



**CCMC HOSPITAL SERVICES BOARD OF DIRECTORS
AGENDA
FEBRUARY 26, 2025, SPECIAL 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

1. January 29, 2026, Meeting Minutes

Pgs 1-5

E. REPORTS OF OFFICERS OR ADVISORS

1. CEO Report
2. December 2025 Financials
3. December 2025 Statistics

Pgs 6-7

Pgs 8-10

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F. DISCUSSION ITEMS

1. CAH Periodic Evaluation

Pgs 12-25

G. ACTION ITEMS

1. Memo for Credentialing
 - i. Noelle Camarena, RN FNP

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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

Hospital Services Board of Directors

Special Meeting Minutes

Date: January 29, 2025

Time: 12:00 PM

Location: Hybrid – In Person / Teleconference

1. Call to Order

The meeting was called to order at **12:00 PM**.

2. Roll Call

Board Members Present:

- Kelsey Hayden
- Anne Linville
- Shelly Kocan
- Diane Ujioka

Board Members Absent:

- Liz Senear

A quorum was established.

3. Visitors

No visitors were present.

4. Conflict of Interest

No conflicts of interest were declared.

5. Approval of Agenda

Motion: Kelsey Hayden

Second: Shelly Kocan

Vote:

- Kelsey Hayden – Yes
- Anne Linville – Yes
- Shelly Kocan – Yes
- Diane Ujioka – Yes
- Liz Senear – Absent

Result: Motion passed unanimously.

6. Approval of Minutes

Motion: Kelsey Hayden

Second: Shelly Kocan

Vote:

- Kelsey Hayden – Yes
- Anne Linville – Yes
- Shelly Kocan – Yes
- Liz Senear – Absent

Result: Motion passed unanimously.

7. Reports

CEO Report

The CEO reported on year-end operational activities, quality reporting, and extensive work related to the upcoming **Rural Health Transformation Program** funding. Key points included:

- Anticipated accelerated grant timelines and spending requirements
- Emphasis on technology innovation, workforce retention, and non-supplanting of existing services
- Preliminary project concepts including pharmacy upgrades, hazardous medication infusion capability, telehealth partnerships, kitchen and community space improvements, workforce training programs, and participation in state pilot programs

Board discussion followed regarding potential projects and strategic planning.

Financial Report

November financials were reviewed; December financials were in progress at the time of the meeting. Key points included:

- November results were favorable due to adjustments in contractual allowances
- December expected to reflect a significant negative balance due to a large Medicaid repayable
- Clarification was provided regarding unrestricted fund balance and retained earnings

Medical Director Report

The written quarterly report was provided. No quality or peer review issues were identified. The Medical Director continues regular engagement with medical staff.

Quality Report

The written quality report was reviewed. Highlights included:

- Ongoing quality improvement efforts
- Application for the NCAL Silver Quality Award
- Transition to a new patient survey system through a state pilot program

Nursing Department Report

The Director of Nursing was not present. Updates were provided regarding:

- Continued recruitment efforts
- Staffing and education initiatives
- Leadership support provided by the Chief Nursing Officer

Clinical Services Report

Updates included:

- Ultrasound services fully operational Monday–Friday
- Ongoing occupational therapy coverage
- Dermatology clinic scheduled for March 10, 2026
- Podiatry services resuming with multiple visits planned in 2026
- Continued collaboration with regional providers

8. Action Items

Action Item 1: Approval of 2026 QAPI Plan

Motion: Shelly Kocan

Second: Diane Ujioka

Vote:

- Anne Linville – Yes
- Diane Ujioka – Yes
- Shelly Kocan – Yes
- Kelsey Hayden – Yes
- Liz Senear – Absent

Result: Motion passed unanimously.

Action Item 2: Approval of Delineation of Privileges – Dr. Robert Herlow, MD

Motion: Diane Ujioka

Second: Kelsey Hayden

Vote:

- Shelly Kocan – Yes
- Kelsey Hayden – Yes
- Anne Linville – Yes
- Diane Ujioka – Yes
- Liz Senear – Absent

Result: Motion passed unanimously.

