



**CCMC HOSPITAL SERVICES BOARD OF DIRECTORS
AGENDA
January 29, 2026, Board MEETING
12:00PM HYBRID IN-PERSON**

AT 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. 3/28
Diane Ujioka exp. 3/27
Shelly Kocan exp. 3/28

CEO

Hannah Sanders, M.D.

CFO

Denna Stavig

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. CONFLICT OF INTEREST

C. APPROVAL OF AGENDA

D. APPROVAL OF MINUTES

E. December 2025, Meeting Minutes

F. REPORTS OF OFFICERS OR ADVISORS

1. CEO Quarterly Report
2. Director of Finance Quarterly Report
3. Medical Director Quarterly Report
4. Quality Quarterly Report
5. Nursing Department Quarterly Report
6. Ancillary Services Quarterly Report
7. Sound Alternatives Quarterly Report

G. DISCUSSION ITEMS

H. ACTION ITEMS

1. Memo 2026 QAPI CCMC Plan
 - i. 2026 CCMC QAPI Plan
2. Memo Privileges for Dr. Hurlow

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 Board of Directors meeting will be held via ZOOM:

<https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09&omn=87257285186#success>

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.

Cordova Community Medical Center Authority Board of Directors

Special Meeting Minutes

December 18, 2025- 12:00 PM

Location: CCMC Conference Room & Teleconference

Draft- Pending Board Approval

1. Call to Order

The Special Meeting of the CCMC Hospital Services Board of Directors was called to order at **12:07 PM** by **Chair Ann Linville**.

The call to order was **seconded by Shelly Kocan**.

2. Roll Call

Board Members Present:

- **Ann Linville**, Chair
- **Liz Senear**, Vice Chair
- **Shelly Kocan**, Secretary/Treasurer
- **Kelsey Hayden**, Board Member
- **Diane Ujioka**, Board Member

A quorum was established.

3. Communications by and Petitions from Visitors

- **Audience Comments:** None
- **Guest Speakers:** None

4. Conflict of Interest

No conflicts of interest were declared.

5. Approval of Agenda

Motion: Approve the agenda for the December 18, 2025 Special Meeting.

Motion by: Liz Senear

Second by: Shelly Kocan

Roll Call Vote:

- Hayden- Yes
- Senear- Yes
- Linville- Yes
- Ujioka- Yes
- Kocan- Yes

Motion passed unanimously.

6. Approval of Minutes

Motion: Approve the **November 25, 2025 Meeting Minutes**, as amended.

Motion by: Liz Senear

Second by: Shelly Kocan

Roll Call Vote:

- Hayden- Yes
- Senear- Yes
- Linville- Yes
- Ujioka- Yes
- Kocan- Yes

Motion passed unanimously.

Amendments Noted for November 25, 2025 Minutes:

- Officers confirmed as:
 - Chair: Ann Linville
 - Vice Chair: Liz Senear
 - Secretary/Treasurer: Shelly Kocan
- Shelly Kocan seconded the Call to Order
- Shelly Kocan seconded the Approval of Agenda

7. Reports of Officers or Advisors

A. CEO Report

The CEO presented the December 2025 report, highlighting:

- Appreciation to the Board and community for continued support.
- Reminder of the **Annual Holiday Party on December 20, 2025, at The Pioneer.**
- Ongoing participation in **Rural Health Network discussions** with Alaska Critical Access Hospitals, Homer, and Petersburg to strengthen shared resources and operational stability.
- Exploration of **Graduate Medical Education (GME) residency partnerships** to support recruitment and retention.

- Continued focus on workforce development, service line evaluation, recruitment strategies, and long-term financial sustainability.
- Expression of gratitude to the Cordova community for its resilience, trust, and commitment to sustaining local healthcare services.

B. Budget

The 2026 budget overview was presented.

C. Budget Assumptions

Key assumptions included:

- Stable utilization patterns based on 2025 activity.
- Continued Medicare and Alaska Medicaid cost-based reimbursement.
- Conservative revenue projections with no assumed new federal rural stabilization funding.
- Continued City support for capital and deferred maintenance needs.
- Anticipated increases in salaries, benefits, insurance premiums, and continued reliance on travelers.
- Recognition of ongoing national and state rural healthcare financial pressures.

8. Discussion Items

There were no discussion items.

9. Action Items

A. DZA Engagement Memo

Motion: Approve the memo authorizing engagement with **DZA**.

Motion by: Shelly Kocan

Second by: Diane Ujioka

Roll Call Vote:

- Hayden- Yes
- Senear- Yes
- Linville- Yes
- Ujioka- Yes
- Kocan- Yes

Motion passed unanimously.

10. Audience Participation

No members of the public spoke.

11. Board Member Comments

Board members expressed appreciation to **Dr. Sanders**, CCMC administration, and all hospital staff for their continued dedication and excellent work in maintaining hospital operations and community health.

12. Executive Session

The Board entered **Executive Session** for the purpose of **Workforce Salary Structure Discussion**, as permitted under the Alaska Open Meetings Act.

(No action was taken during Executive Session.)

13. Budget Approval

Motion: Approve the **2026 CCMC Budget**.

Motion by: Liz Senear

Second by: Diane Ujioka

Roll Call Vote:

- Hayden- Yes
- Senear- Yes
- Linville- Yes
- Ujioka- Yes
- Kocan- Yes

Motion passed unanimously.

14. Adjournment

Motion: Adjourn the meeting.

