



CCMC AUTHORITY BOARD OF DIRECTORS AGENDA
January 23, 2025 QUARTERLY MEETING
12:00PM HYBRID IN-PERSON

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

Board of Directors
 Kelsey Hayden exp. 3/26
 Liz Senear exp. 3/27
 Ann Linville exp. 3/25
 Diane Ujioka exp. 3/27
 Shelly Kocan exp. 3/25

CEO
 Hannah Sanders, M.D.

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

Establishment of a Quorum
A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS
(Speaker must give name and agenda item)
 1. Audience Comments
 2. Guest Speaker

- B. BOARD DEVELOPMENT**
 - 1. Addressing PERS Unfunded Liability in Hospital Sale or Restructuring Pg 1-2
- C. CONFLICT OF INTEREST**
- D. APPROVAL OF AGENDA**
- E. APPROVAL OF MINUTES**
 - 1. December 19, 2024 Meeting Minutes Pgs 3-6
- F. REPORTS OF OFFICERS OR ADVISORS**
 - 1. Board Chair Report
 - 2. CEO Report Pgs 6-8
 - 3. Director of Finance Report Pgs 9-12
 - 4. Medical Director Quarterly Report Pg 13
 - 5. Quality Quarterly Report Pgs 14-15
 - 6. Nursing Department Quarterly Report Pgs 16-17
 - 7. Ancillary Services Quarterly Report Pg 18
 - 8. Sound Alternatives Quarterly Report Pg 19
- G. DISCUSSION ITEMS**
- H. ACTION ITEMS**
 - 1. Delineation of privileges for Dr. Nancy Cooper Pg 20
- I. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker)** Members of the public are given the opportunity to comment on matters which are within the subject matter authority of the Board and are appropriate for discussion in an open session.
- J. BOARD MEMBERS COMMENTS**
- K. EXECUTIVE SESSION**
- L. ADJOURNMENT**

This Board of Directors meeting will be held via ZOOM:
<https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09>
 Meeting ID: 467 570 1050; Passcode: 379187

To call in: 1-253-215-8782
 Meeting ID: 467 570 1050; Passcode: 379187

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

*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.

CCMC Board Development Document: Addressing PERS Unfunded Liability in Hospital Sale or Restructuring

Understanding PERS Unfunded Liability

Statewide Context:

- Alaska's Public Employees' Retirement System (PERS) has experienced fluctuations in its unfunded liability over recent years:
 - **2021:** \$3.23 billion.
 - **2022:** \$2.81 billion.
 - **2023:** \$5.13 billion (funded ratio of 68.1%).
- These changes highlight the dynamic nature of the PERS funding status, influenced by factors such as market performance, contribution rates, and actuarial assumptions.

Entity-Specific Liability:

- Each participating employer, including CCMC, has a proportionate share of the overall PERS unfunded liability.
- This share is calculated based on:
 - The number of employees and retirees covered by PERS.
 - Salary levels, longevity of service, and benefits owed.
 - Contributions made by the employer over time.

Annual Actuarial Numbers vs. Termination Estimates:

- **Annual Numbers:**
 - Each year, CCMC receives an actuarial valuation from the state reflecting its current unfunded liability. This number represents the shortfall between the present value of obligations and assets allocated to CCMC within PERS.
 - **Termination Estimates:**
 - These are calculated differently and typically higher than the annual numbers due to:
 - Assumptions that all employees retire at their earliest eligibility date, increasing obligations.
 - Additional termination fees, including administrative and actuarial adjustments.
 - Updated market and demographic data used at the time of termination.
 - **Key Difference:** The annual actuarial number is a snapshot during ongoing operations, while termination estimates are more conservative and reflect a "worst-case" scenario for exiting PERS.
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Case Study: Sitka Community Hospital:

- Unfunded liability: \$35.2 million.
 - Sale included a structured agreement with the buyer (Southeast Alaska Regional Health Consortium, SEARHC), which made installment payments totaling \$16 million over 22 years to assist with the pension liability.
 - Additional termination fee: \$645,000 for early retirement actuarial adjustments.
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Considerations

1. **Actuarial Assessment:**
 - A termination study was completed in 2019. An updated assessment would be needed to determine CCMC's current portion of the unfunded liability and potential termination cost.
 2. **Liability Management, if sale or restructure occurs:**
 - Options include retaining the liability under the City of Cordova, negotiating liability sharing with a buyer, or structuring installment payments.
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References and Resources

- Alaska Division of Retirement and Benefits PERS Overview: <https://drb.alaska.gov/employee/pers.html>
 - PERS Unfunded Liability Details (Commonwealth North Report): <https://www.commonwealthnorth.org>
 - 2023 PERS Introductory Report: https://drb.alaska.gov/docs/reports/PERSintroductory_2023.pdf
 - Legislative Discussions on Pension Reform: <https://www.akleg.gov>
 - Sitka Community Hospital Sale: <https://www.kcaw.org/>
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Minutes
CCMC Hospital Services Board Meeting
December 19, 2024 at 12:00pm

