HOSPITAL SERVICES BOARD AGENDA
Thursday, July 25, 2024 at 12:00pm
In-Person - Hybrid

<table>
<thead>
<tr>
<th>Board</th>
<th>exp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelsey Hayden</td>
<td>3/26</td>
</tr>
<tr>
<td>Liz Senear</td>
<td>3/27</td>
</tr>
<tr>
<td>Ann Linville</td>
<td>3/25</td>
</tr>
<tr>
<td>Diane Ujioka</td>
<td>3/27</td>
</tr>
<tr>
<td>VACANT</td>
<td>3/26</td>
</tr>
</tbody>
</table>

CEO
Hannah Sanders, M.D.

OPENING: Call to Order
Roll Call – Kelsey Hayden, Liz Senear, Ann Linville, and Diane Ujioka.

Establishment of a Quorum

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS
   (Speaker must give name and agenda item to which they are addressing)
   1. Audience Comments (limited to 3 minutes per speaker)
   2. Guest Speaker

B. BOARD DEVELOPMENT - None
C. CONFLICT OF INTEREST
D. APPROVAL OF AGENDA
E. APPROVAL OF MINUTES
   1. June 27, 2024 Meeting Minutes Pgs 1-2
F. REPORTS OF OFFICERS OR ADVISORS
   1. Board Chair Report
   2. CEO Report Pg 3
   3. Director of Finance Report Pgs 4-10
   4. Medical Director Quarterly Report Pg 11
   5. Ancillary Services Quarterly Report Pgs 12
   6. Nursing Department Quarterly Report Pgs 13
   7. Quality Quarterly Report Pgs
   8. Sound Alternatives Quarterly Report Pgs
G. DISCUSSION ITEM - None
H. ACTION ITEM
   1. Vacant CCMC Board Appointment Pg 14
   2. Delineation of Telemedicine Privileges for Suman Kaza, MD Pg 15-22
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 MEMBER COMMENTS
K. EXECUTIVE SESSION
L. ADJOURNMENT

This Hospital Services Board meeting will be in person and via ZOOM

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

Meeting ID: 467 570 1050 Passcode: 379187

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

*Executive Session: Subjects that may be considered in executive session are: 1) Matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; 2) Subjects that tend to prejudice the reputation and character of any person, provided that the person may request a public discussion; 3) Matters which by law, municipal charter, or ordinance are required to be confidential; 4) Matters involving consideration of governmental records that by law are not subject to public disclosure; 5) Direction to an attorney or labor negotiator regarding the handling of specific legal matters or labor negotiations.
CALL TO ORDER AND ROLL CALL –
Kelsey Hayden called the Board Meeting to order at 12:05pm.
Board members present: Kelsey Hayden, Ann Linville, Diane Ujioka and Liz Senear.

Quorum was established. 4 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Denna Stavig, Director of Finance; Alexus Allen, CAH Director of Nursing; 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/Ujioka S/Linville “I move to approve the agenda.”
   4 yeas, 0 nay, 0 absent; Motion passed.

E. APPROVAL OF MINUTES ~ None

F. REPORTS OF OFFICERS and ADVISORS
   1. Board Chair report – Kelsey Hayden reported ongoing check-ins with the CEO and is encouraging a few candidates to apply for the Youth Programs Coordinator position.
   2. CEO Report – Dr. Sanders noted her written report is in the packet. We have several vacancies, including the Youth Coordinator position, and are updating our website with job descriptions and salaries to aid recruitment. Please refer potential candidates to our website or Facebook page.
   3. Director of Finance Report – Denna Stavig reported positive financials for the month. A large adjustment from our Contractual Allowance and a decrease in aging accounts contributed to this. Cash levels remain steady. Financials are included in the packet.

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS
   1. CCMC Medical Staff Bylaws Approval
      M/Linville S/Senear “I move that the CCMC Hospital Services Board approve the CCMC Medical Staff Bylaws, as presented.”
      Voice Vote on Motion
      Linville – yes, Senear – yes, Ujioka – yes, and Hayden – yes.
4 yeas, 0 nay, 0 absent; Motion passed.

2. Vacant CCMC Board Seat appointment
   M/Linville S/Ujioka “I move that the CCMC Hospital Services Board appoint Shelly Kocan to fill the vacant seat on the Board until the next City of Cordova elections.”

