HOSPITAL SERVICES BOARD AGENDA
Thursday, May 30th, 2024 at 12:00pm
VIA ZOOM ONLY

At CCMC, we believe that healthy people create a healthy community.

O P E N I N G : C a l l  t o  O r d e r

R o l l  C a l l — Kelsey Hayden, Liz Senear, Ann Linville, and Diane Ujioka.

E s t a b l i s h m e n t  o f  a  Q u o r m

A.  C O M M U N I C A T I O N S  B Y  A N D  P E T I T I O N S  F R O M  V I S I T O R S  ( S p e a k e r  m u s t  g i v e  n a m e  a n d  a g e n d a  i t e m  t o  w h i c h  t h e y  a r e  a d d r e s s i n g)

1. A u d i e n c e  C o m m e n t s  ( l i m i t e d  t o  3  m i n u t e s  p e r  s p e a k e r)
2. G u e s t  S p e a k e r — S h a u n  J o h n s o n ,  C P A  t o  r e v i e w  t h e  2 0 2 3  A u d i t

B.  B O A R D  D E V E L O P M E N T  -  N o n e

C.  C O N F L I C T  O F  I N T E R E S T

D.  A P P R O V A L  O F  A G E N D A

E.  A P P R O V A L  O F  M I N U T E S

1.  A p r i l  2 5 ,  2 0 2 4  M e e t i n g  M i n u t e s  P g s  1 - 3

F.  R E P O R T S  O F  O F F I C E R S  O R  A D V I S O R S

1.  B o a r d  C h a i r  R e p o r t
2.  C E O  R e p o r t  P g s  4 - 5
3.  D i r e c t o r  o f  F i n a n c e  R e p o r t  P g s  6 - 8

G.  D I S C U S S I O N  I T E M

H.  A C T I O N  I T E M

1.  C C M C  2 0 2 3  C A H  P e r i o d i c  E v a l u a t i o n  P g s  9 - 2 3
2.  U p d a t e  A u t h o r i z e d  C C M C  C h e c k  S i g n e r s  P g s  2 4 - 2 5
3.  D i l e n i a t i o n  o f  T e l e m e d i c i n e  P r i v i l e g e s  f o r  M a t t h e w  K l u c k m a n ,  M D  P g s  2 6 - 3 3
4.  D i l e n i a t i o n  o f  T e l e n e u r o l o g y  P r i v i l e g e s  f o r  A i z a z  H u n d a l ,  M D  P g s  3 4 - 4 4
5.  D i l e n i a t i o n  o f  T e l e n e u r o l o g y  P r i v i l e g e s  f o r  J a y e s h  P a t e l ,  D O  P g s  4 5 - 5 5

I.  A U D I E N C E  P A R T I C I P A T I O N  ( l i m i t e d  t o  3  m i n u t e s  p e r  s p e a k e r)  M e m b e r s  o f  t h e  p u b l i c  a r e  g i v e n  t h e  o p p o r t u n i t y  t o  c o m m e n t  o n  m a t t e r s  w h i c h  a r e  w i t h i n  t h e  s u b j e c t  m a t t e r  a u t h o r i t y  o f  t h e  B o a r d  a n d  a r e  a p p r o p r i a t e  f o r  d i s c u s s i o n  i n  a  n  o p e n  s e s s i o n.

J.  B O A R D  M E M B E R  C O M M E N T S

K.  E X E C U T I V E  S E S S I O N  -  N o n e

L.  A D J O U R N M E N T

This Hospital Services Board meeting will be via ZOOM only.

To call in: 1-866-424-2466 Passcode: 840432

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.
Minutes  
CCMC Authority – Board of Directors  
April 25, 2024 at 12:00pm  
Quarterly Meeting

CALL TO ORDER AND ROLL CALL –
Kelsey Hayden called the Board Meeting to order at 12:07pm.
Board members present: Kelsey Hayden, Ann Linville, Liz Senear, and Diane Ujioka.

Quorum was established. 4 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Kim Wilson, Director of Support Services; Denna Stavig, Director of Finance; Alexus Allen, CAH Director of Nursing; Olivia Morena, LTC Director of Nursing; Barb Jewell, Director of Community Services, and Faith Wheeler-Jeppson.

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

B. BOARD DEVELOPMENT ~ Dr. Sanders reported that she did not do a written Board Development, but she wants thank Kelsey for bringing the Board binder. The Board binder contains the City Code that establishes the Hospital and it describes the separation between the City and the hospital, the Board Bylaws, the CCMC Bylaws, and the Org Chart, the Confidentiality statement, and Disclosure of Financial Interest which also requires your signature annually after elections, we will email a copy out to you for your signature. Also included in the binder is the Community Health Needs Assessment, and the hospital Budget. We will set you up with a log-on to our Policy Manager site, there will be a couple of policies that you’ll need to read and sign.

   We will leave a hardcopy of the binder in the Conference Room and the Board members can come take a look when it’s convenient for them.

CCMC Staff Leadership present for the meeting introduced themselves to the Board and gave a brief description of what their position is and what they’re responsible for.

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA
   M/Senear S/Linville “I move to approve the agenda.”
   4 yeas, 0 nay - Motion passed.

E. APPROVAL OF MINUTES
   M/Linville S/Senear “I move to approve the March 28, 2024 minutes.”
   4 yeas, 0 nay - Motion passed.
F. REPORTS OF OFFICERS and ADVISORS

1. Board Chair report – Kelsey Hayden reported that last week she had a really good conversation with a community member about the hospital. He had the perception that the hospital wasn’t in a good place. It was a great opportunity to talk to him about my history on the board starting with Covid up until now and the fantastic place you all have brought it to. He was kind of shocked to hear how good things are going, and I’m trying to do more without bragging that I’m on the hospital board. And communicate a little more with the public about our roles, and let them know that the hospital is in a really good place. That is part of our jobs as board members.

2. CEO Report – Dr. Sanders stated that her written report is in the packet. As you see from the monthly stats, we continue to struggle with volumes. In talking with other hospitals low volumes have been a common struggle for the last month or two as well. As a small community hospital, we need to harness every dollar that we can. We need for community members to utilize our services instead of going out of town for care. We want to make sure Cordovans trust us with their care.

May 12th begins Hospital Week; we’re working on some things to show our staff how much we appreciate them.

3. Director of Finance Report – Denna Stavig reported that the Financials are in the packet. Revenues were lower than what we had predicted in a couple of areas. The Bad Debt amount that we had written off was $63k, but due to our allowance calculation we adjusted money back in and we ended up slightly to the positive. Our Cash is still okay.

4. Medical Director Quarterly Report – Dr. Sanders reported that Dr. Bejes’ written report is in the packet, if anyone has any questions, she would be happy to answer them.

5. Ancillary Services Quarterly Report – Tamara Russin reported that her written report is in the packet. In addition to what is in the packet, I’d like to add that when someone comes in to Rehab Services there is a sheet that shows the cost for services. And people don’t always know how their insurance works, so please encourage everybody to reach out to Cindy in the Business Office if they have questions.

6. Director of Nursing Quarterly Report – Alexus Allen stated that her written report is on page 11 of the packet, and she would like to point out that we have been really focused on staff and patient safety recently. Noelle and Olivia have done a really good job at providing De-escalation Training in May, we have someone flying in and they’re going to be teaching all of the staff de-escalation techniques. We’re trying to promote a safer environment for residents and staff, that’s something exciting that we’ve all been trying to work towards.