CALL TO ORDER AND ROLL CALL –

Kelsey Hayden called the Board Meeting to order at 12:03pm

Board members present: **Kelsey Hayden, Diane Ujioka, Liz Senear, and Shelly Kocan.**

Board members absent: **Ann Linville**

Quorum was established. 4 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Denna Stavig, Director of Finance; Tamara Russin, Director of Ancillary Services; and Abby Bourgeois.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. **Audience Comments** ~ None
2. **Guest Speaker** ~ None

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA

M/ Senear S/ Ujioka “I move to approve the agenda.”

Senear – yes, Hayden – yes, Ujioka – yes, Kocan – Yes, and Linville – absent.
4 yeas, 0 nay, 1 absent; Motion passed.

E. APPROVAL OF MINUTES

1. **November 21, 2024, Meeting Minutes**

M/Ujioka S/Senear “I move to approve the minutes.”

Senear – yes, Hayden – yes, Ujioka –yes, Kocan– yes, and Linville-absent.
4 yeas, 0 nay, 1 absent; Motion passed.

F. REPORTS OF OFFICERS and ADVISORS

1. **Board Chair Report** – Kelsey Hayden thanks CCMC staff for inviting her to the party and that she had fun.
2. **CEO Report** – Dr. Sanders states that her written report is in the packet. Dr. Sanders presents a very large book, which she states is the condition report on CCMC’s facility which NVE had completed when doing our facility assessment in 2019. Dr. Sanders states that the findings from the condition report reveal that for CCMC to be fully up to code and necessary renovations to be done, it would cost us 9.6 million dollars. Dr. Sanders states that they have been working with the Alaska Hospital and Healthcare Association as well as other critical access hospitals that are independently community-

owned (Petersburg and Homer) to encourage the state to free up some capital funding for community owned hospitals that do not have the internal capacity to fund large facility updates. Liz Senear asks what this project would entail and if expanding our physical footprint is included. Dr. Sanders first states that because the assessment was done in 2019, pre-inflation, the repair costs are now estimated to be closer to 12 million dollars. Dr. Sanders states that when they were looking at potential plans to expand, the project costs were closer to the 60-to-80-million-dollar range, currently CCMC is aiming for a basic remodel of the upstairs area including reconfiguring long-term-care and patient rooms to better utilize the space we have. Shelly Kocan asks if there is a reason why we are choosing to allocate money for this project at this specific moment in time, knowing that CCMC has had the condition report for several years now. Dr. Sanders answers that for a while CCMC had held off on going after funding when an acquisition seemed close, but at this point we can no longer continue to wait for these repairs and changes to be made. Dr. Sanders states that no matter what happens in the future, we need this building to be functional. Shelly Kocan agrees and further adds that having the repairs done prior to a potential acquisition further incentivizes NVE by lightening their financial burden. Kelsey Hayden asks how enhancing certain security features affects our budget. Dr. Sanders states that right now we utilize people that are already on CCMC staff to be patient sitters, which usually results in CCMC paying overtime hourly wages for patient sitters and has already been factored into the 2025 budget. Dr. Sanders states that she has been working with the chief of police to source community members with security or dispatch experience to go through our hiring process and be added to that list of patient sitters. Dr. Sanders states that we have a few people currently on our staff who are interested in going through extra security training which we will fund with the money set aside for educational purposes. Dr. Sanders states that although it will most likely end up being a net zero for us financially, it will encourage and spark community involvement. Not having heard the term before, Liz Senear asks what a patient sitter's role entails. Dr. Sanders explains patient sitters. Diane Ujioka asks if we have any new information about PERS and its coordination in CCMC's potential acquisition. Dr. Sanders states that at the end of this year when going through our audit, we will receive the amount of unfunded liability that is calculated by the state. Dr. Sanders states that right now we are paying close to \$60,000 a month in unfunded liability, and that because we are city owned, that liability belongs to the city and there is simply no way around it. Liz Senear asks how that would transfer over if the hospital sold. Dr. Sanders states that if the hospital sold, the city still houses that liability and still must make the estimated 29 more years of payments with the awareness that the biweekly sum that is due will decrease overtime. Shelly Kocan asks about the other small community hospitals who have gained third-party ownership and if they had to endure a similar process. Discussion regarding other hospitals that have had a similar process likely including Wrangel, Sitka Community Hospital and Valdez Hospital. Shelly Kocan comments saying it at least seems good that there is precedent of how this kind of transfer can happen even though it seems like an insurmountable number. Dr.