   M/Linville S/Senear “I move that the CCMC Hospital Services Board table the decision to appoint Shelly Kocan until we have more information.”
   **Voice Vote on Motion to table**
   Senear – yes, Linville – yes, Ujioka – yes, and Hayden – yes.
   4 yeas, 0 nay, 0 absent; Motion passed.

3. Delineation of Privileges for Andrew Ferguson, MD
   M/Linville S/Ujioka “I move that the CCMC Hospital Services Board approve TeleNeuroHospitalist Privileges for Andrew Ferguson, MD as presented.”
   **Voice Vote on Motion**
   4 yeas, 0 nay, 0 absent; Motion passed.

I. AUDIENCE PARTICIPATION  ~ None
J. BOARD MEMBERS COMMENTS
   Senear  ~ Nothing from me, I’m in an airport waiting room.
   Linville  ~ Good job on the financials, I’m happy to hear that we’re holding steady and that we’re doing good on the cash, good job. I did like the comment about Pride Week in the CEO Report, I really didn’t get to attend much, but I heard about it.
   Hayden  ~ Glad to see more positive financials this month, and hoping that continues. And definitely hats off to Erin and Melanie, great people in the community and glad that they’re spearheading Pride Week again. Hopefully we can get Shelly on the Board.
   Ujioka  ~ Happy to be here, and I’m not travelling so I got to stay connected the whole time. It’s always amazing everything that’s going on to keep CCMC going. I appreciate everybody’s efforts to keep the ball rolling.
K. EXECUTIVE SESSION  ~ None
L. ADJOURNMENT
   M/Ujioka S/Linville “I move to adjourn”

   Kelsey Hayden declared the meeting adjourned 12:21pm.

Prepared by: Faith Wheeler-Jeppson
July has been a month of strategic adjustments and cautious optimism for Cordova Community Medical Center (CCMC). We continue to face challenges related to low patient volumes and financial constraints.

**Hospital/ER:**

Despite low patient volumes, our Emergency Room and hospital staff continue to deliver high-quality care. We are holding off on expanding swing/inpatient nurse coverage due to budget constraints and low patient volumes. We continue to actively recruit full-time ER and LTC nurses.

**Long-Term Care (LTC):**

Our long-term care facility continues to have available beds. Ying Masolini, who leads our LTC activates, helped our LTC residents host kids’ games at the 4th of July celebration while CCMC celebrated with a LTC resident and staff BBQ. Ying, as well as the rest of CCMC LTC staff do an excellent job of creating a stimulating and positive environment for our residents.

**Clinic:**

The clinic remains steady with outpatient visits. Priority areas include preventative care, assisting with specialty clinics

**Sound Alternatives:**

Sound Alternatives continues to excel in promoting healthy lifestyles and providing behavioral health support. However, we continue to experience staff turnover and rely on travelers in this department. The challenges of maintaining a community behavioral health center, which requires specific intake and regulatory documentation, have impacted our ability to retain clinicians and recruit from our traveler staff.

**Collaboration and Community Health:**

CCMC is actively working towards collaboration with Ilanka. We continue to support the concept of a single healthcare entity in Cordova. This approach aims to mitigate competition and ensure a sustainable future for healthcare in our small community.

**Marketing and Community Outreach:**

Developing a marketing campaign focused on educating the community about our services. We are particularly highlighting two areas which are post-acute hospitalization rehabilitation services in our swing beds and outpatient infusion therapy. Goal is to educate Cordova residents regarding what is available locally. We hope to encourage individuals to obtain services locally rather than travel to Anchorage.
### Cordova Community Medical Center Statistics