Motion by: Liz Senear

Second by: Shelly Kocan

Roll Call Vote:

- Hayden- Yes
- Senear- Yes
- Linville- Yes
- Ujioka- Yes
- Kocan- Yes

The meeting adjourned at **12:56 PM**.

January 2026 CEO Board Report

January marked a steady start to the year with continued focus on workforce stability, operational reliability, and patient-centered care. Despite typical winter-related challenges, CCMC maintained essential services.

Clinical Services: Patient volumes remained consistent with seasonal expectations. Emergency Department activity reflected typical winter weather and respiratory illness patterns. Inpatient, swing and long-term care operations have started off the year slow, which is similar to historic trends.

Recruitment & Retention: Staffing is an ongoing priority. We continue to have vacancies for professional positions including physicians, behavioral health therapists, occupational therapists, ultrasound tech, and ER, long term care and hospital nurses.

We are working to develop recruitment plans hard-to-fill positions and evaluate creative strategies to support long-term retention in a rural environment. We are exploring creating a shared rural training pathway that exposes healthcare workers in training to the realities, rewards, and scope of rural healthcare. This will help build a pipeline for future recruitment and retention.

Finance: January is always busy with year-end close. The business office has been under going a software upgrade with a program called Multiview. This software improves the interface with our EMR and our accounting processes. Revenue cycle team remains focused on documentation accuracy, timely billing, and appropriate utilization to support financial stability.

Survey Readiness: CCMC continues routine review of policies, procedures, and staff education to ensure readiness for state and federal surveys. He have reviewed our quality and improvement programs and are ready to finalize our QAPI plan.

Infection Control: Heightened attention to infection prevention remains in place during peak respiratory illness season.

Alaska Rural Health Transformation Program (RHTP): This month I participated in an Alaska RHTP meeting in Anchorage, engaging with state leaders, peer hospitals, and healthcare partners. Discussions focused on rural healthcare sustainability, workforce challenges, care delivery models, and system transformation opportunities relevant to small and critical access hospitals. There is a large focus on technology improvements for rural health care. Participation in these meetings ensures CCMC remains informed, engaged, and positioned to participate in statewide initiatives that may support future funding opportunities, partnerships, and operational improvements.

Collaboration & Partnerships: Leadership continues to explore regional and community-based partnerships to strengthen access to care and long-term sustainability.

Priorities for February

- Continue focused recruitment and retention efforts
- Monitor patient flow impacts related to tele-psychiatry access
- Advance financial performance improvement initiatives
- Maintain regulatory readiness and quality oversight
- Support staff engagement and morale during winter months
- Continue participation in statewide rural health discussions and planning efforts

Cordova Community Medical Center Statistics

| Days per Month | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Cumulative | Monthly |
|-----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|---------|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | Average |
| Hosp Acute+SWB Avg. Census | | 29 | | | | | | | | | | | | |
| 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 |
| FY 2025 | 0.7 | 2.2 | 2.5 | 1.4 | 0.5 | 2.8 | 4.7 | 2.7 | 3.1 | 2.7 | 0.8 | 0.0 | | 2.0 |
| Acute Admits | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 2 | 4 | 3 | 2 | 1 | 6 | 9 | 5 | 8 | 4 | 4 | | 48 | 4.4 |
| Acute Patient Days | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 7 | 13 | 23 | 7 | 2 | 43 | 33 | 25 | 29 | 17 | 21 | | 220 | 20.0 |
| SWB Admits | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 1 | 2 | 2 | 1 | 0 | 4 | 3 | 2 | 3 | 3 | 0 | | 21 | 1.9 |
| SWB Patient Days | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 15 | 48 | 53 | 36 | 12 | 41 | 112 | 60 | 64 | 66 | 4 | | 511 | 46.5 |
| CCMC LTC Admits | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | | 3 | 0.3 |
| CCMC LTC Resident Days | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 273 | 250 | 279 | 270 | 279 | 270 | 283 | 257 | 252 | 248 | 240 | | 2,901 | 263.7 |
| CCMC LTC Avg. Census | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 8 | 8 | 8 | 8 | | | 8.7 |
| ER Visits | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 44 | 50 | 59 | 43 | 76 | 94 | 99 | 106 | 70 | 52 | 47 | | 740 | 67.3 |
| PT Procedures | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 341 | 388 | 306 | 341 | 294 | 317 | 356 | 301 | 267 | 316 | 175 | | 3,402 | 309.3 |
| OT Procedures | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 87 | 89 | 96 | 147 | 89 | 246 | 173 | 136 | 135 | 152 | 0 | | 1,350 | 122.7 |
| Lab Tests | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 542 | 447 | 627 | 787 | 672 | 872 | 746 | 603 | 735 | 579 | 449 | | 7,059 | 641.7 |
| X-Ray Procedures | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 79 | 61 | 62 | 51 | 67 | 100 | 83 | 77 | 86 | 88 | 56 | | 810 | 73.6 |
| CT Procedures | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 23 | 20 | 32 | 20 | 28 | 45 | 48 | 56 | 36 | 32 | 29 | | 369 | 33.5 |
| CCMC Clinic Visits | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 201 | 175 | 196 | 181 | 220 | 219 | 207 | 186 | 235 | 262 | 201 | | 2,283 | 207.5 |
| Behavioral Hlth Visits | | | | | | | | | | | | | | |
| 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 |
| FY 2025 | 108 | 86 | 82 | 107 | 87 | 87 | 118 | 104 | 99 | 99 | 104 | | 1,081 | 98.3 |

CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT
FOR THE 11 MONTHS ENDING 11/30/25

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| | ----- S I N G L E ----- | | | | ----- Y E A R T O ----- | | | |
|------------------|-------------------------|-----------|-------------|-------|-------------------------|------------|-------------|-------|
| | ACTUAL | BUDGET | \$ VARIANCE | % VAR | ACTUAL | BUDGET | \$ VARIANCE | % VAR |
| REVENUE | | | | | | | | |
| ACUTE | 169,836 | 154,841 | 14,995 | 9 | 2,636,238 | 1,703,257 | 932,980 | 54 |
| SWING BED | 50,996 | 304,393 | (253,397) | (83) | 4,319,345 | 3,380,327 | 939,017 | 27 |
| LONG TERM CARE | 405,125 | 445,719 | (40,593) | (9) | 4,895,257 | 5,060,865 | (165,608) | (3) |
| CLINIC | 116,732 | 111,226 | 5,505 | 4 | 1,080,311 | 1,223,496 | (143,185) | (11) |
| ANCILLARY DEPTS | 337,113 | 290,139 | 46,974 | 16 | 3,947,291 | 3,191,534 | 755,757 | 23 |
| EMERGENCY DEPART | 274,507 | 369,423 | (94,915) | (25) | 5,059,298 | 4,063,656 | 995,641 | 24 |
| BEHAVIORAL HEALT | 24,578 | 22,343 | 2,234 | 9 | 257,168 | 245,781 | 11,386 | 4 |
| RETAIL PHARMACY | 203,268 | 180,880 | 22,387 | 12 | 2,324,186 | 1,989,689 | 334,496 | 16 |
| | ----- | ----- | ----- | | ----- | ----- | ----- | |
| PATIENT SERVIC | 1,582,159 | 1,878,968 | (296,809) | (15) | 24,519,096 | 20,858,609 | 3,660,487 | 17 |
| DEDUCTIONS | | | | | | | | |
| CHARITY | 14,667 | 10,759 | (3,908) | (36) | 145,206 | 126,354 | (18,851) | (14) |
| CONTRACTUAL ADJU | 208,278 | 477,434 | 269,155 | 56 | 6,683,972 | 5,267,847 | (1,416,125) | (26) |
| ADMINISTRATIVE A | 23,359 | 17,332 | (6,027) | (34) | 138,770 | 181,238 | 42,467 | 23 |
| BAD DEBT | (98,899) | 26,146 | 125,046 | 478 | 770,891 | 257,611 | (513,280) | (199) |
| | ----- | ----- | ----- | | ----- | ----- | ----- | |
| DEDUCTIONS TOT | 147,406 | 531,672 | 384,266 | 72 | 7,738,841 | 5,833,051 | (1,905,789) | (32) |
| COST RECOVERIES | | | | | | | | |
| GRANTS | 115,171 | 117,983 | (2,811) | (2) | 500,780 | 485,247 | 15,533 | 3 |
| IN-KIND CONTRIBU | 16,694 | 216,662 | (199,968) | (92) | 383,740 | 383,288 | 452 | 0 |
| OTHER REVENUE | 244,102 | 11,533 | 232,568 | 2016 | 339,481 | 126,872 | 212,608 | 167 |
| | ----- | ----- | ----- | | ----- | ----- | ----- | |
| COST RECOVERIE | 375,968 | 346,180 | 29,788 | 8 | 1,224,002 | 995,408 | 228,593 | 22 |
| | ----- | ----- | ----- | | ----- | ----- | ----- | |
| TOTAL REVENUES | 1,810,722 | 1,693,476 | 117,245 | 6 | 18,004,257 | 16,020,966 | 1,983,291 | 12 |
| EXPENSES | | | | | | | | |
| WAGES | 571,866 | 532,803 | (39,062) | (7) | 5,893,316 | 5,957,732 | 64,415 | 1 |
| TAXES & BENEFITS | 271,650 | 286,047 | 14,396 | 5 | 2,839,223 | 3,115,224 | 276,001 | 8 |
| PROFESSIONAL SER | 234,041 | 251,266 | 17,224 | 6 | 3,000,400 | 2,761,063 | (239,337) | (8) |
| SUPPLIES | 190,828 | 195,247 | 4,419 | 2 | 2,404,646 | 2,135,731 | (268,914) | (12) |
| MINOR EQUIPMENT | 2,574 | 2,104 | (470) | (22) | 67,340 | 23,150 | (44,190) | (190) |
| REPAIRS & MAINT | 2,335 | 14,586 | 12,250 | 83 | 83,303 | 160,450 | 77,147 | 48 |
| RENTS & LEASES | 14,038 | 12,429 | (1,609) | (12) | 150,512 | 136,825 | (13,687) | (10) |
| UTILITIES | 45,978 | 48,456 | 2,477 | 5 | 494,464 | 533,018 | 38,553 | 7 |
| TRAVEL & TRAININ | 6,197 | 7,965 | 1,768 | 22 | 91,517 | 89,603 | (1,914) | (2) |
| INSURANCES | 23,167 | 21,180 | (1,986) | (9) | 246,969 | 227,196 | (19,773) | (8) |
| RECRUIT & RELOCA | 234 | 383 | 149 | 38 | 18,337 | 4,216 | (14,120) | (334) |
| DEPRECIATION | 47,815 | 47,093 | (722) | (1) | 539,175 | 533,341 | (5,833) | (1) |
| OTHER EXPENSES | 16,314 | 16,609 | 294 | 1 | 174,472 | 185,816 | 11,343 | 6 |
| | ----- | ----- | ----- | | ----- | ----- | ----- | |
| TOTAL EXPENSES | 1,427,043 | 1,436,172 | 9,129 | 0 | 16,003,681 | 15,863,371 | (140,309) | (0) |
| | ----- | ----- | ----- | | ----- | ----- | ----- | |
| OPERATING INCO | 383,678 | 257,303 | 126,374 | 49 | 2,000,576 | 157,594 | 1,842,981 | 1169 |
| NET INCOME | 383,678 | 257,303 | 126,374 | 49 | 2,000,576 | 157,594 | 1,842,981 | 1169 |
| | ===== | ===== | ===== | | ===== | ===== | ===== | |