Sanders states that historically the hospital administration in town has found the PERS liability and retirement system to be one of the biggest reasons for our financial difficulties. Shelly Kocan asks if we have gathered any new information about what services we must keep active if we choose to go forward with acquisition in accordance with the local coast guard's presence in town. Dr. Sanders states her opinion is that we couldn't have an emergency room here without a hospital because you need all the same services to operate and the hospital only allows us more opportunity for better access to healthcare services as well as revenue for the hospital, so it doesn't make sense to narrow our scope in that way.

- 3. Director of Finance Report** – Denna Stavig states that her report for October is in the packet. Stavig states that the November report is not ready yet. Stavig states that October was good because we finally went positive for the year by \$2,000 and have come a long way. Stavig states that she suspects November will come out positive for the year so that is good news. Diane Ujioka asks what types of payments fall into the “contractual adjustments” column of the budget. Stavig states that that line item is comprised of two parts. One part being contractual allowances that we use when insurance companies only pay back a large portion of expenses, but not the full amount. The other part being an allowance for uncollectible payments, meaning that a monthly calculated assumption is made every month on what money we will not see back, and funding is set aside accordingly for that as well. Ujioka mentions that the amount allocated to that line item is much lower for next year than this one. Stavig explains that because the state is willing to pay more per day for long-term care next year, we can assume that we will be writing off less for that in the budget, which decreased contractual allowances a little in our projections for next year. Diane Ujioka asks what falls under the “in-kind contributions” line item. Denna Stavig states that the bulk of that number includes money from the city. Stavig states that us going positive for the year is with the money from them, meaning that we needed it for operations this year. Stavig states that the other part of that line includes government funds that help us to pay for our internet through CTC that we get every year. Liz Senear comments that it appears emergency room and acute care revenues have gone up while ancillary services have gone down and asks if others think that is due to costs having gone up. Stavig states that emergency room service usage is hard to predict, and her opinion is that last year's emergency room services were particularly high, so it could just be that this year is trending more toward normal usage rates. Stavig states that it is sometimes a struggle to have occupational therapy visits paid for by insurance companies, resulting in patients electing not to partake in such services, and that might play a role in why ancillary revenues are especially low. Dr. Sanders adds that those who live in Cordova can opt to receive ancillary care in Anchorage, whereas emergency care cannot wait and must be performed in Cordova. Dr. Sanders states that the insurance hit our rehab especially hard over the last year and a half and that is reflected in the financials as well.

G. DISCUSSION ITEMS ~none

H. ACTION ITEMS

1. CCMC 2025 Budget Approval

M/Ujioka S/Senear “I move that the CCMC Authority Board of Directors approve the CCMC 2025 budget as presented.”

Voice Vote on Motion

**Senear – yes, Hayden – yes, Ujioka – yes, Kocan – yes, and Linville – absent.
4 yeas, 0 nay, 1 absent; Motion passed.**

2. Approval of 2024 DZA Audit Engagement letter

M/Senear S/Ujioka “I move that the CCMC Authority Board of Directors authorizes Hannah Sanders, CEO to enter into an agreement with Dingus, Zarecor & Associates PLLC for the purpose of conducting the 2024 Financial Audit.”

Voice Vote on Motion

**Senear – yes, Hayden – yes, Ujioka – yes, Kocan – yes, and Linville – absent.
4 yeas, 0 nay, 1 absent; Motion passed.**

I. AUDIENCE PARTICIPATION ~ None

J. BOARD MEMBERS COMMENTS

Senear ~

Hayden ~ I appreciate all the hard work and everything you do.

Ujioka ~ That was a pretty short and sweet meeting. I applaud your efforts.

Kocan ~ Thanks for the invitation to the Christmas party. It was a good reminder to see how many people work for the hospital.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

M/Ujioka S/Senear to adjourn the meeting.

Hearing no objection, Kelsey Hayden declared the meeting adjourned at 12:36pm.

CEO Board Report – January 2025

Operational Updates

Leadership Transition:

Olivia Moreno is interim Director of Nursing (DON) for both the Long-Term Care (LTC) and Critical Access Hospital (CAH) departments. She is supported by supervising nurses Daniella Rossi and Breanna Lohse, ensuring strong leadership and continuity in patient care.

Employee Updates:

We have ongoing vacancies for physicians and behavioral health clinicians. Despite this, we have been successful in maintaining consistent coverage with the help of travelers who are well-known to Cordova.

We did successfully hire a staff accountant, strengthening our financial team and improving fiscal oversight. We also hired a lead unit clerk/compliance officer, providing enhanced support for clinical operations and assisting with compliance with regulatory standards.