<table>
<thead>
<tr>
<th>Days per Month</th>
<th>FY 2024</th>
<th>FY 2023</th>
<th>FY 2022</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavioral Hlth Visits</strong></td>
<td>205</td>
<td>188</td>
<td>196</td>
<td>188</td>
</tr>
<tr>
<td><strong>CCMC Clinic Visits</strong></td>
<td>38</td>
<td>27</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td><strong>X-Ray Procedures</strong></td>
<td>513</td>
<td>526</td>
<td>503</td>
<td>778</td>
</tr>
<tr>
<td><strong>Lab Tests</strong></td>
<td>121</td>
<td>56</td>
<td>79</td>
<td>86</td>
</tr>
<tr>
<td><strong>ER Visits</strong></td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td><strong>CT Procedures</strong></td>
<td>24</td>
<td>27</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td><strong>CCMC LTC Avg. Census</strong></td>
<td>309</td>
<td>290</td>
<td>270</td>
<td>262</td>
</tr>
<tr>
<td><strong>SWB Patient Days</strong></td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>CCMC LTC Admits</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>OT Procedures</strong></td>
<td>58</td>
<td>44</td>
<td>37</td>
<td>39</td>
</tr>
<tr>
<td><strong>SWB Admits</strong></td>
<td>15</td>
<td>11</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>CCMC LTC Resident Days</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>ERB Patient Days</strong></td>
<td>37</td>
<td>30</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td><strong>OT Procedures</strong></td>
<td>327</td>
<td>496</td>
<td>646</td>
<td>372</td>
</tr>
<tr>
<td><strong>X-Ray Procedures</strong></td>
<td>48</td>
<td>30</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td><strong>CT Procedures</strong></td>
<td>25</td>
<td>23</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td><strong>CCMC Clinic Visits</strong></td>
<td>134</td>
<td>161</td>
<td>157</td>
<td>188</td>
</tr>
<tr>
<td><strong>X-Ray Procedures</strong></td>
<td>85</td>
<td>62</td>
<td>65</td>
<td>74</td>
</tr>
<tr>
<td><strong>CT Procedures</strong></td>
<td>125</td>
<td>134</td>
<td>161</td>
<td>157</td>
</tr>
</tbody>
</table>

### Fiscal Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY 2021</strong></td>
<td>13</td>
<td>32</td>
<td>22</td>
<td>17</td>
<td>22</td>
<td>1.6</td>
<td>2.4</td>
<td>3.3</td>
<td>5.6</td>
<td>4.3</td>
<td>1.4</td>
<td>2.6</td>
<td>281</td>
</tr>
<tr>
<td><strong>FY 2022</strong></td>
<td>1.6</td>
<td>3.3</td>
<td>2.8</td>
<td>2.1</td>
<td>1.5</td>
<td>1.9</td>
<td>3.5</td>
<td>3.5</td>
<td>3.9</td>
<td>0.5</td>
<td>1.0</td>
<td>2.1</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>FY 2023</strong></td>
<td>2.5</td>
<td>1.3</td>
<td>2.3</td>
<td>3.6</td>
<td>2.0</td>
<td>0.5</td>
<td>1.1</td>
<td>0.5</td>
<td>2.3</td>
<td>2.7</td>
<td>2.9</td>
<td>2.9</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>FY 2024</strong></td>
<td>1.4</td>
<td>1.4</td>
<td>1.4</td>
<td>0.6</td>
<td>1.5</td>
<td>1.3</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.7</td>
</tr>
</tbody>
</table>

### Data Analysis
- **Behavioral Health Visits** have shown a steady increase from FY 2021 to FY 2024.
- **CCMC Clinic Visits** have remained relatively consistent across the years.
- **X-Ray Procedures** peaked in FY 2023, indicating a potential increase in diagnostic needs.
- **ER Visits** have remained stable over the years.
- **OT Procedures** have shown a notable increase from FY 2021 to FY 2024.
- **CCMC LTC Average Census** and **Resident Days** have demonstrated a steady trend.
- **SWB Patient Days** and **Admits** have shown fluctuations, with **X-Ray Procedures** and **CT Procedures** showing significant variability.
## CORDOVA COMMUNITY MEDICAL CENTER
### OPERATING/INCOME STATEMENT
07/18/24  02:31 PM
FOR THE 6 MONTHS ENDING 06/30/24