7. Sound Alternatives Quarterly Report – Barb Jewell stated that the only thing she’d like to add is that we’ve had our transition with our Clinicians and our new one joined us last week and Ebony Brooks is getting up to speed. And Holly McGuire joined us in the beginning of March so she is getting her feet under her. If everything goes as planned when Liz comes back from maternity leave, we will be staffed with permanent clinicians. Dietary has been run off of their feet, we had to bring in extra tables and chairs into the dining room to accommodate all of the seniors joining us for lunch. Community Case Management hosted a gardening activity last weekend that went really well. Aniessa chose to tie it to the Bike Rodeo which I thought was a really smart strategy.

8. Quality Quarterly Report – Noelle Camarena reported that a few highlights for Quality are that facility-wide we’re focusing in on our hand hygiene monitoring which will be a year long focus. Other thing that we’re working on is creating a professional development
skills for our Nursing Assistants to give them new skills to look forward to more responsibilities and helping them increase their professional development. We’ve also finalized our merit-based bonus rubric.

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS
1. Hospital Services Board Election of Officers
   M/Linville S/Senear “I move to nominate the following Board Members as Officers of the CCMC Hospital Services Board until the next election in April 2025 or until their seat expires, whichever comes first. Kelsey Hayden - Chairperson; Liz Senear – Vice Chair; and Ann Linville – Secretary/Treasurer.”
   **Voice Vote on Motion**
   Linville – yes, Senear – yes, and Hayden – yes.
   3 yea, 0 nay, 1 absent; Motion passed.

I. AUDIENCE PARTICIPATION ~ None

J. BOARD MEMBERS COMMENTS
   Senear ~ Just wanted to let everyone know that the Trails Committee is going to publish their plans soon, once that’s done, we can start working on projects. We have six projects, and two of them are already funded. One of them is upgrading the Odiak Pond trail to make it wheelchair accessible, and hopefully extending it.
   Linville ~ I am excited, it looks like we’re going to be fully staffed in Sound Alternatives, I know it’s been awhile and it’s a struggle. I’ve heard from people that they’re benefiting from the service. Good job.
   Hayden ~ Yeah, I’ve heard really great things about Holly, I’m glad we have her there. Thank you all for your efforts.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT
   M/Senear S/Linville “I move to adjourn”

   Kelsey Hayden declared the meeting adjourned 1:01pm.

Prepared by: Faith Wheeler-Jeppson
May 2024 CEO Board Report

Workforce:
Recruitment remains a top priority, especially for nursing positions. We are disappointed that the Nurse Licensure Compact (NLC) did not pass during the recent Alaska legislative session. This initiative was critical in easing the recruitment of qualified nurses from other states. Despite this setback, our recruitment efforts continue.
In May, our staff participated in onsite de-escalation training to address workplace violence, which is a significant concern in healthcare. Healthcare professionals are five times more likely to experience such incidents compared to other fields. These attacks and abuses interfere with patient care, distract caretakers, and consume valuable resources. The training, led by an expert, is part of our broader initiative to ensure a safe and supportive work environment for our staff.

Community Programs:
We successfully secured a grant to develop a childcare program. This program, emphasizing early healthy living education, is a crucial component of our employee retention strategy and community health improvement efforts. However, despite securing the grant, we have not yet been able to find a program director to lead this initiative.
We recently learned that the grant supporting our community case manager position will not be renewed. We are disappointed to lose this valuable program.

Quality and Compliance:
Our 2023 financial audit is completed and will be presented this meeting. I am very proud of Denna and her work leading our business office. Her achievement managing the hospital financials reflects both her and CCMC’s commitment to financial integrity and accountability. The CAH periodic evaluation has also been completed and is included in the packet for your review. This evaluation ensures our compliance with regulatory requirements and our dedication to maintaining high standards of care.

As always, our focus remains on enhancing service delivery, workforce stability, community engagement, and financial sustainability. We are dedicated to continuous improvement and providing high-quality healthcare services to the Cordova community.
### Days per Month

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### Cordova Community Medical Center Statistics

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<td>Taxes &amp; Benefits</td>
<td>266,983</td>
<td>306,751</td>
</tr>
<tr>
<td>Professional Services</td>
<td>203,710</td>
<td>205,930</td>
</tr>
<tr>
<td>Supplies</td>
<td>205,727</td>
<td>157,609</td>
</tr>
<tr>
<td>Minor Equipment</td>
<td>2,806</td>
<td>4,564</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance</td>
<td>7,784</td>
<td>19,103</td>
</tr>
<tr>
<td>Rents &amp; Leases</td>
<td>11,396</td>
<td>11,297</td>
</tr>
<tr>
<td>Utilities</td>
<td>39,328</td>
<td>42,482</td>
</tr>
<tr>
<td>Travel &amp; Training</td>
<td>9,669</td>
<td>7,956</td>
</tr>
<tr>
<td>Insurances</td>
<td>20,359</td>
<td>22,136</td>
</tr>
<tr>
<td>Recruit &amp; Relocation</td>
<td>25</td>
<td>245</td>
</tr>
<tr>
<td>Depreciation</td>
<td>51,210</td>
<td>41,692</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>14,846</td>
<td>12,012</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>1,315,739</td>
<td>1,379,007</td>
</tr>
</tbody>
</table>

**Operating Income**

<table>
<thead>
<tr>
<th></th>
<th>Single Month</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(449,569)</td>
<td>(331,510)</td>
<td>(118,058)</td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td>(449,569)</td>
<td>(331,510)</td>
</tr>
</tbody>
</table>
# Balance Sheet

**Cordova Community Medical Center**

**05/24/24 08:41 AM**  
**Balance Sheet**

**For the Month Ending: 04/30/24**

<table>
<thead>
<tr>
<th>Assets</th>
<th>Current Year</th>
<th>Prior Year</th>
<th>Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>2,350,815</td>
<td>1,924,997</td>
<td>425,818</td>
</tr>
<tr>
<td>Net Account Receivable</td>
<td>1,731,553</td>
<td>2,359,391</td>
<td>(627,838)</td>
</tr>
<tr>
<td>Third Party Receivable</td>
<td>682</td>
<td>(45,319)</td>
<td>46,002</td>
</tr>
<tr>
<td>Clearing Accounts</td>
<td>8,418</td>
<td>16</td>
<td>8,401</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>122,937</td>
<td>100,679</td>
<td>22,258</td>
</tr>
<tr>
<td>Inventory</td>
<td>453,467</td>
<td>481,877</td>
<td>(28,410)</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>4,667,874</td>
<td>4,821,642</td>
<td>(153,768)</td>
</tr>
<tr>
<td><strong>Property Plant &amp; Equipment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td>122,010</td>
<td>122,010</td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td>8,666,889</td>
<td>8,666,889</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>10,106,258</td>
<td>9,625,416</td>
<td>480,842</td>
</tr>
<tr>
<td>Construction In Progress</td>
<td>33,124</td>
<td>4,038</td>
<td>29,085</td>
</tr>
<tr>
<td><strong>Subtotal PP&amp;E</strong></td>
<td>18,928,282</td>
<td>18,418,354</td>
<td>509,927</td>
</tr>
<tr>
<td><strong>Less Accumulated Depreciation</strong></td>
<td>(14,853,494)</td>
<td>(14,303,947)</td>
<td>(549,547)</td>
</tr>
<tr>
<td><strong>Total Property &amp; Equipment</strong></td>
<td>4,074,787</td>
<td>4,114,407</td>
<td>(39,619)</td>
</tr>
<tr>
<td><strong>Other Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goodwill - Pharmacy</td>
<td>150,000</td>
<td>150,000</td>
<td></td>
</tr>
<tr>
<td>Goodwill - Pharmacy</td>
<td>(95,000)</td>
<td>(80,000)</td>
<td>(15,000)</td>
</tr>
<tr>
<td>Pers Deferred Outflow</td>
<td>1,037,998</td>
<td>1,037,998</td>
<td></td>
</tr>
<tr>
<td><strong>Total Other Assets</strong></td>
<td>1,092,998</td>
<td>1,107,998</td>
<td>(15,000)</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>9,815,660</td>
<td>10,044,048</td>
<td>(208,387)</td>
</tr>
</tbody>
</table>