Statistics and Trends from 2024

1. Patient Utilization:

- Acute patient days increased significantly to an average of 15.8 per month in FY 2024, compared to 10.5 in FY 2023.
- LTC census averaged 8.7 residents in FY 2024, a slight decline from 9.2 in FY 2023.
- Emergency Department (ED) visits totaled 715 for FY 2024, consistent with prior years.

2. Outpatient Services:

- Clinic visits for FY 2024 totaled 2,580, with monthly averages slightly below FY 2023 levels.
- Behavioral Health visits demonstrated strong engagement, with 1,159 visits for FY 2024, maintaining high levels of utilization.

2025 Goals

1. Evaluate and seek funding for repairing and improving the facility based on the findings of the 2019 condition report.
2. Improving us of telehealth services, particularly in the area of tele-psych consults, to reduce patient wait times and improve access.
3. Continue to grow workforce training programs to support career development, employee and patient safety and employee retention.
4. Strengthen community partnerships to support program expansion and patient care services.
5. Complete/update the community health needs assessment due in 2025, ensuring we accurately capture and address the evolving health priorities of our community.

We continue to prioritize operational efficiency, quality patient care, and financial sustainability as we move forward into 2025.

CORDOVA COMMUNITY MEDICAL CENTER
 OPERATING/INCOME STATEMENT
 FOR THE 11 MONTHS ENDING 11/30/24

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	S I N G L E M O N T H				Y E A R T O D A T E			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
REVENUE								
ACUTE	185,861	130,604	55,256	42	1,632,702	1,436,649	196,052	13
SWING BED	128,005	256,562	(128,556)	(50)	3,074,435	2,822,185	252,250	8
LONG TERM CARE	451,777	475,412	(23,634)	(4)	4,886,254	5,229,536	(343,282)	(6)
CLINIC	92,562	111,475	(18,912)	(16)	1,162,525	1,226,230	(63,704)	(5)
ANCILLARY DEPTS	289,266	299,550	(10,283)	(3)	3,054,577	3,295,057	(240,479)	(7)
EMERGENCY DEPART	257,808	422,279	(164,470)	(38)	3,709,170	4,645,073	(935,902)	(20)
BEHAVIORAL HEALT	24,192	24,974	(782)	(3)	235,844	274,718	(38,873)	(14)
RETAIL PHARMACY	178,930	131,666	47,264	35	1,938,808	1,448,333	490,474	33
PATIENT SERVIC	1,608,405	1,852,525	(244,119)	(13)	19,694,319	20,377,784	(683,465)	(3)
DEDUCTIONS								
CHARITY	3,779	21,138	17,359	82	107,216	232,525	125,309	53
CONTRACTUAL ADJU	364,606	447,380	82,774	18	5,405,079	4,921,048	(484,030)	(9)
ADMINISTRATIVE A	9,670	8,312	(1,358)	(16)	165,772	91,433	(74,339)	(81)
BAD DEBT	(193,441)	53,639	247,080	460	35,143	590,030	554,887	94
DEDUCTIONS TOT	184,614	530,470	345,856	65	5,713,212	5,835,038	121,826	2
COST RECOVERIES								
GRANTS	117,983	129,482	(11,498)	(8)	654,171	529,480	124,691	23
IN-KIND CONTRIBU	16,662	316,662	(300,000)	(94)	483,288	483,288	0	0
OTHER REVENUE	18,945	12,704	6,240	49	130,560	139,747	(9,187)	(6)
COST RECOVERIE	153,591	458,849	(305,258)	(66)	1,268,020	1,152,516	115,504	10
TOTAL REVENUES	1,577,382	1,780,904	(203,521)	(11)	15,249,127	15,695,262	(446,134)	(2)
EXPENSES								
WAGES	532,814	594,232	61,418	10	5,803,822	6,538,851	735,029	11
TAXES & BENEFITS	228,104	251,411	23,306	9	2,616,804	2,765,523	148,718	5
PROFESSIONAL SER	148,490	197,838	49,348	24	2,519,596	2,187,223	(332,372)	(15)
SUPPLIES	291,455	178,802	(112,652)	(63)	2,226,241	1,966,834	(259,407)	(13)
MINOR EQUIPMENT	1,116	4,002	2,885	72	24,416	44,023	19,606	44
REPAIRS & MAINT	10,992	15,000	4,008	26	178,642	165,004	(13,638)	(8)
RENTS & LEASES	13,694	12,603	(1,091)	(8)	135,016	138,634	3,617	2
UTILITIES	49,023	51,940	2,916	5	522,763	571,343	48,579	8
TRAVEL & TRAININ	5,797	6,553	755	11	77,342	72,092	(5,250)	(7)
INSURANCES	45,738	21,101	(24,636)	(116)	252,859	232,119	(20,740)	(8)
RECRUIT & RELOCA	120	805	684	85	4,056	8,856	4,799	54
DEPRECIATION	50,098	41,542	(8,556)	(20)	526,753	457,866	(68,887)	(15)
OTHER EXPENSES	12,998	16,458	3,460	21	171,484	181,046	9,561	5
TOTAL EXPENSES	1,390,446	1,392,293	1,846	0	15,059,801	15,329,417	269,616	1
OPERATING INCO	186,936	388,611	(201,674)	(51)	189,326	365,845	(176,518)	(48)
NET INCOME	186,936	388,611	(201,674)	(51)	189,326	365,845	(176,518)	(48)