<table>
<thead>
<tr>
<th></th>
<th>Single Month</th>
<th>Year To Date</th>
<th>$ Variance</th>
<th>% Var</th>
<th>Actual</th>
<th>Budget</th>
<th>$ Variance</th>
<th>% Var</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>191,675</td>
<td>173,411</td>
<td>18,264</td>
<td>10</td>
<td>738,381</td>
<td>846,565</td>
<td>(108,184)</td>
<td>(12)</td>
</tr>
<tr>
<td>Swing Bed</td>
<td>70,564</td>
<td>33,631</td>
<td>36,933</td>
<td>109</td>
<td>1,305,752</td>
<td>1,788,949</td>
<td>(483,197)</td>
<td>(27)</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>372,862</td>
<td>451,710</td>
<td>(78,848)</td>
<td>(17)</td>
<td>2,788,469</td>
<td>2,986,396</td>
<td>(197,927)</td>
<td>(6)</td>
</tr>
<tr>
<td>Clinic</td>
<td>99,701</td>
<td>125,758</td>
<td>(26,056)</td>
<td>(20)</td>
<td>616,049</td>
<td>623,069</td>
<td>(7,019)</td>
<td>(1)</td>
</tr>
<tr>
<td>Ancillary Depts</td>
<td>260,835</td>
<td>296,262</td>
<td>(35,426)</td>
<td>(11)</td>
<td>1,305,752</td>
<td>1,788,949</td>
<td>(483,197)</td>
<td>(27)</td>
</tr>
<tr>
<td>Emergency Depart</td>
<td>13,885</td>
<td>22,484</td>
<td>(8,599)</td>
<td>(38)</td>
<td>147,384</td>
<td>151,545</td>
<td>(4,161)</td>
<td>(2)</td>
</tr>
<tr>
<td>Retail Pharmacy</td>
<td>168,512</td>
<td>134,307</td>
<td>34,205</td>
<td>25</td>
<td>970,776</td>
<td>751,638 (219,138)</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td><strong>PATIENT SERVIC</strong></td>
<td>1,622,673</td>
<td>1,819,036</td>
<td>(196,363)</td>
<td>(10)</td>
<td>10,024,743</td>
<td>11,107,433</td>
<td>(1,082,689)</td>
<td>(9)</td>
</tr>
<tr>
<td><strong>DEDUCTIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charity</td>
<td>299</td>
<td>10,513</td>
<td>10,213</td>
<td>97</td>
<td>20,219</td>
<td>49,523</td>
<td>(29,303)</td>
<td>59</td>
</tr>
<tr>
<td>Contractual Adj</td>
<td>464,127</td>
<td>174,299</td>
<td>(289,828)</td>
<td>(166)</td>
<td>2,661,498</td>
<td>2,574,035</td>
<td>(87,462)</td>
<td>(3)</td>
</tr>
<tr>
<td>Administrative A</td>
<td>9,424</td>
<td>14,444</td>
<td>5,020</td>
<td>34</td>
<td>86,890</td>
<td>65,243 (21,646)</td>
<td>(33)</td>
<td></td>
</tr>
<tr>
<td>Bad Debt</td>
<td>120,761</td>
<td>352,000</td>
<td>231,238</td>
<td>65</td>
<td>385,243</td>
<td>292,000 (93,243)</td>
<td>(31)</td>
<td></td>
</tr>
<tr>
<td><strong>DEDUCTIONS TOT</strong></td>
<td>594,612</td>
<td>551,256</td>
<td>(43,355)</td>
<td>(7)</td>
<td>3,153,851</td>
<td>2,980,802 (173,048)</td>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td><strong>COST RECOVERIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>1,195</td>
<td>0</td>
<td>1,195</td>
<td>0</td>
<td>325,921</td>
<td>258,965 (66,955)</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>In-Kind Contrib</td>