9. Audience Participation

No audience members were present.

10. Board Member Comments

Board members expressed appreciation for staff efforts, innovation, and continued progress despite staffing and financial challenges.

11. Executive Session

No executive session was held.

12. Next Meeting

The next regular meeting is scheduled for **February 26, 2026**.

13. Adjournment

The meeting was adjourned by consensus.

Adjournment Time: 12:36

February 2026 CEO Report

Advocacy

In February, Denna and I represented CCMC leadership at the Alaska Hospital & Healthcare Association (AHHA) Fly-In in Juneau. During this visit, we met with state legislators, legislative staff, and Department of Health officials to advocate for rural hospitals and the communities we serve.

Key areas of discussion included:

- The upcoming Rural Health Transformation Program (RHTP) and its implementation
- Ongoing support for sustainable Medicaid funding
- Continued advocacy for rural hospital stability and workforce sustainability

Rural Health Transformation Program (RHTP)

We continue active planning efforts related to RHTP. Leadership is identifying strategic initiatives that align with program goals, improve sustainability, and strengthen access to care in our region. Planning discussions include infrastructure improvements, service line optimization, and long-term financial stabilization strategies.

We are intentionally aligning RHTP planning efforts with federal funding opportunities to maximize impact and long-term benefit to CCMC.

Federal Congressional Directed Spending (CDS)

We received notification of a \$3 million Congressional Directed Spending (CDS) award secured through Senator Murkowski's office through the U.S. Department of Health and Human Services.

These funds will be directed toward critical infrastructure improvements, including:

- Replacement of the facility generator
- Switchgear upgrades
- HVAC system upgrades
- Improvements to the fire suppression system

These projects address essential life-safety and operational reliability needs and are foundational to maintaining hospital operations in our rural and remote environment.

If funding allows, we are hopeful that we can stretch these dollars to support components of modernization and improvements to the hospital kitchen and dining areas, enhancing both patient and long-term care resident experience.

We remain deeply appreciative of this federal investment and are committed to responsible stewardship and strategic deployment of these funds.

Operational & Financial Planning

We are actively developing staffing plans for the upcoming year, with emphasis on recruitment, retention, and aligning staffing models with projected patient volumes and service priorities.

Additionally, the finance team is completing year-end close activities in preparation for the annual audit and Medicare cost report filing.

February has been a month of meaningful progress in advocacy, infrastructure planning, financial stewardship, and workforce preparation. Through continued engagement at the state and federal levels, strategic investment in critical infrastructure, and careful operational planning, CCMC remains focused on long-term sustainability and high-quality care.