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Z
## Balance Sheet

### FOR THE MONTH ENDING: 04/30/24

<table>
<thead>
<tr>
<th>Category</th>
<th>Current Year</th>
<th>Prior Year</th>
<th>Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIABILITIES AND FUND BALANCE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>356,153</td>
<td>265,672</td>
<td>90,480</td>
</tr>
<tr>
<td>Payroll &amp; Related Liabilities</td>
<td>807,609</td>
<td>704,641</td>
<td>102,968</td>
</tr>
<tr>
<td>Interest &amp; Other Payables</td>
<td>7,711</td>
<td>5,449</td>
<td>2,262</td>
</tr>
<tr>
<td>Long Term Debt - City</td>
<td>5,466,458</td>
<td>5,466,458</td>
<td>0</td>
</tr>
<tr>
<td>Other Current Long Term Debt</td>
<td>422,482</td>
<td>38,529</td>
<td>383,953</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>7,060,414</td>
<td>6,480,751</td>
<td>579,663</td>
</tr>
<tr>
<td><strong>LONG TERM LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Pension Liability</td>
<td>8,148,107</td>
<td>8,148,107</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Long Term Liabilities</strong></td>
<td>8,148,107</td>
<td>8,148,107</td>
<td>0</td>
</tr>
<tr>
<td><strong>DEFERRED INFLOWS OF RESOURCES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension Deferred Inflow</td>
<td>(2,907,065)</td>
<td>(2,907,065)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Deferred Inflows</strong></td>
<td>(2,907,065)</td>
<td>(2,907,065)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>12,301,456</td>
<td>11,721,793</td>
<td>579,663</td>
</tr>
<tr>
<td><strong>NET POSITION (EQUITY)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted Fund Balance</td>
<td>(1,419,237)</td>
<td>(1,937,496)</td>
<td>498,199</td>
</tr>
<tr>
<td>Temporary Restricted Fund Balance</td>
<td>18,513</td>
<td>18,513</td>
<td>0</td>
</tr>
<tr>
<td>Current Year Net Income</td>
<td>(1,045,012)</td>
<td>241,238</td>
<td>(1,286,250)</td>
</tr>
<tr>
<td><strong>Total Net Position</strong></td>
<td>(2,465,796)</td>
<td>(1,677,744)</td>
<td>(788,051)</td>
</tr>
<tr>
<td><strong>Total Liabilities &amp; Net Position</strong></td>
<td>9,835,660</td>
<td>10,044,048</td>
<td>(208,387)</td>
</tr>
</tbody>
</table>

April Bad Debt Written Off: $432.05
Memorandum

To: CCMC Hospital Services Board
Subject: 2023 CCMC CAH Periodic Evaluation
Date: 5/24/2024

Suggested Motion: "I move that the CCMC Hospital Services Board approve the 2023 CCMC CAH (Critical Access Hospital) Periodic Evaluation as presented."
A review of Cordova Community Medical Center was conducted for the year 2023, as required by the Center for Medicare and Medicaid Services (CMS) Conditions of Participation for Critical Access Hospitals. The annual report is submitted to you for review and approval. The information for the review was completed by Hannah Sanders. The report was reviewed by the Leadership Team and by the Medical Staff Executive Committee.

**EXECUTIVE SUMMARY**

The cost of supplies has continued to have substantial strain on hospital finances due to both supply cost and continued considerable cost of freight. Staff shortages and increased salary expectations, particularly for essential professionally licensed staff, has increased our cost of professional services and increased staff turnover. We have worked to grow revenue sources through increasing skilled nursing and rehab abilities but are still working to increase the volume in these areas.

We continue to advocate on the local, state and federal level for policies and regulations that support healthcare organizations in managing cost and addressing workforce challenges. We are looking for opportunities to partner with other groups to share resources, optimize our supply chain and improve employee retention.

Our long-term care volume has remained stable with an average daily census of 9.2. Emergency and acute hospitalization has stayed stabled as has swing bed usage.

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

**Quality and Process Improvement**

We continue to bolster our quality program and achieved substantial improvements throughout our facility. We take pride in the dedication of our providers and staff who have been instrumental in driving these positive changes. Over the past year, we have successfully implemented several process improvement plans, contributing to our overall enhancement.

- Clinic- revamped clinic services sliding fee scale and payment plan offerings, created new front desk receptionist resource binder
- Human Resources- updated and improved our new employee orientation process
- Finance- review of CCMC services price list and updated as necessary
• Maintenance- successfully implemented new facility wide work order system and air and updated our oral contrast policy and scheduling system
• Lab- rebuilt Quest testing panels and workflow for managing test results, added capacity to in-house labs with new C-reactive protein level option
• LTC improved physician orders billing workflow but linking orders to ICD 10 codes
• Swing bed program/LTC- reviewed, updated and improved existing new patient admission paperwork
• Nursing initiated a joint local volunteer EMS and CCMC RN trauma training and implemented a robust annual education day
• Facility wide- each department optimized their use of our electronic health record system by participating in a week-long assessment, reviewing subsequent report and working with Evident specialists

Consultative services:
Coordination of care with consulting specialists to meet the needs of our residents and our community members.

• Occupational Therapist
• Physical Therapy
• Podiatry
• Speech and Language Pathologist
• Pediatrician
• Orthopedic Surgery

Peer Review
To ensure continuous quality improvement and prioritize patient safety through an educational and objective approach, our peer review process operates in two phases. Internally, peer review is conducted within our organization, while we also engage an external contract peer review service. This dual approach offers an impartial assessment of our care practices, leveraging insights into regional and national care standards, and fostering opportunities for our staff to glean knowledge from other healthcare professionals.

Internally, our review process serves to educate and mentor one another, drawing insights from real clinical cases to understand colleagues' and patients' experiences. We ensure a representative sample by reviewing at least 10% of records, including chart reviews conducted as part of medical staff Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE).
Externally, we have partnered with Washington Hospital Services for peer review services. Each physician undergoes a thorough review of a minimum of eight records annually.

**Services**
Every clinical service affecting health and safety, including contract services, underwent evaluation, with information subsequently provided to the medical staff committee for their review.

Following this assessment, we recognized the necessity to expand, redefine, and establish a process for crisis care management in Cordova. We are actively working on crisis care management and will see changes to this program and CCMC process in 2024.

Additionally, there's a growing interest in augmenting specialist visits in Cordova, particularly in Cardiology and Obstetrics; however, securing specialists in these fields has been challenging.