<td>16,662</td>
<td>16,662</td>
<td>0</td>
<td>0</td>
<td>99,975</td>
<td>99,975</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>7,229</td>
<td>12,293</td>
<td>(5,064)</td>
<td>(41)</td>
<td>66,921</td>
<td>50,989 (15,931)</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>1,053,148</td>
<td>1,296,736</td>
<td>(243,588)</td>
<td>(18)</td>
<td>7,363,710</td>
<td>8,536,561</td>
<td>(1,172,851)</td>
<td>(13)</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages</td>
<td>468,909</td>
<td>538,843</td>
<td>69,934</td>
<td>12</td>
<td>2,952,015</td>
<td>3,289,644</td>
<td>(337,628)</td>
<td>10</td>
</tr>
<tr>
<td>Taxes &amp; Benefits</td>
<td>246,585</td>
<td>360,858</td>
<td>114,272</td>
<td>31</td>
<td>1,802,734</td>
<td>1,933,519</td>
<td>(136,785)</td>
<td>7</td>
</tr>
<tr>
<td>Professional Ser</td>
<td>199,000</td>
<td>193,659</td>
<td>(5,341)</td>
<td>(2)</td>
<td>1,361,298</td>
<td>1,169,513 (191,784)</td>
<td>(16)</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>184,361</td>
<td>232,046</td>
<td>47,684</td>
<td>20</td>
<td>1,039,528</td>
<td>1,079,823</td>
<td>(40,294)</td>
<td>3</td>
</tr>
<tr>
<td>Minor Equipment</td>
<td>1,423</td>
<td>1,538</td>
<td>114</td>
<td>7</td>
<td>16,142</td>
<td>23,646</td>
<td>7,504</td>
<td>31</td>
</tr>
<tr>
<td>Repairs &amp; Maint</td>
<td>40,287</td>
<td>12,876</td>
<td>(27,410)</td>
<td>(212)</td>
<td>93,595</td>
<td>99,181</td>
<td>5,585</td>
<td>5</td>
</tr>
<tr>
<td>Rents &amp; Leases</td>
<td>11,464</td>
<td>9,071</td>
<td>(2,392)</td>
<td>(26)</td>
<td>70,202</td>
<td>76,378</td>
<td>6,176</td>
<td>8</td>
</tr>
<tr>
<td>Utilities</td>
<td>53,169</td>
<td>44,116</td>
<td>(9,053)</td>
<td>(20)</td>
<td>297,639</td>
<td>317,517</td>
<td>19,125</td>
<td>6</td>
</tr>
<tr>
<td>Travel &amp; Trainin</td>
<td>7,156</td>
<td>6,718</td>
<td>(438)</td>
<td>(6)</td>
<td>47,213</td>
<td>42,283 (4,929)</td>
<td>(11)</td>
<td></td>
</tr>
<tr>
<td>Insurances</td>
<td>21,050</td>
<td>20,882</td>
<td>(167)</td>
<td>(0)</td>
<td>122,847</td>
<td>126,549</td>
<td>3,701</td>
<td>2</td>
</tr>
<tr>
<td>Recruit &amp; Reloca</td>
<td>1,093</td>
<td>1,243</td>
<td>150</td>
<td>12</td>
<td>1,578</td>
<td>5,283</td>
<td>3,704</td>
<td>70</td>
</tr>
<tr>
<td>Depreciation</td>
<td>50,047</td>
<td>41,692</td>
<td>(8,355)</td>
<td>(20)</td>
<td>277,322</td>
<td>250,152 (27,170)</td>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td>Other Expenses</td>
<td>11,202</td>
<td>11,182</td>
<td>(19)</td>
<td>(0)</td>
<td>100,637</td>
<td>100,480 (156)</td>
<td>(0)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>1,295,753</td>
<td>1,474,730</td>
<td>178,977</td>
<td>12</td>
<td>8,182,757</td>
<td>8,519,976</td>
<td>337,218</td>
<td>3</td>
</tr>
</tbody>
</table>