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 11/30/25

| | Current Year | Prior Year | Net Change |
|-------------------------------|--------------|--------------|------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| CASH | 4,332,054 | 2,296,685 | 2,035,369 |
| NET ACCOUNT RECEIVABLE | 2,555,527 | 2,405,386 | 150,141 |
| THIRD PARTY RECEIVABLE | (1,934) | (101,399) | 99,465 |
| CLEARING ACCOUNTS | 163,671 | 96,692 | 66,978 |
| PREPAID EXPENSES | 208,777 | 225,498 | (16,721) |
| INVENTORY | 516,559 | 516,644 | (84) |
| | ----- | ----- | ----- |
| TOTAL CURRENT ASSETS | 7,774,655 | 5,439,507 | 2,335,147 |
| PROPERTY PLANT & EQUIPMENT | | | |
| LAND | 122,010 | 122,010 | |
| BUILDINGS | 8,666,889 | 8,666,889 | |
| EQUIPMENT | 10,204,448 | 10,142,184 | 62,264 |
| CONSTRUCTION IN PROGRESS | 7,186 | 5,101 | 2,085 |
| | ----- | ----- | ----- |
| SUBTOTAL PP&E | 19,000,533 | 18,936,184 | 64,349 |
| LESS ACCUMULATED DEPRECIATION | (15,768,316) | (15,194,041) | (574,274) |
| | ----- | ----- | ----- |
| TOTAL PROPERTY & EQUIPMENT | 3,232,217 | 3,742,142 | (509,925) |
| OTHER ASSETS | | | |
| GOODWILL - PHARMACY | 150,000 | 150,000 | |
| GOODWILL - PHARMACY | (118,750) | (103,750) | (15,000) |
| PERS DEFERRED OUTFLOW | 792,989 | 949,242 | (156,253) |
| TOTAL OTHER ASSETS | 824,239 | 995,492 | (171,253) |
| | ----- | ----- | ----- |
| TOTAL ASSETS | 11,831,112 | 10,177,143 | 1,653,969 |
| | ===== | ===== | ===== |

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 11/30/25

| | Current Year | Prior Year | Net Change |
|-----------------------------------|--------------|-------------|------------|
| LIABILITIES AND FUND BALANCE | | | |
| CURRENT LIABILITIES | | | |
| ACCOUNTS PAYABLE | 437,966 | 493,682 | (55,716) |
| PAYROLL & RELATED LIABILITIES | 1,147,470 | 682,925 | 464,545 |
| INTEREST & OTHER PAYABLES | 945 | 669 | 275 |
| LONG TERM DEBT - CITY | 5,466,458 | 5,466,458 | |
| OTHER CURRENT LONG TERM DEBT | 297,456 | 369,723 | (72,267) |
| | ----- | ----- | ----- |
| TOTAL CURRENT LIABILITIES | 7,350,297 | 7,013,459 | 336,837 |
| LONG TERM LIABILITIES | | | |
| NET PENSION LIABILITY | 8,778,433 | 8,625,106 | 153,327 |
| TOTAL LONG TERM LIABILITIES | 8,778,433 | 8,625,106 | 153,327 |
| DEFERRED INFLOWS OF RESOURCES | | | |
| PENSION DEFERRED INFLOW | (3,607,683) | (3,759,735) | 152,052 |
| TOTAL DEFERRED INFLOWS | (3,607,683) | (3,759,735) | 152,052 |
| TOTAL LIABILITIES | 12,521,047 | 11,878,830 | 642,216 |
| NET POSITION (EQUITY) | | | |
| UNRESTRICTED FUND BALANCE | (2,710,351) | (1,909,527) | (800,824) |
| TEMPORARY RESTRICTED FUND BALANCE | 19,840 | 18,513 | 1,326 |
| CURRENT YEAR NET INCOME | 2,000,576 | 189,326 | 1,811,250 |
| | ----- | ----- | ----- |
| TOTAL NET POSITION | (689,934) | (1,701,687) | 1,011,752 |
| TOTAL LIABILITIES & NET POSITION | 11,831,112 | 10,177,143 | 1,653,969 |
| | ===== | ===== | ===== |

Cordova Community Medical Center Medical Director 4th Quarter 2025 Report

January 16, 2026

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 46 chart reviews performed for the 3rd and 4th quarter of 2025. There were no significant issues in care, no trends and no unusual occurrences that needed to be addressed. Our current physicians continue to provide excellent care across a very broad spectrum of illnesses and injuries. We are actively searching for more physicians to add to our emergency department rotation.