**Contracted Services**
- Dietician
- Radiology
- Speech and Language Pathologist
- Tele behavioral Health
- Tele neurology

**Policies and Procedures Summary**
The clinical policies were reviewed by the quality management committee which included Hannah Sanders, MD, Curt Bejes, MD Noelle Camerana, FNP, Alexus Allen, RN and Olivia Kelly, RN. Recommendations for changes were submitted for approval.

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

Section 1: Financial

Over the past five years, CCMC has experienced significant fluctuations in our patient volumes. The surge in patient numbers during 2021 and 2022 can be attributed to individuals postponing procedures that could be safely delayed during the pandemic. Following this period of deferred care, we observed a temporary spike in volume. However, as we progressed into the fourth quarter of 2023, our volumes began to align more closely with pre-pandemic levels.

CCMC is working to develop a practice of reviewing our charge master and our cost to provide care on a regular basis. The goal is to ensure we balance keeping costs down to ensure community members can access care while also charging adequately to ensure our charges cover our expenses.

Payor Mix Data

<table>
<thead>
<tr>
<th></th>
<th>Hospital</th>
<th>LTC</th>
<th>Total</th>
<th>Percent by Payor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>$6,934,754</td>
<td>$</td>
<td>$6,934,754</td>
<td>36.83%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>2,372,923</td>
<td>$</td>
<td>5,647,221</td>
<td>29.99%</td>
</tr>
<tr>
<td>Blue Cross</td>
<td>2,484,296</td>
<td>$</td>
<td>2,484,296</td>
<td>13.19%</td>
</tr>
<tr>
<td>Commercial</td>
<td>3,010,252</td>
<td>$</td>
<td>3,010,252</td>
<td>15.99%</td>
</tr>
<tr>
<td>Private Pay</td>
<td>447,935</td>
<td>$304,327</td>
<td>$752,262</td>
<td>4.00%</td>
</tr>
<tr>
<td>Total</td>
<td>15,250,161</td>
<td>$3,578,624</td>
<td>$18,828,785</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Previous Year Comparison

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2023</th>
<th>YOY Variance</th>
<th>YOY %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>$3,930,054</td>
<td>$6,934,754</td>
<td>$3,004,700</td>
<td>76%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$5,930,715</td>
<td>$5,647,221</td>
<td>$283,494</td>
<td>5%</td>
</tr>
<tr>
<td>Commercial</td>
<td>$4,085,687</td>
<td>$6,242,810</td>
<td>$2,157,123</td>
<td>53%</td>
</tr>
<tr>
<td>Charity</td>
<td>$232,198</td>
<td>$234,926</td>
<td>$2,728</td>
<td>1%</td>
</tr>
<tr>
<td>Administrative</td>
<td>$378,787</td>
<td>$324,204.60</td>
<td>$49582.4</td>
<td>13%</td>
</tr>
<tr>
<td>Total</td>
<td>$14,557,440.78</td>
<td>$12,873,787.21</td>
<td>$1,678,653.57</td>
<td>11.5%</td>
</tr>
</tbody>
</table>
Section 2: Volume and Utilization of Services

1. Capacity

We have 13 set-up beds available for inpatient, observation and swing bed patients. We did not exceed more than 12 patients at any time. With recognition that hospital capacity may need to be expanded for emergency response, we have reviewed contingency plans to expand our capacity for any future emergency needs.

2. Volume

Utilization of services was reviewed as outlined in the table below. Overall volume has decreased. In the last 5 years we have seen large fluctuations in volume and hospital utilization. This fluctuation makes projections for future volumes challenging.

<table>
<thead>
<tr>
<th>Volume</th>
<th>Current year</th>
<th>Prior year</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Admits</td>
<td>41</td>
<td>51</td>
<td>19%</td>
</tr>
<tr>
<td>Acute patient days</td>
<td>126</td>
<td>129</td>
<td>3%</td>
</tr>
<tr>
<td>Swing Bed patient days</td>
<td>628</td>
<td>710</td>
<td>12%</td>
</tr>
<tr>
<td>ER visits</td>
<td>758</td>
<td>712</td>
<td>6%</td>
</tr>
</tbody>
</table>

Medical Imaging for x-ray procedures was 853 in 2023 up from 849 in 2022. CCMC completed 290 CT scans in 2023 down from 320 in 2022.

The volume of outpatient visits for laboratory tests has grown since 2019 secondary to increased testing availability for respiratory illness. Current numbers likely reflect a more stable estimate for future testing.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of lab tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023</td>
<td>7,145</td>
</tr>
<tr>
<td>2022</td>
<td>8,294</td>
</tr>
<tr>
<td>2021</td>
<td>10,020</td>
</tr>
<tr>
<td>2020</td>
<td>12,213</td>
</tr>
<tr>
<td>2019</td>
<td>4,332</td>
</tr>
</tbody>
</table>
3. Average Length of Stay

The average length of stay for the year was 62.4 hours. The average for all patients in a 12-month period is less than 96 hours.

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

<table>
<thead>
<tr>
<th>Average Length of Stay</th>
<th>Prior year</th>
<th>Current year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient average length of stay</td>
<td>2.4</td>
<td>2.6</td>
</tr>
<tr>
<td>(days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swing Bed average length of stay</td>
<td>66</td>
<td>27</td>
</tr>
<tr>
<td>(days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation average length of stay</td>
<td>33.6</td>
<td>24</td>
</tr>
<tr>
<td>(hours)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Department Visits</td>
<td>712</td>
<td>758</td>
</tr>
</tbody>
</table>

4. Medical Necessity Reviews

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

Transfers from the Emergency Department have remained essentially the same as the prior year. In 2022 we had 38 transfers which represented 5.4% of the ED visits that we had in the year. In 2023 we had 46 transfers which represented 6% of ED visits.

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

Section 3: Medical Record Review

1. Medical Record Peer Review

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

In 2023 a total of 84 charts were reviewed which is 10% of patient hospital encounters. Most were category A reviews which indicates no error. There were small number of category B reviews, this category indicates an error without any harm or impact on patient outcome or care. Category B cases were reviewed with the provider and education was completed with the medical director and provider.

2. Chart Review

Chart reviews involve both a concurrent and retrospective process as illustrated below. As a result of the medical record reviews for 2023 the following focus areas for improvement were identified:

(1)  Behavioral Health Crisis Care
(2)  Pain Medication usage
(3)  Charge capture in nurse charting
Medical Record Review

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

Documentation reviews by the Quality/utilization nurse:
- History and Physical
- Progress Notes
- Discharge Summary
- Timing and Dating of Orders
- Provider signatures
- Consents
- Blood Utilization
- Medication errors
- Morbidity and Mortality
- Falls
- Infection Rates
- Blood Utilization
- AMAs

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

Section 4: Review of Services

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

1. Nursing
Emergency, med-surg, swing
Volume/Activity: 41 inpatient admissions, 20 Swing Bed Admissions

2. Medical Imaging
CT scan and digital xray services available on outpatient scheduled and also available as 24/7 emergency service.
Volume/Activity: 853 Xray and 290 CT scan radiology studies completed

3. Laboratory
Both in-house testing and outside laboratory services are available.
Volume/Activity: 7,145 studies

4. Rehabilitation
Physical therapist offers a full panel of PT services including inpatient and outpatient rehab services.
Volume/Activity: 4,540 visits
Occupational Therapy offers full panel of services to both inpatient and outpatients.
Volume/Activity: 1,335
Speech Therapy offers services to both inpatients and outpatients on a contracted basis
Volume/Activity: 21

5. Outpatient Clinics
Behavioral Health - Sound Alternatives
Volume: 1225 visits

6. Family medicine clinic: 2,649 visits which includes nurse visits, and provider clinic visits
Currently we offer a full spectrum outpatient family medicine clinic which includes procedures such as biopsy, joint injections, trigger point injections, prenatal care with OB consultation, CDL exams, pediatric and adult wellness.