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CORDOVA COMMUNITY MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 11/30/24

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	2,296,685	2,747,579	(450,894)
NET ACCOUNT RECEIVABLE	2,405,386	2,640,835	(235,449)
THIRD PARTY RECEIVABLE	(101,399)	682	(102,081)
CLEARING ACCOUNTS	96,692	51,026	45,666
PREPAID EXPENSES	225,498	206,082	19,416
INVENTORY	516,644	493,103	23,540
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TOTAL CURRENT ASSETS	5,439,507	6,139,309	(699,801)
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	8,666,889	8,666,889	
EQUIPMENT	10,142,184	9,625,416	516,767
CONSTRUCTION IN PROGRESS	5,101		5,101
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SUBTOTAL PP&E	18,936,184	18,414,316	521,868
LESS ACCUMULATED DEPRECIATION	(15,194,041)	(14,640,299)	(553,742)
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TOTAL PROPERTY & EQUIPMENT	3,742,142	3,774,016	(31,873)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(103,750)	(88,750)	(15,000)
PERS DEFERRED OUTFLOW	949,242	1,037,998	(88,756)
TOTAL OTHER ASSETS	995,492	1,099,248	(103,756)
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TOTAL ASSETS	10,177,143	11,012,574	(835,431)
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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 11/30/24

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	493,682	692,971	(199,288)
PAYROLL & RELATED LIABILITIES	682,925	850,646	(167,720)
INTEREST & OTHER PAYABLES	669	7,175	(6,505)
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	369,723	8,450	361,273
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TOTAL CURRENT LIABILITIES	7,013,459	7,025,701	(12,241)
LONG TERM LIABILITIES			
NET PENSION LIABILITY	8,625,106	8,148,107	476,999
TOTAL LONG TERM LIABILITIES	8,625,106	8,148,107	476,999
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	(3,759,735)	(2,907,065)	(852,670)
TOTAL DEFERRED INFLOWS	(3,759,735)	(2,907,065)	(852,670)
TOTAL LIABILITIES	11,878,830	12,266,743	(387,912)
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(1,909,527)	(1,937,496)	27,968
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	189,326	664,813	(475,487)
	-----	-----	-----
TOTAL NET POSITION	(1,701,687)	(1,254,169)	(447,518)
TOTAL LIABILITIES & NET POSITION	10,177,143	11,012,574	(835,431)
	=====	=====	=====

