



## 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](http://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 undergoing 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 Total	Monthly Average
Hosp Acute+SWB Avg. Census	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
			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	9	9	9		8.7
FY 2025	9	9	9	9	9	9	9	8	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      M O N T H				Y E A R      T O      D A T E			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
<b>REVENUE</b>								
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
<b>DEDUCTIONS</b>								
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)
<b>COST RECOVERIES</b>								
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
<b>EXPENSES</b>								
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 & MAINTE	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
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
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
 <b>PROPERTY PLANT &amp; EQUIPMENT</b>			
LAND	122,010	122,010	0
BUILDINGS	8,666,889	8,666,889	0
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)
 <b>OTHER ASSETS</b>			
GOODWILL - PHARMACY	150,000	150,000	0
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
<b>LIABILITIES AND FUND BALANCE</b>			
<b>CURRENT LIABILITIES</b>			
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)
<hr/>	<hr/>	<hr/>	<hr/>
<b>TOTAL CURRENT LIABILITIES</b>	<b>7,350,297</b>	<b>7,013,459</b>	<b>336,837</b>
<b>LONG TERM LIABILITIES</b>			
NET PENSION LIABILITY	8,778,433	8,625,106	153,327
<b>TOTAL LONG TERM LIABILITIES</b>	<b>8,778,433</b>	<b>8,625,106</b>	<b>153,327</b>
<b>DEFERRED INFLOWS OF RESOURCES</b>			
PENSION DEFERRED INFLOW	(3,607,683)	(3,759,735)	152,052
<b>TOTAL DEFERRED INFLOWS</b>	<b>(3,607,683)</b>	<b>(3,759,735)</b>	<b>152,052</b>
 <b>TOTAL LIABILITIES</b>	 <b>12,521,047</b>	 <b>11,878,830</b>	 <b>642,216</b>
<b>NET POSITION (EQUITY)</b>			
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
<hr/>	<hr/>	<hr/>	<hr/>
<b>TOTAL NET POSITION</b>	<b>(689,934)</b>	<b>(1,701,687)</b>	<b>1,011,752</b>
 <b>TOTAL LIABILITIES &amp; NET POSITION</b>	 <b>11,831,112</b>	 <b>10,177,143</b>	 <b>1,653,969</b>
<hr/>	<hr/>	<hr/>	<hr/>

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 3<sup>rd</sup> and 4<sup>th</sup> 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



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

Director of Nursing Report

4<sup>th</sup> 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 4<sup>th</sup> quarter. Daniella Rossi continues to assist the leadership team from afar with MDS coordination and long-term care needs. Kari Collins started on October 13<sup>th</sup> 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 (ICHC) 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 ICHC 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

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**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:

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**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

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**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:



DC3EB6881E474A0...  
Benjamin Head, MD  
Chief of Staff

21 January 2026 | 4:21 PM AKST

Date

Signed by:

  
A9259C1E5177486...  
Hannah Sanders, MD  
Chief Executive Officer

21 January 2026 | 5:01 PM AKST

Date