noted by the Patient Account
Specialist starting here:

(1) 1st Monthly Statement- Approximately 30 days - send statement.

(2) 2nd Monthly Statement- Approximately 60 days- send statement with appropriate message.

(3) 3rd Monthly Statement- Approximately 90 days- send statement with appropriate message.

(4) 4th Monthly Statement- Approximately 120 days- send statement with appropriate message.

(5) The Patient Account Specialist will work the account for at least 30 days and attempt to reach the patient by phone. If the Patient Account Specialist is unsuccessful at reaching the patient or setting up an acceptable payment plan, the account will be presented back to the hospital for approval of collection write-off.

(6) Accounts are listed for Collection Write-Off- The report lists the patient's account number, name, collection attempt comments, date of write-off, and amount of write-off.

(7) The report is presented to the Chief Executive Officer/Administrator, and the Director of Finance who will determine if the debt will be written off and sent to Collections or is deemed uncollectable. The Hospital Authority Board of Directors will be notified of bad debt write off amounts in the monthly financials.

B. Patient accounts with insurance coverage if insurance pays and there is a balance due:

(1) 1st Monthly Statement shows the total amount of the bill, how much the insurance paid, and the balance due from the patient. The first statement will be issued approximately 30 days after insurance has paid or denied.

(2) 2nd Monthly Statement is sent out with balance due approximately 60 days after insurance has paid or denied, send statement with appropriate message. All action taken from this point on is noted by the billing specialist.

(3) 3rd Monthly Statement is sent out with balance due approximately 90 days after insurance has paid or denied, send statement with appropriate message.

(4) 4th Monthly Statement is sent out with balance due approximately 120 days after insurance has paid or denied, is sent out with balance due and sent with final attempt message.

(5) The Patient Account Specialist will work the account for at least 30 days and attempt to reach the patient by phone. If the patient account specialist is unsuccessful at reaching the patient or in setting up an acceptable payment plan, the account will be presented back to the hospital for approval of write-off.

(6) Accounts are listed for Write-Off- The report lists the patient's account number, name, collection attempt comments, date of write-off, and amount of write-off.

(7) The report is presented to the Chief Executive Officer/Administrator, and the Director of Finance who will determine if the debt will be written off and sent to Collections or is deemed uncollectable. The total of the accounts written off will be presented to the Hospital Authority Board of Directors in the monthly financials.

Financial Arrangements - Credit Policy

1. **Financial Arrangements –** Patients can set up a payment plan for an account that they are not able to pay in full. Payment plans must be on a schedule so that the account would be paid in full within 36 months.

If patient fails to follow through on their monthly payment agreement: each step taken is noted by the Patient Account Specialist.

a. 1st Monthly Statement – Patient Account Specialist will remind the patient that regular monthly payments are necessary.

b. If no payment is received, the account is listed for uncollectable write off. The report lists the patient's account number, name, date of write-off, and amount of write-off.

c. The report is presented to the Chief Executive Officer/Administrator, and the Director of Finance who will determine if the debt will be written off and sent to Collections or is deemed uncollectable. The total of the accounts written off will be presented to the Hospital Authority Board of Directors in the monthly financials.

2. **General Credit Policy**- Try to get the responsible party to agree to a specific payment plan. If patient states no payment can be made at this time, allow one (1) to three (3) months grace, depending on the situation. Patient must contact us at that time to inform us of the status.

3. **Indigent Care**- A patient can apply for the sliding scale discount. See criteria and application in Indigent Care policy.

Write-Off Procedure

The report of uncollectable accounts is presented to the Chief Executive Officer/Administrator, and the Director or Finance who will determine if the debt will be written off and sent to collections or is deemed uncollectable and written off. The total of the accounts written off will be presented to the Hospital Authority Board of Directors in the monthly financials.

1. Accounts to be written off to the collection agency, as uncollectable, in bankruptcy, or for Indigent Care will all be listed separately.