Cordova Community Medical Center Statistics

Days per Month	31	28	31	30	31	30	31	31	30	31	30	31	Cumulative Monthly Total	Average
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Hosp Acute+SWB Avg. Census			29											
FY 2021	1.3	3.2	2.2	1.7	2.2	1.6	2.1	2.4	3.3	5.6	4.3	1.4		2.6
FY 2022	1.6	3.3	2.8	2.1	1.5	1.9	3.5	3.5	3.9	0.5	1.0	2.1		2.3
FY 2023	2.5	1.3	2.3	3.6	2.0	0.5	1.1	0.5	2.3	2.7	2.9	2.9		2.1
FY 2024	1.4	1.4	1.4	0.6	1.9	1.3	1.7	2.4	2.7	1.6	0.9	0.7		1.5
Acute Admits														
FY 2021	2	6	4	1	8	7	4	4	4	3	1	2	46	3.8
FY 2022	6	1	2	3	5	7	8	4	3	4	3	5	51	4.3
FY 2023	1	3	6	2	5	4	5	4	2	2	3	4	41	3.4
FY 2024	4	4	2	1	5	8	3	4	12	7	4	4	58	4.8
Acute Patient Days														
FY 2021	4	13	8	2	17	11	9	14	15	18	13	2	126	10.5
FY 2022	15	11	7	10	8	10	21	9	12	7	5	14	129	10.8
FY 2023	3	9	16	15	15	11	18	4	12	4	9	10	126	10.5
FY 2024	12	14	10	1	18	29	15	15	31	13	10	21	189	15.8
SWB Admits														
FY 2021	2	2	0	1	1	0	2	2	4	3	1	0	18	1.5
FY 2022	1	3	0	1	2	2	3	2	4	2	2	1	23	1.9
FY 2023	2	1	3	2	1	1	1	0	3	2	3	1	20	1.7
FY 2024	2	2	1	0	4	1	2	1	3	1	2	0	19	1.6
SWB Patient Days														
FY 2021	37	77	60	49	50	36	55	60	85	155	117	40	821	68.4
FY 2022	34	81	79	54	37	48	89	101	104	7	24	52	710	59.2
FY 2023	73	28	55	94	48	5	15	13	57	80	79	81	628	52.3
FY 2024	30	25	34	16	42	11	39	58	50	38	18	2	363	30.3
CCMC LTC Admits														
FY 2021	0	0	0	0	0	0	2	0	0	0	1	1	4	0.3
FY 2022	0	0	0	0	0	1	0	0	0	0	0	0	1	0.1
FY 2023	0	0	0	1	1	0	1	2	0	1	0	0	6	0.5
FY 2024	1	0	0	0	0	0	0	0	0	1	0	0	2	0.2
CCMC LTC Resident Days														
FY 2020	310	289	310	293	296	300	301	310	300	309	277	310	3,605	300.4
FY 2021	300	300	298	300	310	299	298	310	300	310	298	309	3,632	302.7
FY 2022	310	280	310	300	310	299	310	310	300	310	290	310	3,639	303.3
FY 2023	310	280	310	309	296	270	257	268	252	271	270	279	3,372	281.0
FY 2024	309	290	290	270	262	240	248	248	240	254	270	279	3,200	266.7
CCMC LTC Avg. Census														
FY 2021	10	10	10	10	10	10	10	10	10	10	10	10		9.9
FY 2022	10	10	10	10	10	10	10	10	10	10	10	10		10.0
FY 2023	10	10	10	10	10	9	8	9	8	9	9	9		9.2
FY 2024	10	10	9	9	9	8	8	8	8	8	9	9		8.7
ER Visits														
FY 2021	38	42	35	44	77	61	74	78	67	34	32	40	622	51.8
FY 2022	38	38	42	50	75	85	76	97	64	63	38	46	712	59.3
FY 2023	62	39	67	39	56	84	109	100	69	40	48	45	758	63.2
FY 2024	58	44	37	39	51	97	80	78	79	55	42	55	715	59.6
PT Procedures														
FY 2021	327	494	646	372	352	444	471	337	413	602	493	310	5,261	438.4
FY 2022	275	459	551	394	307	352	396	384	360	201	274	442	4,395	366.3
FY 2023	364	322	458	405	345	209	304	325	479	550	436	343	4,540	378.3
FY 2024	302	213	291	289	341	252	256	321	402	270	266	277	3,480	290.0
OT Procedures														
FY 2021	25	223	183	49	36	115	174	118	161	350	309	120	1,863	155.3
FY 2022	122	190	251	134	120	229	243	200	197	53	87	164	1,990	165.8
FY 2023	94	51	152	115	75	94	70	106	167	163	144	104	1,335	111.3
FY 2024	121	56	79	86	133	85	122	82	131	92	107	115	1,209	100.8
Lab Tests														
FY 2021	885	1,010	1,004	805	682	637	1,261	1,115	853	605	614	549	10,020	835.0
FY 2022	825	576	671	902	958	699	610	822	594	585	499	553	8,294	691.2
FY 2023	545	546	575	578	801	655	766	649	512	501	478	539	7,145	595.4
FY 2024	513	526	503	778	814	628	703	637	667	593	576	502	7,440	620.0
X-Ray Procedures														
FY 2021	48	50	49	64	64	70	79	86	88	68	53	72	791	65.9
FY 2022	82	63	64	94	60	82	69	93	51	72	58	61	849	70.8
FY 2023	72	45	63	49	50	88	97	107	83	71	61	67	853	71.1
FY 2024	76	54	88	54	75	54	82	64	60	62	58	44	771	64.3
CT Procedures														
FY 2021	24	27	26	20	27	32	28	38	25	16	12	22	297	24.8
FY 2022	21	21	36	25	29	42	31	26	16	30	15	28	320	26.7
FY 2023	30	18	22	18	16	36	39	34	26	4	23	24	290	24.2
FY 2024	38	27	2	16	19	29	31	32	29	17	17	27	284	23.7
CCMC Clinic Visits														
FY 2021	125	134	161	157	188	224	265	277	296	452	303	275	2,857	238.1
FY 2022	288	196	199	237	260	241	221	212	304	359	219	182	2,918	243.2
FY 2023	221	158	151	176	214	188	230	289	242	371	216	193	2,649	220.8
FY 2024	205	188	196	188	241	202	250	209	235	298	205	163	2,580	215.0
Behavioral Hlth Visits														
FY 2021	85	62	65	74	90	96	60	97	50	35	63	76	853	71.1
FY 2022	84	74	83	79	82	67	74	99	126	125	108	94	1,095	91.3
FY 2023	150	68	86	98	122	86	94	97	94	106	136	118	1,255	104.6
FY 2024	167	128	117	118	79	51	53	75	68	96	99	108	1,159	96.6

Cordova Community Medical Center Medical Director 4th Quarter Report

January 6, 2025

Quarterly chart reviews are performed for all deaths and transfers. Random chart reviews are also performed for all physicians. This includes care in the emergency department, inpatient, observation, swing bed and long-term care. There were no significant issues in care, no trends and no unusual occurrences that needed to be addressed. Our physicians continue to provide excellent care across a very broad spectrum of illnesses and injuries.