CORDOVA COMMUNITY MEDICAL CENTER
 OPERATING/INCOME STATEMENT
 FOR THE 12 MONTHS ENDING 12/31/25

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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
REVENUE								
ACUTE	170,790	154,841	15,949	10	2,807,029	1,858,099	948,930	51
SWING BED	1,707	304,393	(302,686)	(99)	4,321,052	3,684,720	636,331	17
LONG TERM CARE	448,042	445,719	2,322	0	5,343,299	5,506,584	(163,285)	(2)
CLINIC	78,821	111,226	(32,405)	(29)	1,159,132	1,334,723	(175,590)	(13)
ANCILLARY DEPTS	281,435	290,139	(8,704)	(3)	4,228,726	3,481,673	747,052	21
EMERGENCY DEPART	386,466	369,423	17,043	4	5,445,765	4,433,079	1,012,685	22
BEHAVIORAL HEALT	14,931	22,343	(7,412)	(33)	272,099	268,125	3,973	1
RETAIL PHARMACY	225,256	180,880	44,375	24	2,549,442	2,170,570	378,872	17
PATIENT SERVIC	1,607,450	1,878,968	(271,517)	(14)	26,126,547	22,737,577	3,388,969	14
DEDUCTIONS								
CHARITY	658	10,759	10,100	93	145,864	137,114	(8,750)	(6)
CONTRACTUAL ADJU	1,942,426	467,434	(1,474,992)	(315)	8,626,399	5,735,281	(2,891,117)	(50)
ADMINISTRATIVE A	9,555	17,332	7,777	44	148,325	198,570	50,244	25
BAD DEBT	(48,697)	26,146	74,843	286	722,194	283,757	(438,436)	(154)
DEDUCTIONS TOT	1,903,942	521,672	(1,382,270)	(264)	9,642,784	6,354,723	(3,288,060)	(51)
COST RECOVERIES								
GRANTS	1,964	3,000	(1,035)	(34)	502,745	488,247	14,498	2
IN-KIND CONTRIBU	16,685	16,662	23	0	400,426	399,951	475	0
OTHER REVENUE	12,897	11,533	1,363	11	352,378	138,406	213,972	154
COST RECOVERIE	31,547	31,196	351	1	1,255,549	1,026,604	228,945	22
TOTAL REVENUES	(264,944)	1,388,492	(1,653,437)	(119)	17,739,312	17,409,458	329,854	1
EXPENSES								
WAGES	577,913	636,549	58,635	9	6,471,229	6,594,281	123,051	1
TAXES & BENEFITS	146,850	285,586	138,736	48	2,986,073	3,400,811	414,737	12
PROFESSIONAL SER	267,508	251,266	(16,242)	(6)	3,267,909	3,012,329	(255,579)	(8)
SUPPLIES	173,069	195,247	22,177	11	2,577,715	2,330,978	(246,737)	(10)
MINOR EQUIPMENT	5,840	2,104	(3,736)	(177)	73,181	25,255	(47,926)	(189)
REPAIRS & MAINT	40,160	14,586	(25,574)	(175)	123,464	175,037	51,573	29
RENTS & LEASES	16,081	12,429	(3,651)	(29)	166,593	149,254	(17,339)	(11)
UTILITIES	46,967	48,456	1,488	3	541,432	581,475	40,042	6
TRAVEL & TRAININ	(696)	7,965	8,661	108	90,821	97,568	6,746	6
INSURANCES	21,378	21,180	(197)	(0)	268,348	248,376	(19,971)	(8)
RECRUIT & RELOCA	17	383	366	95	18,355	4,600	(13,754)	(299)
DEPRECIATION	47,725	46,762	(963)	(2)	586,901	580,104	(6,797)	(1)
OTHER EXPENSES	16,116	23,569	7,452	31	190,588	209,385	18,796	8
TOTAL EXPENSES	1,358,934	1,546,087	187,152	12	17,362,615	17,409,458	46,843	0
OPERATING INCO	(1,623,879)	(157,594)	(1,466,284)	(930)	376,697	0	376,697	0
NET INCOME	(1,623,879)	(157,594)	(1,466,284)	(930)	376,697	0	376,697	0

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 12/31/25

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	4,766,589	2,296,278	2,470,310
NET ACCOUNT RECEIVABLE	2,032,607	1,889,408	143,199
THIRD PARTY RECEIVABLE	(1,934)	728,230	(730,165)
CLEARING ACCOUNTS	158,581	95,648	62,932
PREPAID EXPENSES	205,533	215,542	(10,008)
INVENTORY	497,546	485,952	11,593
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TOTAL CURRENT ASSETS	7,658,924	5,711,062	1,947,862
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
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SUBTOTAL PP&E	19,000,533	18,936,184	64,349
LESS ACCUMULATED DEPRECIATION	(15,814,792)	(15,242,890)	(571,901)
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TOTAL PROPERTY & EQUIPMENT	3,185,741	3,693,293	(507,552)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(120,000)	(105,000)	(15,000)
PERS DEFERRED OUTFLOW	792,989	792,989	
TOTAL OTHER ASSETS	822,989	837,989	(15,000)
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TOTAL ASSETS	11,667,655	10,242,345	1,425,309
	=====	=====	=====

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CORDOVA COMMUNITY MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 12/31/25