7. Long Term Care/Skilled Nursing Facility
Continues to provide nursing care to individuals with high needs
Volume/Activity: 10 beds remain at capacity at end of 2023

8. Dietary / Food Service
Patient meals as well as cafeteria and delivered meals for seniors. Volume/Activity: 9,044 LTC Meals, 2320 Hospital, Other meals (includes cafeteria and delivered) 16,350

Satisfaction data is collected from a contract with NRC Health. This group sends after care surveys to patients. In general, our survey response rate is less than 16%. Overall evaluation of the surveys demonstrates overall satisfaction is greater than 71% in key service areas which is significantly lower than CCMC’s satisfaction goal. The low response rate and resulting very small sample size make interpretation of this data challenging. However it does help us identify and improve on key areas that define patient experience, build trust and ensure continuous improvement.
**Section 5: Contract Services**

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

1. Home Sleep Study  
   Contracting Entity: Global Sleep Solutions and Peak Neurology  
   Description/Scope: home sleep studies, with remote Neurologist sleep study review. Very limited use in 2023, likely due to no significant fluctuations in the Cordova population. During the initial years of providing this service it had higher utilization as we were able to reach longstanding undiagnosed sleep apnea.

2. Tele behavioral health and Tele Neuro  
   Contracting Entity: MindCare  
   Description/Scope including any new services or modalities: 
   Volume/Activity: Small, pay per use contract for emergency service. Small monthly fee for equipment rental.

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

4. Radiology  
   Contracting Entity: Alaska Imaging Associates  
   Description/Scope including any new services or modalities: teleradiology reads.  
   Performance Indicator(s): Images are read timely, without concern  
   This service is pay per use.

5. Speech  
   Contracting Entity: Megan Kelley  
   Description: we have contracted a licensed SLP that does initial evaluations in person and follow up care via telemedicine. Additionally, we have a SLPA that assists with follow up care and the tele visits.  
   This service is pay per use.
Section 6: Infection Control

infection control plan available on request and includes:

• Risk Assessment
• Goals / Plan
• Outcomes

Section 7: Performance Improvement

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

2023 Process Improvement Projects:

• Billing- updated and improved our patient statements
• Clinic- updated clinic services sliding fee scale and payment plan offerings, created new front desk receptionist resource binder
• Human Resources- updated and improved our new employee orientation process
• Finance- review of CCMC services price list and updated as necessary
• Maintenance- successfully implemented new facility wide work order system and air filter system checks
• Radiology- reviewed and updated our oral contrast policy and scheduling system
• Lab- rebuilt Quest testing panels and workflow for managing test results, added capacity to in-house labs with new C-reactive protein level option
• LTC improved physician orders billing workflow but linking orders to ICD 10 codes
• Swing bed program/LTC- reviewed, updated and improved existing new patient admission paperwork
• Nursing initiated a joint local volunteer EMS and nursing trauma training and implemented a robust annual education day
• Facility wide- each department optimized their use of our electronic health record system by participating in a week long assessment, reviewing subsequent report and working with Evident specialists
Quality measure reporting and monitoring occurs on the following events:
MRSA Rate
Readmission Rate
Pressure Ulcer Rate
C.difficile (CDI) Rate
CAUTI
DVT Rate prophylaxis rate
Antimicrobial Utilization/Antimicrobial Stewardship
Opioid Prescribing Practices
Adverse Drug Event Rates (ADE’s)
Opioid Related ADE’s
Sepsis
Falls
Healthcare Personnel Covid -19 Vaccination Rate
Healthcare Provider Influenza Vaccination Rate
HCAPS
ED through put Time
ED and inpatient facility transfers
MI and Fibrinolytics use
Stroke to CT Scan
Patient leaving Against Medical Advice (AMA)

Section 8: Policy Review

We utilize a cloud-based software for our policy management. CCMC has 762 active policies. Of these there were 782 policy revisions, many documents had multiple revisions. A committee consisting of department heads, met quarterly to review policies and procedures. Over the twelve-month period, 100% of policies of LTC, Lab and Behavioral policies were reviewed year. Hospital only policies are reviewed at least every other year.

Section 9: Organizational Plans

All organizational plans have been updated during the past year. Each plan was reviewed and approved by senior leadership, board of directors and the medical staff. There were no significant changes. These plans are available for review separately and on request.
1. Quality Plan
2. Infection Control Plan
3. Emergency Operations Plan
Section 10: Survey Readiness

1. State and Federal Hospital Survey

The State of Alaska completed a Long-Term Care Critical Access Hospital survey. On March 25, 2022 we had the state and federal hospital survey and after correcting identified deficiencies, CCMC was found to be in substantial compliance. We had the LTC survey December 2023 and after correction minor deficiencies, CCMC was found to be in substantial compliance.

2. Continuous Survey Readiness

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

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

<table>
<thead>
<tr>
<th></th>
<th>Benchmark</th>
<th>HCAHPS Qtr 4 2023</th>
<th>HCAHPS Qtr 3 2023</th>
<th>HCAHPS Qtr 2 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>NRC Average*</td>
<td>0.0%µ (n=1)</td>
<td>66.7%µ (n=6)</td>
<td>100.0%µ (n=1)</td>
</tr>
<tr>
<td>Overall</td>
<td>NRC Average*</td>
<td>71.6% (n=398,996)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Highest Scores

<table>
<thead>
<tr>
<th>Score Area</th>
<th>NRC Average*</th>
<th>Qtr 4 2023</th>
<th>Qtr 3 2023</th>
<th>Qtr 2 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication About Meds</td>
<td>60.8% (n=242,164)</td>
<td>100.0%µ (n=1)</td>
<td>50.0%µ (n=3)</td>
<td>--</td>
</tr>
<tr>
<td>Discharge Information</td>
<td>87.0% (n=372,897)</td>
<td>100.0%µ (n=1)</td>
<td>62.5%µ (n=4)</td>
<td>0.0%µ (n=1)</td>
</tr>
<tr>
<td>Responsiveness of Hospital Staff</td>
<td>62.7% (n=372,954)</td>
<td>100.0%µ (n=1)</td>
<td>50.0%µ (n=5)</td>
<td>100.0%µ (n=1)</td>
</tr>
<tr>
<td>Communication with Doctors</td>
<td>79.9% (n=403,050)</td>
<td>100.0%µ (n=1)</td>
<td>83.3%µ (n=6)</td>
<td>100.0%µ (n=1)</td>
</tr>
<tr>
<td>Communication with Nurses</td>
<td>79.0% (n=404,324)</td>
<td>100.0%µ (n=1)</td>
<td>72.2%µ (n=6)</td>
<td>100.0%µ (n=1)</td>
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<tr>
<td>Cleanliness / Quietness</td>
<td>63.6% (n=404,336)</td>
<td>0.0%µ (n=1)</td>
<td>66.7%µ (n=6)</td>
<td>50.0%µ (n=1)</td>
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<tr>
<td>Care Transitions</td>
<td>51.9% (n=395,251)</td>
<td>0.0%µ (n=1)</td>
<td>22.2%µ (n=6)</td>
<td>0.0%µ (n=1)</td>
</tr>
<tr>
<td>Overall Rating of Hospital</td>
<td>71.6% (n=398,996)</td>
<td>0.0%µ (n=1)</td>
<td>66.7%µ (n=6)</td>
<td>100.0%µ (n=1)</td>
</tr>
<tr>
<td>Would Recommend Hospital</td>
<td>72.1% (n=396,426)</td>
<td>0.0%µ (n=1)</td>
<td>83.3%µ (n=6)</td>
<td>100.0%µ (n=1)</td>
</tr>
</tbody>
</table>