Our long-term care census is currently at nine residents. Our swing bed program has continued to have patients come for their rehabilitation. Their discharge goal is often being able to get back to their home for independent living. Sometimes they need to enter a long-term care facility. If they are appropriate for our facility, we encourage them to stay with us. At times, however, they want to be closer to their home and family.

We once again have a fairly stable group of physicians providing care in our emergency department. Our EMS continues to provide excellent care to patients in the pre-hospital setting and we are thankful for their excellent service. Dr. Iutzi has been the medical director for our EMS and has held regular training sessions with them.

Dr. Gloe has resigned from the medical staff. Dr. Ben Head was nominated for chief of staff and has accepted the position. This should help ensure continuity of care for patients that are seen in the emergency department.

We are seeing people with influenza in the emergency department and clinic, and we continue to see some cases of Covid-19. We encourage everyone who is eligible to get fully vaccinated. Both vaccines help prevent the infection and lessen the severity of the infection if you do come down with either. Just as important, even though healthy people will usually not end up in the hospital with either of these, they can pass these infections on to someone is more likely to have a severe infection, such as those people with diabetes, COPD, cancer and other illnesses that suppress the immune system.

We are looking forward to 2025 and to providing excellent healthcare to our community.

Respectfully,

Curtis M. Bejes, M.D.

Cordova Community MEDICAL CENTER

Board of Directors

Quarterly Quality Report

January 2025

CCMC continues to prioritize continuous quality improvement through staff education, process improvement projects, regular facility surveillance and chart reviews. The quality improvement committee meets quarterly. The last quarterly meeting was held in October 2024.

Recent quality related events:

- The QAPI (quality assurance process improvement) team will meet later this month to discuss our quality improvement projects for 2025. Projects include: infection prevention program (hand hygiene monitoring, robust environment of care rounds, efficient and effective sterilization processing), a re-brand and refresh of roles with our environmental services department, social determinants of health data gathering for inpatients and more.
- In December, CCMC invited state of Alaska infection preventionists Rebecca Hamel and Lisa Cone for a specific evaluation of our sterilization process. During this in-depth on-site visit, we learned a lot about our current sterilization process strengths, where we have opportunities to improve and relevant training options. We will continue to work closely with these infection prevention experts as we work to optimize our sterilization and infection prevention program.
- In partnership with Prince William Sound Community College, CCMC plans to host a CNA training course in 2025. Grant funds to help cover the cost of tuition are available through the state of Alaska and Alaska Healthcare and Hospital Association. CCMC will help cover the course costs of 3 CCMC employees who are registered for the course.

On-going quality related activities:

- All emergency room and inpatient admission charts are reviewed and evaluated for appropriateness of care and complete documentation. Any findings are discussed with the appropriate staff and plan of action is created.
- Our interdisciplinary team meets weekly to discuss all swing bed and awaiting LTC care patients. This team includes DON, RN, physician on-call, PT, OT, pharmacist, case manager and Director of Operations. We focus on current and future care needs, as well discharge planning.

Noelle Camarena

Director of Operations



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

DON Report

1/7/2025

Leadership

CCMC is focused on quality of patient care and improving staff satisfaction and retention within each department. Efforts to improve environmental services continue. We recently had two staff from the State of Alaska Division of Public health, Rebecca Hamel, an infection prevention expert, and Lisa Cone, a sterilization expert, visit us in early December to help us revamp our sterilization process. They provided a wealth of knowledge and ideas for improving our workflow and ensuring we are following best practices. Daniella Rossi, the previous LTC DON, has been brought back into the leadership team from afar to assist with LTC needs as we continue to work out the interim CAH DON position.

Staffing

We currently have four full-time permanent nurses (3 LTC and 1 ED), 3 PRN (as needed) ED nurses, and four travel nurses (3 ED, 1 LTC). We have two local nurses that have been picking up swing or LTC shifts as needed as well. We have largely been filling the swing shift position with our PRN staff but are interviewing a new graduate nurse for this permanent position that will be moving to Cordova in February. We are continuing to seek full-time ER and LTC nurses. We have one ED RN that will be moving to Cordova in March to fill a full-time permanent position. Our Certified Nursing Assistants (CNA) are all permanent staff and have been trained to work in LTC as well as in the hospital when needed. We will have an additional full time CNA position filled starting in 2025. CCMC recently hired Cherylynn Osmun to be the lead unit clerk and compliance officer. Her background in healthcare and insurance will help improve our registration processes and hopefully have a positive financial impact for the facility.