| Operating Income       | (242,604)    | (177,993)    | (64,611)   | (36)  | (819,047) | 16,585 | (835,632) | (5038) |
| Net Income             | (242,604)    | (177,993)    | (64,611)   | (36)  | (819,047) | 16,585 | (835,632) | (5038) |
## Balance Sheet

For the Month Ending: 06/30/24

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
<th>Prior Year</th>
<th>Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CASH</td>
<td>2,324,992</td>
<td>1,509,543</td>
<td>815,449</td>
</tr>
<tr>
<td>Net Account Receivable</td>
<td>1,912,198</td>
<td>2,929,707</td>
<td>(1,017,508)</td>
</tr>
<tr>
<td>Third Party Receivable</td>
<td>(736,657)</td>
<td>5,479</td>
<td>(742,136)</td>
</tr>
<tr>
<td>Clearing Accounts</td>
<td>79,960</td>
<td>(256)</td>
<td>80,216</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>78,237</td>
<td>217,643</td>
<td>(139,405)</td>
</tr>
<tr>
<td>Inventory</td>
<td>553,066</td>
<td>470,278</td>
<td>82,788</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>4,211,798</td>
<td>5,132,394</td>
<td>(920,596)</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>10,125,159</td>
<td>9,625,416</td>
<td>499,742</td>
</tr>
<tr>
<td>Construction in Progress</td>
<td>18,843</td>
<td>4,038</td>
<td>14,805</td>
</tr>
<tr>
<td><strong>SUBTOTAL PP&amp;E</strong></td>
<td>18,932,902</td>
<td>18,418,354</td>
<td>514,547</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>(14,950,860)</td>
<td>(14,417,458)</td>
<td>(533,402)</td>
</tr>
<tr>
<td><strong>TOTAL PROPERTY &amp; EQUIPMENT</strong></td>
<td>3,982,041</td>
<td>4,000,896</td>
<td>(18,854)</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>(97,500)</td>
<td>(82,500)</td>
<td>(15,000)</td>
</tr>
<tr>
<td>Pers Deferred Outflow</td>
<td>949,242</td>
<td>1,037,998</td>
<td>(88,756)</td>
</tr>
<tr>
<td><strong>TOTAL OTHER ASSETS</strong></td>
<td>1,001,742</td>
<td>1,037,998</td>
<td>(36,256)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>9,195,582</td>
<td>10,238,789</td>
<td>(1,043,207)</td>
</tr>
</tbody>
</table>
CORDOVA COMMUNITY MEDICAL CENTER
07/18/24  02:31 PM
BALANCE SHEET
FOR THE MONTH ENDING: 06/30/24

<table>
<thead>
<tr>
<th>LIABILITIES AND FUND BALANCE</th>
<th>Current Year</th>
<th>Prior Year</th>
<th>Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT LIABILITIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCOUNTS PAYABLE</td>
<td>528,198</td>
<td>218,663</td>
<td>309,535</td>
</tr>
<tr>
<td>PAYROLL &amp; RELATED LIABILITIES</td>
<td>636,959</td>
<td>585,947</td>
<td>51,012</td>
</tr>
<tr>
<td>INTEREST &amp; OTHER PAYABLES</td>
<td>7,711</td>
<td>7,175</td>
<td>536</td>
</tr>
<tr>
<td>LONG TERM DEBT - CITY</td>
<td>5,466,458</td>
<td>5,466,458</td>
<td></td>
</tr>
<tr>
<td>OTHER CURRENT LONG TERM DEBT</td>
<td>400,943</td>
<td>18,485</td>
<td>382,457</td>
</tr>
<tr>
<td>TOTAL CURRENT LIABILITIES</td>
<td>7,040,272</td>
<td>6,296,730</td>
<td>743,541</td>
</tr>
<tr>
<td>LONG TERM LIABILITIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NET PENSION LIABILITY</td>
<td>8,625,106</td>
<td>8,148,107</td>
<td>476,999</td>
</tr>
<tr>
<td>TOTAL LONG TERM LIABILITIES</td>
<td>8,625,106</td>
<td>8,148,107</td>
<td>476,999</td>
</tr>
<tr>
<td>DEFERRED INFLOWS OF RESOURCES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PENSION DEFERRED INFLOW</td>
<td>(3,759,735)</td>
<td>(2,907,065)</td>
<td>(852,670)</td>
</tr>
<tr>
<td>TOTAL DEFERRED INFLOWS</td>
<td>(3,759,735)</td>
<td>(2,907,065)</td>
<td>(852,670)</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>11,905,643</td>
<td>11,537,772</td>
<td>367,870</td>
</tr>
<tr>
<td>NET POSITION (EQUITY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNRESTRICTED FUND BALANCE</td>
<td>(1,909,527)</td>
<td>(1,937,496)</td>
<td>27,968</td>
</tr>
<tr>
<td>TEMPOARY RESTRICTED FUND BALANCE</td>
<td>18,513</td>
<td>18,513</td>
<td></td>
</tr>
<tr>
<td>CURRENT YEAR NET INCOME</td>
<td>(819,047)</td>
<td>619,999</td>
<td>(1,439,046)</td>
</tr>
<tr>
<td>TOTAL NET POSITION</td>
<td>(2,710,060)</td>
<td>(1,298,983)</td>
<td>(1,411,077)</td>
</tr>
<tr>
<td>TOTAL LIABILITIES &amp; NET POSITION</td>
<td>9,195,582</td>
<td>10,238,789</td>
<td>(1,043,207)</td>
</tr>
</tbody>
</table>

---

ACCOUNTS PAYABLE: $528,198 compared to $218,663 in the prior year, an increase of $309,535.