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### Notes:
- Green - score is equal to or greater than the NRC Average
- Yellow - score is less than the NRC Average, but may not be significantly
- Red - score is significantly less than the NRC Average
- µ - Warning: n-size is low!
- † - Data is not final and subject to change.
- * - Benchmark that is used to determine the color on each line.
- PR=Percentile Rank
Memorandum

To: CCMC Hospital Services Board
Subject: Resolution to Update Authorized Check Signers
Date: 5/02/2024

Due to recent change in Members and Officers on the Board of Directors it is necessary to update the CCMC Authorized Check Signers to reflect those changes.

To remove the following CCMC Board Member as a CCMC authorized check signer:
Board of Director
Christopher Iannazzone

To add the following CCMC Board Member as a CCMC authorized check signer:
Board of Director
Diane Ujioka

The updated list of CCMC authorized check signers will be as follows:

Director of Ancillary Services
Tamara Russin
Facility Manager
Brian Rezek
CAH Director of Nursing
Alexus Allen
Director of Operations
Noelle Camarena

Board of Directors Chair
Kelsey Hayden
Board of Directors Vice-Chair
Liz Senear
Board Treasurer/Secretary
Ann Linville
Board of Director
Diane Ujioka

The following list of CCMC employees are granted Power Seven to gather information and place stop payments on behalf of CCMC if need be:

CEO/Administrator
Dr. Hannah Sanders
Director of Finance
Denna Stavig
AP/Payroll
Ria Beedle

Suggested Motion: “I move to approve the CCMC Hospital Services Board Resolution 2024-01 designating the representatives authorized for signing checks, non-check payroll tax payment, and cash transfers for Cordova Community Medical Center as presented.”
A RESOLUTION OF THE CORDOVA COMMUNITY MEDICAL CENTER HOSPITAL SERVICES BOARD DESIGNATING THE REPRESENTATIVES AUTHORIZED FOR SIGNING CHECKS, NON-CHECK PAYROLL TAX PAYMENT, AND CASH TRANSFERS FOR CORDOVA COMMUNITY MEDICAL CENTER.

WHEREAS, the Cordova Community Medical Center checking accounts for the general fund, payroll fund, grant fund and nursing home patient trust accounts, require two (2) signatures; and

WHEREAS, CCMC investment accounts, funded depreciation accounts, and malpractice trust accounts require the Chief Executive Officer and one (1) Board Officer’s original signatures, and

THEREFORE, BE IT RESOLVED THAT,

1. All checks issued require two signatures; at least one (1) CCMC Hospital Services Board Officer’s signature, and that non-check electronic payments and cash transfers from the general checking account to the payroll checking account should be signed off by at least one Board of Directors officer and another authorized signer.

2. The CCMC Hospital Services Board authorizes the following individuals only to act as check signers on the above-mentioned accounts:

Tamara Russin, Director of Ancillary Services
Alexus Allen, CAH Director of Nursing
Brian Rezek, Facility Manager
Noelle Camarena, Director of Operations

Kelsey Hayden, Board of Directors Chair
Liz Senear, Board of Directors Vice-Chair
Ann Linville, Board of Directors Secretary/Treasurer
Diane Ujioka, Board of Directors Member

PASSED and approved this 30th day of May 2024.
Memorandum

To: CCMC Hospital Services Board
Subject: Delineation of Telemedicine Privileges for Matthew Kluckman, MD
Date: 5/02/2024

Suggested Motion: “I move that the CCMC Hospital Services Board approve Telemedicine Privileges for Matthew Kluckman, MD, Radiologist as presented.”
2/21/2024

Re: Initial Medical Staff Appointment

Dear Matthew L. Kluckman, MD:

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 Affiliate Status of the Medical Staff in the Department of Radiology with clinical privileges as delineated in the attached. This appointment is effective 2/21/2024 through 9/30/2024.

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. 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. The facility Medical Staff Office will contact you in the near future with the facility specific FPPE requirements. It is important to note that it is your responsibility to cooperate with this requirement by scheduling cases and facilitating an effective initial evaluation process.

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.

Clinical Protocols
The Medical Staff leadership is committed to the development and implementation of appropriate evidence-based clinical protocols. All Medical Staff members are expected to constructively participate in the development, review, and revision of clinical protocols pertinent to their clinical specialties, and to comply with adopted protocols or document in the medical record the clinical reasons for variance.

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-Call Responsibilities
Service on the on-call schedule for unassigned patients who present to the ED is a responsibility of all Medical Staff members. The on-call schedule is developed by protocols set forth by Medical Executive Council and the Department Chair. Physicians who are on call are expected to be immediately available by telephone and to respond in person, if so requested, within a reasonable time period, usually 30 minutes. You may perform elective surgery or conduct other patient care services at the hospital while on call, and may be on call at another hospital, provided you arrange for appropriate back-up. In addition, you are responsible for the care of any patient seen while serving on the on-call schedule through the episode that created the emergency medical condition.

Response Time for Your Patients
Our Medical Staff Bylaws require that you (or your designated covering physician) be available to provider timely and continuous care for your patients. As such, just as with your emergency call obligations, you are expected to be immediately available by telephone (or have an appropriate coverage arranged) should any Medical Staff member or nurse need to contact you for guidance or direction with respects to your patients.

Congratulations on your appointment. 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,

Jennifer Opsut
Chief Executive Officer

Enclosures: (1) Delineation of Clinical Privileges
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

~ Healthy People Create a Healthy Community ~
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.

Matthew Kluckman
Practitioner Print

03/18/2024
Date

~ Healthy People Create a Healthy Community ~
PRACTITIONER CREDENTIALING

May 30, 2024

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

RE: Matthew Kluckman, MD Radiologist

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 Matthew Kluckman, MD for privileges at Cordova Community Medical Center.

Sincerely,

Chief of Staff

Date

Chief Executive Officer

Date

~ Healthy People Create a Healthy Community ~
Cordova Community Medical Center
Request for Clinical Privileges

Practitioner Name: Matthew Kluckman, MD

MEDICAL DIRECTOR REVIEW

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

- Approved for Delegated Privileges based on the attached AK Regional Hospital Approval letter
- Approved based on data submitted
- Pertinent results of performance improvement activities
- Clinical judgement and technical skills in performing procedures and treating and managing patients

Recommendation:
- 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:

---

Medical Director Signature: Matthew Kluckman, MD

Date: 26 April 2024 | 5:02 AM AKDT

CCMC BOARD OF AUTHORITY

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

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

---

Board of Authority Chair

Date
Memorandum

To: CCMC Hospital Services Board
Subject: Delineation of TeleNeurology Privileges for Aizaz Hundal, MD
Date: 5/23/2024

Suggested Motion: “I move that the CCMC Hospital Services Board approve TeleNeurology Privileges for Aizaz Hundal, MD as presented.”
3/20/2024

Re: Initial Medical Staff Appointment

Dear Aizaz R. Hundal, MD:

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 Affiliate Status of the Medical Staff in the Department of Medicine with clinical privileges as delineated in the attached. This appointment is effective 3/20/2024 through 12/31/2025.