Education Plan

CCMC has been anticipating the upcoming CNA class led by Breanna Lohse, RN through the Prince William Sound Community College. Unfortunately, the class needs 6 students in order to run and they currently only have 5 registered. They are hoping to push the start date back far enough to avoid conflict with the high school basketball season to make the course available to more high school students. Students that complete this certification will hopefully increase our current pool of PRN CNA staff and decrease the amount of overtime used during holidays, PTO, and increases in our acute/swing census.

Census

We currently have 9 Long Term Care residents and no swing bed patients. There were a total of 6 swing bed patients during the 4th quarter. Olivia Carroll, our case manager, continues to make weekly calls to facilities around the state to see if there are any hospitalized people that could use our services.

Let me know if you have any questions.

Olivia Moreno

Interim DON

CCMC Authority Board of Director's Quarterly Report
January 3, 2025
Clinic & Ancillary Services
Tamara Russin

Clinic

The Clinic has adjusted to having full-time Family Nurse Practitioners as the main providers. When Dr. Woelk is covering the Emergency Room, he also sees Clinic patients all day, but otherwise the ER providers see patients in the Clinic only as needed for ER follow-ups or procedures requiring a medical doctor. This is working out and we will keep adjusting as necessary.

Dr. Horner, dermatologist, will be back in Cordova and seeing patients March 17. She comes to heli-ski but wants to give back to the community by offering her services. Last year was her first clinic and she filled up very quickly. Call 907-424-8200 to schedule.

Dr. Barry, pediatrician, will be here February 20. Call 907-424-8200 to schedule.

Dr. Gray, Orthopedics, continues to come to Cordova as frequently as he can. He will be in the Clinic January 24-25. Call 907-771-3500.

Lab/Radiology/Rehab Services

Radiology: All is going well. Low Dose Chest CT (LDCT) is becoming the standard lung cancer screening tool for current or former smokers. It is a fast, simple exam but effective in finding early abnormalities. Patients should speak with their Primary Care Provider to see if an LDCT order would be beneficial for them.

Lab: Things are going well. There was unexpected PTO in December so our third lab tech stepped into the Lab full-time. She did great! Having layers of back-up for key roles at CCMC is always the goal but is not able to be realized in most roles. Lab is lucky!

PT/OT: CCMC is still looking for a full-time, permanent Physical Therapist. Benni, a traveler, will be covering PT until June. She has been in Alaska since April 2024 and started filling in at CCMC in December. Having Melanie here makes PT transitions much smoother and helps maintain continuity for patients. CCMC is fortunate to have her!

Speech: Marita, Speech Language Pathologist Assistant, continues to see children for speech who are not serviced through the school. Adult speech patients are seen by the Speech Language Pathologist via telehealth after the initial visit at CCMC.

January 2025 Board Report

Sound Alternatives

Barb Jewell-Director of Community Services

Behavioral Health

Sustainable staffing continues to be a challenge. We have, however, had a pair of highly skilled temporary clinicians which have helped us stabilize services. Naomi Montague finished her term in November, and we have been joined by Latoyia Griffin, a colleague from the same staffing agency who has been quickly coming up to speed and whom clients have expressed confidence in. The focus continues to be on hiring permanently. Based on budget, a decision was made to not fill the empty Administrative Assistant position at this time.

Client numbers and services delivered have continued to increase, still slightly below previous years. We provided 286 services to 41 clients in this past quarter.

Community Case Management Program

The State of Alaska ended the grant funding for the Community Case Management program effective June 30, 2024. We are still providing some community supports including assistance with benefit applications and assistance accessing healthcare. We provided 19 services in the past quarter.

Dietary & Senior Services

This quarter one of our cooks left us to join the CNA team. Sharmaine will be missed. We were lucky enough to hire Stephanie Gabriel who has quickly become a part of the team.

Dietary staff provided a total of 5473 meals this quarter; 1387 meals for Long Term Care, 1362 meals through the Congregate meal program and 1941 Home delivered meals, 440 meals for staff, 151 for Acute Care Patients and 192 for swing bed patients.

In addition to meals, we provided 633 rides for 27 seniors this past quarter which is about average for the past two years.



Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of Telemedicine Privileges for Jason Gray, MD

Date: 1/23/2025

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Telemedicine Privileges for Nancy Cooper, MD as presented."

February 2025

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

February 2025						
◀ Jan 2025						Mar 2025 ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

More Calendars: [Mar 2025](#), [Apr 2025](#), [2021](#)