2. The write off report will list the patient's account number, name, date of write-off, and amount to be written off, as well as the type of write-off.

3. The Patient Account Specialist shall note on each patient billing the amount written off, date of write-off, and type of write-off.

Any deviations from this procedure will be brought to the Director of Finance and the Chief Executive Officer/Administrator.

Medicare Bad Debts

Medicare Bad Debts must follow the collection procedure listed above under section B spanning at a minimum of 120 days and be treated the same as a self-pay patient. If a partial payment is made, the 120 days restarts at each partial payment. Medicare Bad Debts have to of been billed to a patient within 120 days of the dates of service.

For Medicare Bad Debt where Medicaid is the secondary payor, deductibles and coinsurance must be billed and denied by Medicaid, and then can be claimed immediately. In the case of a partial payment by Medicaid, the remaining amount of deductibles or coinsurance can be claimed.

Medicare Bad Debts that also qualify as indigent care can be claimed immediately. In the case of partial payments by the patient, the remaining amount of deductibles and coinsurance can be claimed.

Documentation:

Exhibit 2A- Medicare Bad Debts Log

References:

Memorandum

To: CCMC Authority Board of Directors
Subject: Approval of Telemedicine Privileges for Eldon Snyder, DO
Date: 8/23/2023

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

Cordova Community MEDICAL CENTER

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

PRACTITIONER CREDENTIALING

Kelsey Hayden, Chair
CCMC Authority Board
ccmcboardseate@cdvcmc.com
Cordova Community Medical Center
Cordova, AK 99574

RE: Eldon Snyder, DO

Dear Chairperson and Hospital Authority Board,

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

Sincerely,

DocuSigned by:
Paul Glor
6C24CD6B672F40A...

17 August 2023 | 6:23 AM AKDT

Chief of Staff Date

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

18 August 2023 | 6:05 AM AKDT

Chief Executive Officer Date

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

Practitioner Signature

8/8/23
Date

Eldon Snyder DO
Practitioner Print

7/19/2023

Eldon R. Snyder, DO
Alaska Imaging Associates, LLC
2751 Debarr Rd, Suite 360
Anchorage, AK 99508

Dear Dr. Snyder:

On behalf of the Board of Trustees of Alaska Regional Hospital, I am pleased to inform you of your approved appointment as a member of the Medical Staff. You have been assigned to the **Associate/Affiliate** Status of the Medical Staff in the Department of **Radiology/Pathology** with clinical privileges as delineated in the attached. This appointment is effective **7/19/2023 through 11/30/2024.**

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

Timothy Ballard, MD
Chief Medical Officer
Alaska Regional Hospital

Cordova Community Medical Center
Request for Clinical Priviliges

Practitioner Name: Eldon Snyder, DO

MEDICAL DIRECTOR REVIEW

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

- [x] Approved for Delegated Privileges based on the attached AK Regional Hospital Approval letter
- [ ] Mortality data
- [ ] Pertinent results of performace improvements activities
- [ ] Clinical judgement and technical skills in performing procedures and treating and manging patient
- [ ] Peer Review results
- [ ] Peer Recommendations
- [ ] Professional performance

Recommendation:

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

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

Recommend without restrictions

DocuSigned by:
Curtis Byes
E73DD11B943F429...

18 August 2023 | 6:04 AM AKDT

Medical Director Signature **Date**

CCMC BOARD OF AUTHORITY

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

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

Board of Authority Chair **Date**

◄ Aug 2023 | Oct 2023 ►

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6 City Council Recovery Month BBQ 5:30-7:30PM Hollis Henrichs Park	7	8 Cordova Fungus Festival	9 Cordova Fungus Festival
10 Cordova Fungus Festival	11	12	13	14	15	16
17	18	19	20 City Council	21	22	23
24	25	26	27	28 Board of Directors Monthly Meeting 6PM	29	30