Our long-term care census is currently at eight residents after the death of one of our long-time residents. We are continuously searching for people to fill our beds. I am in regular contact with all of the health care providers in town reminding them of our bed availability. Our swing bed program continues to get patients regularly.

We did have some influenza and covid cases in the past couple of months and have weathered them fairly well. It is possible that we will see a second influenza spike in the next couple of months, so please make sure people know it is not too late to get their flu vaccine. We know this helps prevent the flu and make it less severe in those who happen to still get it.

Respectfully,

Curtis M. Bejes, M.D.

Cordova Community MEDICAL CENTER

Board of Directors

Quarterly Quality Report

January 2026

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 2025.

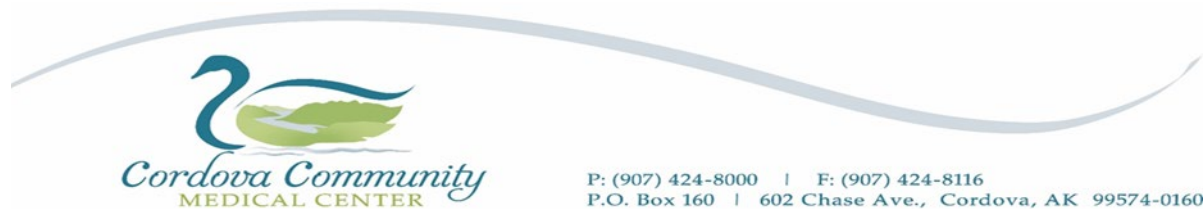
Recent quality related events:

- CCMC joined a state of Alaska Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) pilot project. The pilot project will allow us to deploy our own patient experience survey, instead of relying on mailed surveys from a vendor. We are focusing on the swing bed patient experience, inquiring specifically about the quality of nursing care, rehab therapist communication, discharge planning communication and the patients rating of their stay overall. We have already started administering surveys and hope to obtain helpful qualitative and quantitative data on the patient experience at CCMC as well as save over 13,000 in HCAHPS vendor services annually.
- Many of our staff will have the opportunity to attend a De-escalation course presented by Ilanka clinic staff in late January.
- Please look forward to one or two short educational presentations about the basics of hospital quality work and an opportunity for further discussion, questions and board member feedback in 2026 board meetings.
- The QAPI (quality assurance process improvement) team will meet later this month to discuss our ongoing quality work. Current process improvement projects include: hand hygiene monitoring in all aspects of the medical center, new ultrasound services cost benefit analysis, revamping the staff annual performance survey, and improving how we electronically store/display swing bed care plans.

- 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



Director of Nursing Report

4th Quarter 2025

1/15/2026

Leadership

CCMC continues to focus on quality of care and improving staff satisfaction and retention within each department. We saw a drop in our patient numbers during the 4th quarter. Daniella Rossi continues to assist the leadership team from afar with MDS coordination and long-term care needs. Kari Collins started on October 13th as the interim LTC DON and has been a huge asset in continuing to ensure we remain survey ready. We expect our next LTC survey, and potentially a CAH survey, within the next month. Nursing leadership is currently brainstorming for us of Rural Health Transformation funds and encouraging feedback from staff on areas of need.

Staffing

We are stable in having 4 full-time permanent nurses (2 LTC, 2 ER), 2 as-needed ER nurses, 3 as-needed Float nurses for the swing and acute patients, and 5 full-time travel nurses (3 ER/Float, 2 LTC). There are multiple RNs at CCMC in other roles, that are trained to cover in LTC and acute if necessary. We are continuing to seek permanent full-time ER, Float, and LTC nurses. Our Certified Nursing Assistants (CNA) are all permanent staff, and all 4 of our current full-time Unit Clerks are licensed CNAs as well.

Although this quarter was slow, the year was busy enough to warrant planning ahead for the 2026 busy season. We continue to staff our float shifts with current nurses, as needed, if the census increases, but also have a plan in place to hire full-time nursing staff starting in April in anticipation of more patient admissions. CNAs are also able to cover some of these float shifts, to provide extra support to our team when things get unexpectedly busy. Our hospital case manager, Olivia Carroll, has been busy assisting our hospitalized patients with insurance and social needs, as well as coordinating referrals from outside facilities.

Education Plan

There is a Pediatric Readiness Course available through AHHA for \$35 that nursing staff have been encouraged to register for. We have been focusing on pediatric readiness in the ER by going through critical supplies, adding various sizes of equipment, discussing potential medications to add to formulary with providers.

We continue to encourage and assist employees with education goals as often as possible. Our hope is to foster an atmosphere of growth and encourage learning among current staff, so that we can continue to offer excellent and safe patient care in all departments. This includes looking for ways to expand service offerings at CCMC that require special nurse certification, such as a certified infusion nurse.

Census

We currently have 8 Long Term Care residents, having lost a long-time resident just after the new year. There were a total of 5 swing bed patients during the 3rd quarter, for a combined total of 70 swing bed days. Four of these patients were locals, and one was the result of an outside referral.

Let me know if you have any questions. Happy New Year!

Olivia Moreno

CNO

CCMC Authority Board of Director's Quarterly Report
January 20, 2026
Clinic & Ancillary Services
Tamara Russin

Clinic

The main Clinic provider is Laura Henneker, FNP. When she is gone, things tend to be quieter, unless there is an acute issue in a regular patient. CCMC is lucky to have Olivia Moreno, FNP, who can step in and help cover Laura's regular patients in her absence. Noelle Camareno, FNP, provides coverage every Friday as well as other times as needed. And the Emergency Room provider handles ER follow-ups and other acute issues during limited hours. When community members ask who is working at CCMC Clinic these days, the answer is a great group of providers that work well together.:)

Dr. Kaufman of Anchorage Foot and Ankle is returning to Cordova February 23-24. She has scheduled three clinics in Cordova for 2026. Call 907-344-2155 to schedule.