PAYROLL & RELATED LIABILITIES: $636,959 compared to $585,947 in the prior year, an increase of $51,012.

INTEREST & OTHER PAYABLES: $7,711 compared to $7,175 in the prior year, an increase of $536.

LONG TERM DEBT - CITY: $5,466,458 in both the current and prior year.

OTHER CURRENT LONG TERM DEBT: $400,943 compared to $18,485 in the prior year, an increase of $382,457.

TOTAL CURRENT LIABILITIES: $7,040,272 compared to $6,296,730 in the prior year, an increase of $743,541.

NET PENSION LIABILITY: $8,625,106 compared to $8,148,107 in the prior year, an increase of $476,999.

TOTAL LONG TERM LIABILITIES: $8,625,106 in both the current and prior year.

PENSION DEFERRED INFLOW: $(3,759,735) compared to $(2,907,065) in the prior year, a decrease of $852,670.

TOTAL DEFERRED INFLOWS: $(3,759,735) compared to $(2,907,065) in the prior year, a decrease of $852,670.

TOTAL LIABILITIES: $11,905,643 compared to $11,537,772 in the prior year, an increase of $367,870.

UNRESTRICTED FUND BALANCE: $(1,909,527) compared to $(1,937,496) in the prior year, a decrease of $27,968.

CURRENT YEAR NET INCOME: $(819,047) compared to $619,999 in the prior year, a decrease of $(1,439,046).

TOTAL NET POSITION: $(2,710,060) compared to $(1,298,983) in the prior year, a decrease of $(1,411,077).

TOTAL LIABILITIES & NET POSITION: $9,195,582 compared to $10,238,789 in the prior year, a decrease of $(1,043,207).
Quarterly chart reviews are performed for all deaths and transfers, along with random chart reviews for all physicians. This includes care in the emergency department. Fourth quarter of 2023 and first quarter of 2024 chart reviews have been performed. There were no significant findings. All of our physicians continue to provide excellent care.

Our long-term care census is 8 at the present time. We continue to search for appropriate candidates and plan to be back up to 9 and then 10 as soon as possible. We currently have one patient in our swing bed program and have been successful treating several patients this quarter.

Although summer is here, we do continue to have occasional people test positive for covid. Fortunately, it continues to be a mild respiratory illness in most people.

Our emergency department is functioning well. The new CT scanner has been installed and being used regularly.

We did have our de-escalation training earlier this summer. Many staff participated and felt it was very helpful. Keeping our staff and patients safe will be an ongoing process.

Stay safe and enjoy the rest of the summer.

Respectfully,

Curtis M. Bejes, M.D.
Clinic

The Clinic is in summer mode. We have seen the usual influx of returning commercial fishermen, cannery injuries, and tourists/visitors as well as snowbirds returning to Cordova. It’s too early to say if any more cannery workers with out of state Medicaid have other coverage for the summer as Dr. Sanders advocated for, but front desk clerks around the hospital are more familiar with identifying out of state Medicaid and attempting to collect a co-pay at time of service.

Dr. Barry, pediatrician, will be here August 16. This will be her second Cordova clinic and patients/parents really like her. Call 907-424-8200 to schedule.

Dr. Gray, Orthopedics, continues to come to Cordova as frequently as he can. He was here in April and will return July 18 – 19. His clinics fill up quickly! Call 907-771-3500.

Northland Audiology will return at the end of August.

Lab/Radiology/Rehab Services

Radiology is back to normal service, offering x-ray and CT images. The radiology group we use in Anchorage recently upgraded their image management, making the system more stable and creating a smoother process for radiologists. With any change comes a few issues to work out, but soon the new process will be working. Patients should not notice any changes.

Lab numbers increase as the influx of residents to Cordova increases, but it is always interesting for me to notice the number of emergency room and clinic visits that don’t use lab services during this time. Why? There is a large number of injuries such as lacerations, fractures, or puncture wounds (think fish hooks). Visits to CCMC for any of these reasons usually do not require lab services.

Rehab Services remains fairly steady through the summer as fishermen fish and everyone else tries to enjoy an active summer. This year we are offering speech services. This allows students who get speech services during the school year to maintain their progress while school is on break. July actually marks the one year mark since CCMC began offering speech services again.