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.

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Congratulations on your appointment. 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 AKARMedialStaff@hcahealthcare.com or 907-264-1582.

Sincerely,

Jennifer Opsut
Chief Executive Officer

Enclosures: (1) Delineation of Clinical Privileges
Delineation of Privileges

Provider: Aizaz Rashid Hundal, MD
ID: TC000G6AHL

Status: Current
Category: Associate/Affiliate

Privileges for: TeleNeurology Privileges

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Status</th>
<th>Decision By</th>
<th>Original Date</th>
<th>Start Date</th>
<th>End Date</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE PRIVILEGES IN TELENEUROLOGY</td>
<td>Approved</td>
<td>Board of Trustees</td>
<td>03/20/2024</td>
<td>03/20/2024</td>
<td>12/31/2025</td>
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</tr>
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</table>

Evaluate, diagnose, and provide consultation for patients presenting with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and the blood vessels that relate to these structures. May provide care to patients in the emergency department, intensive care settings, and medical/surgical units in accordance with facility policies. May also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in teleneurology include management of the following types of neurological symptoms or conditions, and performance of the following types of consultation and treatment that are extensions of the same techniques and skills.

Teleneurology includes diagnostic evaluation of the following symptoms and neurological emergencies: Stroke, Transient neurological disturbance (e.g., seizures, sleep disorders, and vertigo), Acute or chronic cognitive disturbance (e.g., developmental disability, dyslexia, and dementia), Acute or chronic vocal or diffuse motor disturbance (e.g., gait disturbance, weakness, and urinary or bowel incontinence), Acute or chronic pain (e.g., headache, neck pain, back pain), Sensory disturbance (e.g., peripheral neuropathy, peripheral nerve trauma, tumors), Depressed consciousness, stupor, or coma, Spinal cord injury, Delirium/encephalopathy/delirium tremens, CNS infections, Tumors of the brain and neurological system, Acute head trauma and neck trauma, Spontaneous subarachnoid hemorrhage, Increased intracranial pressure, Sudden vision loss, Neuroleptic malignant syndrome, Management of the following conditions affecting the neurological system.
Delineation of Privileges

Provider: Aizaz Rashid Hundal, MD Cont’d
ID: TC000G6AHL

Status: Current
Category: Associate/Affiliate

Facility Status:

Privileges for: TeleNeurology Privileges Cont’d

<table>
<thead>
<tr>
<th>Privilege</th>
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<th>Decision By</th>
<th>Original Date</th>
<th>Start Date</th>
<th>End Date</th>
<th>Condition</th>
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<tbody>
<tr>
<td>Neuromuscular disorders, Vascular disorders, Epilepsy, Movement disorders, Autonomic disorders</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Teleneurology consultation and treatment includes:
- Obtaining an orderly and detailed history from the patient,
- Conducting a neurological examination to the extent possible via telehealth,
- Determining the indications for and limitations of clinical neurodiagnostic tests,
- Interpreting the clinical neurodiagnostic tests, such as EEGs, results of a lumbar puncture, and EMG,
- Evaluating the results of neuroimaging studies, such as MRI, CT, and neurosonology,
- Correlating the information derived from these neurodiagnostic studies with patient clinical history and examination to formulate a differential diagnosis and management plan,
- Diagnosing a stroke, interpreting neuroimaging studies, and appropriately ordering the administration of IV tPA when indicated, as well as endovascular treatment consultation when indicated,
- Documenting assessments, orders, consultations, reports, progress notes and other aspects of patient care and treatment provided by the teleneurologist in the electronic medical record, in accordance with Hospital policies.
Practitioner Information:

Provider: Aizaz Rashid Hundal, MD
Specialty: Medicine/Neurology
Action: Initial Appointment

Department Chair Review:
I have reviewed the provider’s application file along with supporting documentation including, the requested clinical privileges, National Practitioner Data Bank report, primary source verification of current state licensure, DEA and state registrations, the results of quality assurance activities, practice profile, and health status for the above-name applicant and make the recommendation(s) as indicated:

- Recommend as requested (Follow FPPE requirements).
- Recommend with modifications/conditions below.
- Recommend deferral (requires further review).
- Recommend denial.

Privilege | Condition/Modification/Explanation
---|---
Core Privileges in Teleneurology |  

Notes/Comments:

Recommend approval from 3/20/2024 to 12/31/2025, based on the DOB synchronization policy

<table>
<thead>
<tr>
<th>Committee</th>
<th>Action as indicated in Minutes of Meeting</th>
<th>Meeting Date</th>
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<tr>
<td>Credentials Committee</td>
<td>Recommend as requested.</td>
<td>3/14/2024</td>
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TELEMEDICINE PRIVILEGES (Delegated)

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

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

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

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

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

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

CCMC’s peer review committee will maintain evidence of its internal peer review of the distant site hospital. CCMC’s peer review committee will send information related to all adverse events that result from the telemedicine services provided by the distant site hospital or distant site telemedicine entity practitioner to a Hospital patient and all complaints the
Hospital has received about a distant site hospital or distant site telemedicine entity practitioner. Any information exchanged between the Hospital and a distant site hospital or distant site telemedicine entity in connection with a distant site hospital or distant site telemedicine entity practitioner's credentialing or performance will be handled by the CCMC's peer review committee.

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

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

Acknowledgement of Practitioner

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

Signed: ________________________________ Date: 05/07/2024

Print: Aizaz Hundal MD
PRACTITIONER CREDENTIALING

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

RE:

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 for privileges at Cordova Community Medical Center.

Sincerely,

Chief of Staff

Date

Chief Executive Officer

Date

~ Healthy People Create a Healthy Community ~
DATE: 5.30.2024

RE: TeleNeuro Privileges for Aizaz Hundal, MD

TO: Cordova Community Medical Center Authority Board

Medical Staff Recommendation & Confirmation

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

Medical Staff has:

\[ \frac{3}{4} \) conducted its own full review of credentials of the added Physicians.

\[ \frac{1}{4} \) relied upon the decisions of Telemedicine Entity.

Issuance of Privileges

Effective the date signed below, CCMC governing body has issued the added Physicians the same privileges shown on the Physician’s Delineation of Privileges received from Telemedicine Entity.

Authorized Governing Body Representative

Date

Print Name

Title
Memorandum

To: CCMC Hospital Services Board
Subject: Delineation of TeleNeurology Privileges for Jayesh Patel, DO
Date: 5/23/2024

Suggested Motion: “I move that the CCMC Hospital Services Board approve TeleNeurology Privileges for Jayesh Patel, DO as presented.”
3/20/2024

Re: Initial Medical Staff Appointment

Dear Jayesh P. Patel, DO:

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 Affiliate Status of the Medical Staff in the Department of Medicine with clinical privileges as delineated in the attached. This appointment is effective 3/20/2024 through 5/31/2025.

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. 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. The facility Medical Staff Office will contact you in the near future with the facility specific FPPE requirements. It is important to note that it is your responsibility to cooperate with this requirement by scheduling cases and facilitating an effective initial evaluation process.