Dr. Barry, pediatrician, will be in Clinic February 25. Call 907-424-8200 to schedule.

Dr. Metzger, orthopedics, will be here for Dr. Gray February 12-13. He is Dr. Gray's PA and was here once last year as well. Call 907-771-3500 to schedule appointments.

Dr. Horner, dermatologist, will be in Clinic March 10. Her Clinic fills up very quickly! Call 907-424-8200.

Also, Northland Audiology will be in Cordova February 17-18 for current patients. Dr. Sjostedt will only be taking new patients as time allows. Call 907-789-6780 to schedule.

Lab/Radiology/Rehab Services

Radiology: The ultrasound tech for Ilanka Community Health Center (IHC) retired after her visit in December and CCMC will be providing ultrasound services for the community. Bonnie, a traveling tech, arrived in Cordova January 7 and has done several ultrasounds. She is getting everything ready to provide services Monday-Friday, 8:00 – 5:00. Order forms have been sent to IHC and can be forwarded to Anchorage or other providers as needed.

Lab: Lab services remain available 24/7. Living in a remote location with flights cancelled for weather or other reasons can make technical help hard to get for the lab. The techs do an amazing job of troubleshooting and fixing things using phone calls, video calls, and experience.

PT/OT/Speech: Rehab staff remains stable. The workload for OT and PT varies depending on the number of hospital inpatients. CCMC has been lucky in having therapists that are dedicated to improving the quality of life for our long-term care residents. If there is space in therapy schedules, the therapists help with activities and exercise for residents and have a great relationship with them.

January 2026 Board Report (10/1/2025-12/31/2025)

Sound Alternatives

Barb Jewell-Director of Community Services

Behavioral Health

Sound Alternatives provided 295 services to 41 clients in this past quarter. Referrals increased, but services were down due to a number of circumstances: clinician vacation, holidays and a high number of cancellations primarily due to illnesses. We had an increase in emergency services. Staff provided 17 Crisis Intervention services in the hospital and office to 4 individuals.

Outreach activities included continued engagement with the school through Lunch Bunch, informational boards and brochures, and reengagement with the Cordova Providers meeting now being facilitated by Cordova Family Resources Center.

Our travelling Clinician will end her contract in February. We are recruiting for both a temporary and a permanent Directing Clinician.

Dietary & Senior Services

Dietary staff provided a total of 4747 meals this quarter, roughly 700 less than last quarter, common as people leave town for the winter and the holidays. We also had fewer LTC and swing residents. We provided 1525 meals for Long Term Care, 901 meals through the Congregate meal program and 1521 Home delivered meals, 428 meals for staff, 155 meals for Acute Care Patients and 217 meals for swing bed patients.

In addition to meals, we provided 483 rides this past quarter. We also provided 53 Homemaker services. These services include picking up groceries or medications.



Memorandum

To: CCMC Authority Board of Directors
From: Administration
Subject: Approval of the 2026 QAPI Plan
Date: 1/26/2026

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the CCMC 2026 QAPI Plan as presented."

Quality Assurance and Performance Improvement Plan

**Cordova Community
Medical Center
Critical Access Hospital &
Long Term Care 2026**

**Cordova Community
Medical Center, Cordova,
AK**

Effective Date:

JANUARY 1, 2026

Design & Scope

Statements and Guiding Principles:

Our Mission: As a partner in our community, Cordova Community Medical Center (CCMC) provides personalized service to support the health and well-being of all people through their journeys in life.

Our Values: Respect, Integrity, Stewardship, Compassion and Excellence

CCMC is dedicated to the highest level of professional and ethical standards in our service to the community. Staff and Administration work in partnership with one another, visiting specialists and their staffs, and other community providers, based on respect and the highest professional standards. Employees comply with all applicable federal and state laws and regulations in the course of carrying out CCMC's mission, act honestly and with integrity at all times, and provide the best possible care to all patients in a friendly, helpful and compassionate manner.

Types of Care and Services:

Skilled Nursing

Long-Term Care

Emergency & Acute Care

Post-acute care

Dietary

Dining

Dietician

Senior Program

Housekeeping

Laundry

Janitorial

Maintenance

Building

Landscaping/Groundskeeping

Therapy

Outpatient

Inpatient

Skilled Rehabilitation

Occupational

Equipment

Health Information Services

EHR/EMR

MDS

Social Services

Activities

Behavioral Health

Care Coordination

Pharmacy

Staff Education

On-boarding and Orientation

Internal Continuing Education

External Continuing Education

(Conferences, Symposiums, etc.)

Business Office

Staffing

Billing

Human Resources

Addressing Care and Services:

CCMC Long Term Care (LTC) and Critical Access Hospital (CAH) QAPI Plan

Effective date: January 1, 2026

The QAPI program will aim for safety and high quality with all clinical interventions and service delivery while emphasizing autonomy, choice, and quality of daily life for patients, residents and family by ensuring our data collection tools and monitoring systems are in place and are consistent for proactive analysis, system failure analysis, and corrective action.