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	1,933,333	621,598	1,311,735
PAYROLL & RELATED LIABILITIES	1,119,074	851,999	267,075
INTEREST & OTHER PAYABLES	945	669	275
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	290,907	366,531	(75,623)
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TOTAL CURRENT LIABILITIES	8,810,719	7,307,257	1,503,462
LONG TERM LIABILITIES			
NET PENSION LIABILITY	8,778,433	8,778,433	
TOTAL LONG TERM LIABILITIES	8,778,433	8,778,433	
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	(3,607,683)	(3,607,683)	
TOTAL DEFERRED INFLOWS	(3,607,683)	(3,607,683)	
TOTAL LIABILITIES	13,981,469	12,478,007	1,503,462
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(2,710,351)	(2,254,175)	(456,176)
TEMPORARY RESTRICTED FUND BALANCE	19,840	18,513	1,326
CURRENT YEAR NET INCOME	376,697		376,697
	-----	-----	-----
TOTAL NET POSITION	(2,313,814)	(2,235,661)	(78,152)
TOTAL LIABILITIES & NET POSITION	11,667,655	10,242,345	1,425,309
	=====	=====	=====

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														
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	0.2		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	2	50	4.2
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	6	226	18.8
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	0	21	1.8
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	0	511	42.6
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	1	4	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	258	3,159	263.3
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	9		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	66	806	67.2
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	225	3,627	302.3
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	11	1,361	113.4
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	577	7,636	636.3
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	62	872	72.7
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	28	397	33.1
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	174	2,457	204.8
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	92	1,173	97.8

To: Cordova Community Medical Center Authority Board

From: Hannah Sanders, CEO

Re: Annual Critical Access Hospital Evaluation for 2025

A comprehensive review of Cordova Community Medical Center (CCMC) for 2025 has been conducted in accordance with the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation for Critical Access Hospitals (CAH). This report presents our annual evaluation, including financial performance, quality improvement efforts, patient volume trends, and strategic initiatives.

The evaluation was completed by Hannah Sanders and reviewed by the Leadership Team and Medical Staff Executive Committee to ensure alignment with CCMC's mission and operational goals.

EXECUTIVE SUMMARY

Financial and Operational Overview

- The rising costs of supplies, freight, and staffing continue to pose financial challenges.
- Negotiations with commercial payors regarding reimbursement rates have been a key focus, ensuring sustainable revenue for CCMC while maintaining affordable access for patients.
- Efforts to improve revenue cycle management have led to enhancements in coding accuracy and claims processing, reducing denied claims and improving cash flow.
- CCMC has actively engaged in discussions with legislators to advocate for increased rural healthcare funding and to protect Medicaid reimbursement.
- Despite increased operational expenses, CCMC remains financially stable through revenue optimization, cost-control measures, and expansion of service offerings.
- The long-term care facility continues to operate at with available capacity with an average daily census of 8.7.
- Emergency department visits have increased to 806, reflecting fluctuations in patient demand.
- Skilled nursing and rehabilitation services continue to grow as key revenue sources.

Key Quality and Process Improvement Initiatives

In 2025, CCMC has focused on advancing quality initiatives, patient safety, and process efficiency through:

- **Facility-Wide Hand Hygiene Initiative:** Ongoing evaluation of our methods for compliance tracking, real-time feedback, and department-level accountability.
- **Infection Control Assessment and Response (ICAR) facility wide evaluation and update** – Strengthening infection control strategies, tools, workflows and policies facility wide.
- **New Ultrasound Service** – Tracking the scope and fiscal feasibility of this new line of service to evaluate for sustainability.
- **Improving Pediatric Emergency Preparedness**– Review, replacement and purchasing new tools in discussion with clinicians to improve and expand our pediatric emergency readiness.
- **Providing Skills Based Training**– In collaboration with Prince William Sound College, CCMC hosted a 10 week long course for CCMC staff and Cordova community members.

Our average length of stay is 96 hours, not exceeding the CAH requirement of 96 hours.

Consultative services:

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

- Occupational Therapist
- Physical Therapy
- Podiatry
- Audiology
- Dermatology
- Speech and Language Pathologist
- Pediatrician
- Orthopedic Surgery

Peer Review

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

Internally, our review process serves to educate and mentor one another, drawing insights from real clinical cases to understand colleagues' and patients' experiences. We ensure a representative sample by reviewing at least 10% of records, including chart reviews conducted as part of medical staff Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE).