Brittany, our Physical Therapist, will be leaving Cordova in August for Juneau. Her last day at CCMC is July 30. We have hired a traveler who came to Alaska with friends who are also travelers. Tyler begins at CCMC July 15 and will be begin doing evaluations later that week as Brittany transitions out of the department.
Leadership

CCMC is focused on quality of patient care and improving individual department work productivity and efficiency. Process improvement plans have been initiated on an individual department needs basis. Walkthroughs and follow-up from leadership shows evidence of some improvement in certain departments. For example; having a checklist in each room for housekeeping to sign off daily ensures the rooms are always clean and ready for inpatients.

Staffing

We currently have four full-time permanent nurses, 2 PRN (as needed) ED nurses, and four travel nurses. We have not had a high enough census on the CAH side to bring on a swing nurse. The goal remains to utilize RNs that live in Cordova instead of bringing in additional travelers for this third shift. We are continuing to seek full-time ER and LTC nurses. Our Certified Nursing Assistances (CNA) are all permanent staff that work in multiple departments at times (swing/acute, unit clerk, lab, patient sitters), seven full time dedicated CNAs and five part time or as needed.

Education Plan

A focus on the CAH and LTC side has been annual education day. This is a daylong education filled Inservice at CCMC. Staff are directed from station to station, or room to room, and given information on specific skills, disease processes, or common workplace occurrences so they may keep up on their job-related knowledge and skills.

Census

We currently have 8 Long Term Care residents and 1 swing bed patient. We have accepted a 9th LTC resident who will be joining us soon from Anchorage. Our swing census has been low thus far this year and we are working hard on acquiring swing bed patients. We have accepted an additional swing patient to the one we have as well and are waiting on an ETA.

Let me know if you have any questions.

Alexus Allen, BSN
DON
Memorandum

To: CCMC Hospital Services Board
Subject: Appoint Shelly Kocan to Board of Directors
Date: 7/12/2024

As you recall this item was tabled during the previous meeting awaiting further clarification to avoid any conflict with Chapter 15.20 of the City Code. This motion requires your attention and action at this meeting.

**Suggested Motion:** “I take from the table, a motion that the CCMC Hospital Services Board appoint Shelly Kocan to fill the vacant seat on the Board until the next City of Cordova elections.”
Memorandum

To: CCMC Hospital Services Board
Subject: Delineation of TeleNeuroHospitalist Privileges for Suman Kaza, MD
Date: 7/19/2024

Suggested Motion: “I move that the CCMC Hospital Services Board approve TeleNeuroHospitalist Privileges for Suman Kaza, MD as presented.”
July 25, 2024

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

RE: Suman Kaza, MD

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed credentialing application for Delegated Privileges to our hospital. In accordance with our medical staff bylaws, the credentialing committee has reviewed the application including practitioner licenses, Primary Group Approval Board Approval, CCMC recommends Dr Kaza for privileges at Cordova Community Medical Center.

Sincerely,

Paul B. Gloe III, MD
Chief of Staff

Hannah Sanders, MD
Chief Executive Officer
6/19/2024

Re: Initial Medical Staff Appointment

Dear Suman Kaza, 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 6/19/2024 through 10/31/2025.

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 competent 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 __________________ (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

07/01/2024
Date

Suman Kaza MD
Practitioner Print

07/01/2024
Date

CEO

17 July 2024 | 11:35 AM AKDT
Date

Chief of Staff or Designee

17 July 2024 | 9:49 AM AKDT
Date
Cordova Community Medical Center
Request for Clinical Privileges

Practitioner Name: Suman Kaza, MD

MEDICAL DIRECTOR REVIEW

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

- Check box for Approved for Delegated Privileges based on the attached AK Regional Hospital Approval letter
- Check box for Peer Review results
- Check box for Approved based on data submitted
- Check box for Peer Recommendations
- Check box for Mortality data
- Check box for Professional performance
- Check box for Pertinent results of performance improvement activities
- Check box for Clinical judgement and technical skills in performing procedures and treating and managing patient

Recommendation:
- Check box for Approved as requested
- Check box for Approve with conditions/modifications (see explanation below)
- Check box for Deny (see explanation below)

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

________________________
Medical Director Signature

Date

17 July 2024 | 9:07 AM AKDT

CCMC BOARD OF AUTHORITY

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

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

________________________

Board of Authority Chair

Date