The scope of the QAPI program encompasses all types and segments of care and services that impact clinical care, quality of life, resident choice, and care transitions. These include, but are not limited to, customer service, care management, patient safety, credentialing, provider relations, human resources, finance, and information technology.

Aspects of service and care are measured against established performance goals. Key measures are monitored and trended on a quarterly and/or annual basis.

Defining and Measuring Goals:

The organization will utilize the best available evidence including data, national benchmarks provided by national associations, clinical organizations guidelines, and federal and state provided databases (e.g. CMS Quality Measures, Five-Star Quality Rating System, survey data) to establish baselines for organizational practices and goal-setting. The organization will continue to monitor progress toward goals by comparing its results to these benchmarks and its historical performance.

Governance & Leadership

Administrative Leaders:

Name Role:

| | |
|--------------------|---|
| Hannah Sanders, MD | Chief Executive Officer / Administrator |
| Anne Linville | Board Chairperson |
| Liz Senear | Board Vice Chairperson |
| Shelly Kocan | Board Secretary/Treasurer |
| Dianne Uijoka | Board Member |
| Kelsey Hayden | Board Member |

Direction of QAPI Activities:

CCMC CAH & Long Term Care QAPI Plan Effective date: January 1, 2026

The Governing Body and Quality Improvement Committee of the hospital and nursing center develop a culture that involves leadership-seeking input from staff, patients, residents, their families, and other stakeholders.

The Governing Body is responsible for the development and implementation of the QAPI program. The Governing Body is responsible for:

- 1) Identifying and prioritizing problems based on performance indicator data.
- 2) Incorporating resident and staff input that reflects organizational processes, functions, and services provided to residents.
- 3) Ensuring that corrective actions address gaps in the system and are evaluated for effectiveness.
- 4) Setting clear expectations for safety, quality, rights, choice, and respect.
- 5) Ensuring adequate resources exist to conduct QAPI efforts.

The QAPI Committee reports to the executive leadership and Governing Body and is responsible for:

- 1) Meeting, at minimum, on a quarterly basis; more frequently, if necessary.
- 2) Coordinating and evaluating QAPI program activities.
- 3) Developing and implementing appropriate plans of action to correct identified quality deficiencies.

- 4) Regularly reviewing and analyzing data collected under the QAPI program and data resulting from drug regimen review and acting on available data to make improvements.
- 5) Determining areas for Performance Improvement Plans (PIPs) and Plan-Do-Study-Act (PDSA) rapid cycle improvement projects.
- 6) Analyzing the QAPI program performance to identify and follow up on areas of concern and/or opportunities for improvement.

Staff QAPI Adoption:

The QAPI program will be structured to incorporate input, participation, and responsibility at all levels. The Governing Body and QAPI Committee of the hospital will develop a culture that involves leadership-seeking input from staff, patients, residents, their families, and other stakeholders; encourages and requires staff participation in QAPI initiatives when necessary; and holds staff accountable for taking ownership and responsibility of assigned QAPI activities and duties.

QAPI Committee

QAPI Committee Members:

Medical Director/Designee: Curtis Bejes, MD

Administrator/Owner/Board Member/Other Leader:

Hannah Sanders, MD

Chief Nursing Officer: Olivia Moreno, RN

Interim Long Term Care Nursing Director: Kari Collins

Infection Prevention & Control Officer: Kathleen Castellano

Director of Operations and Quality: Noelle Camarena

Additional Committee Members:

Name Role

Benjamin Head, MD Chief of Staff

Laura Henneker FNP

Denna Stavig, Director of Finance

Daniella Rossi, Nursing Manager and MDS coordinator for Long Term Care

Cherlynn Osmun, Corporate Compliance

Kim Wilson, Human Resources

Holly Rikkola, Health Information Management (HIM)

Heidi Voss, Retail Pharmacist

Tim Hokanson Hospital Pharmacist

Vivian Knop, Materials Manager

Brian Rezek, Facility Manager

Monica Shaw, Dietary Manager

Barbara Jewell, Sound Alternatives Program Manager

Carmen Nourie, Medical Laboratory Director

Vanessa Stocks, Radiology, Technologist:

Andrew Simmonds, Physical Therapist

Gloria Smith, Occupational Therapist

Feedback, Data Systems & Monitoring

Monitoring Process:

The system to monitor care and services will continuously draw data from multiple sources. These feedback systems will actively incorporate input from staff, patients, residents, families, and others, as appropriate. Performance indicators will be used to monitor a wide range of processes and outcomes, and will include a review of findings against benchmarks and/or targets that have been established to identify potential opportunities for improvement and corrective action. The system also maintains a system that will track and monitor adverse events that will be investigated every time they occur.

Action plans will be implemented to prevent recurrence.

CCMC will take a systematic approach to evaluating potential problems and opportunities for improvement through continuous cycles of data gathering and analysis. This is accomplished through a variety of assessments such as patients, resident, family, and staff interviews; resident observations; medical record reviews; in-depth clinical reviews; facility level process reviews; and MDS data analysis.