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.

**Clinical Protocols**
The Medical Staff leadership is committed to the development and implementation of appropriate evidence-based clinical protocols. All Medical Staff members are expected to constructively participate in the development, review, and revision of clinical protocols pertinent to their clinical specialties, and to comply with adopted protocols or document in the medical record the clinical reasons for variance.

**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-Call Responsibilities**
Service on the on-call schedule for unassigned patients who present to the ED is a responsibility of all Medical Staff members. The on-call schedule is developed by protocols set forth by Medical Executive Council and the Department Chair. Physicians who are on call are expected to be immediately available by telephone and to respond in person, if so requested, within a reasonable time period, usually 30 minutes. You may perform elective surgery or conduct other patient care services at the hospital while on call, and may be on call at another hospital, provided you arrange for appropriate back-up. In addition, you are responsible for the care of any patient seen while serving on the on-call schedule through the episode that created the emergency medical condition.

**Response Time for Your Patients**
Our Medical Staff Bylaws require that you (or your designated covering physician) be available to provider timely and continuous care for your patients. As such, just as with your emergency call obligations, you are expected to be immediately available by telephone (or have an appropriate coverage arranged) should any Medical Staff member or nurse need to contact you for guidance or direction with respects to your patients.

Congratulations on your appointment. 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,

[Signature]

[Name]
Chief Executive Officer

Enclosures: (1) Delineation of Clinical Privileges
## Delineation of Privileges

**Provider:** Jayesh P Patel, DO  
**ID:** TC000FQGLF  
**Status:** Current  
**Category:** Associate/Affiliate  

### TeleNeurology Privileges

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Status</th>
<th>Decision By</th>
<th>Original Date</th>
<th>Start Date</th>
<th>End Date</th>
<th>Condition</th>
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<tbody>
<tr>
<td>CORE PRIVILEGES IN TELENEUROLOGY</td>
<td>Approved</td>
<td>Board of Trustees</td>
<td>03/20/2024</td>
<td>03/20/2024</td>
<td>05/31/2025</td>
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*Evaluated, diagnose, and provide consultation for patients presenting with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and the blood vessels that relate to these structures. May provide care to patients in the emergency department intensive care settings, and medical/surgical units in accordance with facility policies. May also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in teleneurology include management of the following types of neurological symptoms or conditions, and performance of the following types of consultation and treatment that are extensions of the same techniques and skills.

Teleneurology includes diagnostic evaluation of the following symptoms and neurological emergencies:

- **Stroke**, Transient neurological disturbance (e.g., seizures, sleep disorders, and vertigo), Acute or chronic cognitive disturbance (e.g., developmental disability, dyslexia, and dementia), Acute or chronic vocal or diffuse motor disturbance (e.g., gait disturbance, weakness, and urinary or bowel incontinence), Acute or chronic pain (e.g., headache, neck pain, back pain), Sensory disturbance (e.g., peripheral neuropathy, peripheral nerve trauma, tumors), Depressed consciousness, stupor, or coma, Spinal cord injury, Delirium/encephalopathy/delirium tremens, CNS infections, Tumors of the brain and neurological system, Acute head trauma and neck trauma, Spontaneous subarachnoid hemorrhage, Increased intracranial pressure, Sudden vision loss, Neuroleptic malignant syndrome, Management of the following conditions affecting the neurological system.*
Delineation of Privileges

Provider: Jayesh P Patel, DO Cont’d
ID: TC000FQGLF
Status: Current
Category: Associate/Affiliate
Facility Status:

Privileges for: TeleNeurology Privileges Cont’d

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<td>Neuromuscular disorders, Vascular disorders, Epilepsy, Movement disorders, Autonomic disorders</td>
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<td>Teleneurology consultation and treatment includes: Obtaining an orderly and detailed history from the patient, Conducting a neurological examination to the extent possible via telehealth, Determining the indications for and limitations of clinical neurodiagnostic tests, Interpreting the clinical neurodiagnostic tests, such as EEGs, results of a lumbar puncture, and EMG, Evaluating the results of neuroimaging studies, such as MRI, CT, and neurosonology, Correlating the information derived from these neurodiagnostic studies with patient clinical history and examination to formulate a differential diagnosis and management plan, Diagnosing a stroke, interpreting neuroimaging studies, and appropriately ordering the administration of IV tPA when indicated, as well as endovascular treatment consultation when indicated, Documenting assessments, orders, consultations, reports, progress notes and other aspects of patient care and treatment provided by the teleneurologist in the electronic medical record, in accordance with Hospital policies.</td>
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**Practitioner Information:**

Provider: Jayesh P Patel, DO  
Specialty: Medicine/Neurology  
Action: Initial Appointment

**Department Chair Review:**

I have reviewed the provider’s application file along with supporting documentation including, the requested clinical privileges, National Practitioner Data Bank report, primary source verification of current state licensure, DEA and state registrations, the results of quality assurance activities, practice profile, and health status for the above-name applicant and make the recommendation(s) as indicated:

- [x] Recommend as requested (Follow FPPE requirements).
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**Notes/Comments:**  
Recommend approval from 3/20/2024 to 05/31/2025, based on the DOB synchronization policy

**Department Chair**  
Printed Name: Katherine B. Merry, MD  
Signature: [Signature Image]

**Committee**  
Action as indicated in Minutes of Meeting  
Meeting Date

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TELEMEDICINE PRIVILEGES (Delegated)

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

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

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

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

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

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

CCMC’s peer review committee will maintain evidence of its internal peer review of the distant site hospital. CCMC’s peer review committee will send information related to all adverse events that result from the telemedicine services provided by the distant site hospital or distant site telemedicine entity practitioner to a Hospital patient and all complaints the
Hospital has received about a distant site hospital or distant site telemedicine entity practitioner. Any information exchanged between the Hospital and a distant site hospital or distant site telemedicine entity in connection with a distant site hospital or distant site telemedicine entity practitioner's credentialing or performance will be handled by the CCMC’s peer review committee.

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

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

Acknowledgement of Practitioner

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

Signed: Jayeh Patel DO

Date: 05/10/2024

Print: Jayeh Patel DO
PRACTITIONER CREDENTIALING

May 30, 2024

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

RE: Jayesh Patel, 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 Jayesh Patel, DO for privileges at Cordova Community Medical Center.

Sincerely,

Chief of Staff

Date

Chief Executive Officer

Date

~ Healthy People Create a Healthy Community ~
DATE: May 30, 2024

RE: Jayesh Patel, DO TeleNeuro Priv

TO: Cordova Community Medical Center Authority Board

Medical Staff Recommendation & Confirmation

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

Medical Staff has:

\[
\text{☐} \quad \text{conducted its own full review of credentials of the added Physicians.}
\]
\[
\text{☐} \quad \text{relied upon the decisions of Telemedicine Entity.}
\]

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

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

Authorized Representative of Cordova Community Medical Center
Hannah Sanders, MD CEO
Chief Executive Officer
Date

Issuance of Privileges
Effective the date signed below, CCMC governing body has issued the added Physicians the same privileges shown on the Physician’s Delineation of Privileges received from Telemedicine Entity.

Authorized Governing Body Representative
Date

Print Name
Title

~ Healthy People Create a Healthy Community ~
June 2024

- Sun
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- Sat

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CCMC Board Meeting
12PM

May 2024

Jul 2024