Monitored Data Sources:

Assessments

QAPI Assessments

Resident-Level Investigations

Patient-Level Investigations

Facility-Level Investigations

Resident Satisfaction

Patient Satisfaction

Family Satisfaction

Centers for Medicare and Medicaid Services

Comparative Survey Data

Survey Data

Five Star Quality Rating System

CMS Quality Measures

State Survey Reports

Industry Associations

America Health Care Association /National Center for Assisted Living Trend Tracker

Internal Systems

Resident/Patient/Family Complaints

Resident/Patient/Family Suggestions

Staff Complaints

Staff Suggestions

Minimal Data Sets (MDS)

Electronic Medical Record /Electronic Health Record (EMR/EHR)

Additional Systems:

Adverse/Never Event Tracking System:

Medication Errors, Falls with Injuries, Infections, Elopement

Method of Monitoring Multiple Data Sources:

Information will be collected on a routine basis from the previously identified sources and the data will be analyzed against the appropriate benchmarks and target goals for the organization.

Performance Improvement Projects (PIPs)

Overall PIP Plan:

Performance Improvement Projects will be a concentrated effort on a particular problem in one area of the nursing center or on a facility-wide basis. They will involve gathering information systematically to clarify issues or problems and intervening for improvements. CCMC will conduct PIPs to examine and improve care or services in areas identified as needing attention.

PIP Determination Process:

Areas for improvement are identified by routinely and systematically assessing quality of care and service, and include high risk, high volume, and problem prone areas. Consideration will be given to the incidence, prevalence, and severity of problems, especially those that affect health outcomes, resident or patient safety, autonomy, choice, quality of life, and care coordination. All staff are responsible for assisting in the identification of opportunities for improvement and are subject to selection for participation in PIPs.

Assigning Team Members:

When a performance improvement opportunity is identified as a priority, the Quality Improvement Committee will initiate the process to charter a PIP team. This charter describes the scope and objectives of the improvement project so the team working on it has a clear understanding of what they are being asked to accomplish. Team members will be identified from internal and external sources by the Quality Improvement Committee or designated project manager, and with relationship to their skills, service provision, job function, and/or area of expertise to address the performance improvement topic.

Managing PIP Teams:

The PIP project director or manager will manage the day-to-day operations of the PIP and will report directly to the Quality Improvement Committee.

Documenting PIPs:

PIPs will be documented continuously during execution. The documentation will include the overall goals for the project and will identify team members, define appropriate measures, root cause analysis findings, interventions, PDSA cycle findings, meeting minutes, target dates, and overall conclusions.

Systematic Analysis & Systemic Action

Recognizing Problems and Improvement Opportunities:

We will use a thorough and highly organized/structured root cause analysis approach (e.g. Failure Mode and Effects Analysis, Flow Charting, Five Whys, Fishbone Diagrams, etc.) to determine if and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. This systematic approach will help to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change.

These systemic actions will look comprehensively across all involved systems to prevent future events and promote sustained improvement. The focus will be on continuous learning and improvement.

Identifying Change as an Improvement:

CCMC CAH & Long Term Care QAPI Plan

Changes will be implemented using an organized and systematic process. The process will depend on the nature of the change to be implemented, but will always include clear communication of the structure, purpose, and goals of the change to all involved parties. Measures will be established that will monitor progress and change during PDSA cycles for PIPs and widespread improvement activities.

Communications & Evaluation

Internal and External QAPI Communication:

Regular reports and updates will be provided to the Board of Directors, management, staff, resident/family council, external partners, and other stakeholders. This will be accomplished through multiple communications channels and media such as staff meetings, new hire orientation, staff training sessions, e-mail updates and memos, storyboards, resident and family councils, newsletter articles, administration reports, local media, and social media.

Identifying a Working QAPI Plan:

On at least an annual basis, or as needed, the QAPI Self-Assessment will be conducted. This will be completed with the input from the entire QAPI team and organizational leadership. The results of this assessment will direct us to areas we need to work on in order to establish and improve QAPI programs and processes in our organization.

We will also conduct an annual facility assessment to identify gaps in care and service delivery in order to provide necessary services. These items will be considered in the development and implementation of the QAPI plan.

Assessment results over time.

Revising our QAPI Plan:

The Quality Improvement Committee will review and submit proposed revisions to the Governing Body for approval on an annual and/or as needed basis.

Record of Plan Review:

Board Chair Signature

Date

This document is intended to contain information, reports, statements, or memoranda that are subject to the "medical peer review" privilege or comparable state statute. This document is confidential and is meant for the intended recipient only. It is prepared as an integral part of Quality Assurance and Performance Improvement (QAPI) and it is used by the QAPI Committee to help identify, assess, and evaluate, through self-critical analysis, quality and performance issues. Further, it is used to develop initiatives to improve quality of care and quality of life for residents. If you have received this document in error, please delete it from your records.

CCMC Long Term Care QAPI Plan Effective date: January 1, 2026



Memorandum

To: CCMC Authority Board of Directors

Subject: Approval of limited Privileges for Dr. Robert Hurlow, MD

Date: 1/29/2026

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Dr. Robert Hurlow, MD as presented."



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

PRACTITIONER CREDENTIALING

January 29, 2026

Ann Linville, Chair
CCMC Authority Board
ccmcboardseata@cdvcmc.com
Cordova Community Medical Center
Cordova, AK 99574

RE: Robert Hurlow, MD

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, and professional references. We recommend Dr Hurlow to be approved for limited privileges with medical staff approved proctoring plan at Cordova Community Medical Center.

Sincerely,

Signed by:

Ben Head

DC3EB6881E474A0...

Benjamin Head, MD
Chief of Staff

21 January 2026 | 4:21 PM AKST

Date

Signed by:

Hannah Sanders

A9259C1E5177486...

Hannah Sanders, MD
Chief Executive Officer

21 January 2026 | 5:01 PM AKST

Date