Externally, we have partnered with Washington Hospital Services for peer review services. Each physician undergoes a thorough review of a minimum of eight records annually.

Services

Every clinical service affecting health and safety, including contract services, underwent evaluation and review. During this operational period we also completed our community health needs assessment.

Following this assessment, continue the priority to expand, redefine, and establish a process for crisis care management including mental health and substance abuse management in Cordova.

Additionally, we have identified the priority of improving elder care and the ability for our elders to safely age in our community. The final priority to improving health literacy.

Contracted Services

Dietician

Radiology

Speech and Language Pathologist

Tele behavioral Health

Tele neurology

Policies and Procedures Summary

The clinical policies were reviewed by the quality management committee which included Hannah Sanders, MD, Curt Bejes, MD Noelle Camarena, FNP and Olivia Moreno, RN.

Recommendations for changes were submitted for approval.

Recommendation

The Critical Access Hospital program continues to meet our needs from a clinical and patient care perspective. We are continuing to struggle with financial solvency and would be unable to sustain our hospital without the Critical Access designation. More detailed information is included in the main report.

MAIN REPORT

Section 1: Financial

Over the past five years, CCMC has experienced significant fluctuations in patient volumes. As a small remote facility fluctuations and events in the local economy can impact our volumes. The emergency department, clinic and pharmacy are most effected by local events.

CCMC continues to refine its financial strategies to ensure sustainability while maintaining affordable healthcare for the community. We are actively reviewing our charge master and cost of providing care to balance affordability for our patients with the need to cover operational expenses. Our approach focuses on keeping costs manageable for the community while ensuring that revenue aligns with the resources required to deliver high-quality care.

By regularly evaluating our pricing structures and operational costs, CCMC is committed to long-term financial stability while fulfilling our mission of accessible and high-quality healthcare for all.

Revenue & Payor Distribution (2025)

	Hospital	LTC	Total	Percent by Payor
Medicare	\$ 9,434,131.52	\$ -	\$ 9,434,131.52	43.18%
Medicaid	\$ 2,186,662.36	\$ 3,689,380.81	\$ 5,876,043.17	26.90%
Blue Cross	\$ 2,468,133.06	\$ -	\$ 2,468,133.06	11.30%
Commercial	\$ 3,697,834.54	\$ -	\$ 3,697,834.54	16.93%
Private Pay	\$ 437,298.66	\$ (65,564.40)	\$ 371,734.26	1.70%
Total	\$ 18,224,060.14	\$ 3,623,816.41	\$ 21,847,876.55	100.00%

Previous Year Comparison

	2025	2024	2023
Medicare	\$9,434,131.52	\$7,034,254	\$6,934,754
Medicaid	\$5,876,043.17	\$5,797,221	\$5,647,221
Commercial	\$6,165,967.60	\$3,120,252	\$6,242,810
Private Pay	\$371,734.26	\$782,262	\$234,926

Section 2: Volume and Utilization of Services

1. Capacity

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

2. Volume

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

Service	2024 Volume	2025 Volume	% Change
Inpatient Admissions	58	60	+3.4%
Swing Bed Days	363	520	+43.2%
ER Visits	715	790	+10.4%
CT Scans	284	397	+39.7%
Lab Tests	7,440	7,636	+2.6%
X-Ray Procedures	771	872	+13.1%
Clinic Visits	2,580	2457	-4.8%

Medical Imaging for X-ray procedures was 872 up from 771 in 2024. CCMC completed 397 CT scans in 2025, up from 284 in 2023. This increase in imaging procedures is likely a reflection of increased ER utilization.

The volume of outpatient visits for laboratory tests has remained stable the last 3 years with small growth likely due to increased er utilization.

Year	Number of lab tests
2025	7,636
2024	7,440
2023	7,145
2022	8,294
2021	10,020
2020	12,213
2019	4,332

3. Average Length of Stay

The average length of stay for the year was 96 hours. The average for all patients in a 12-month period is exactly the required CMS 96 hours minimum.

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

Average Length of Stay	Prior year	Current year
Inpatient average length of stay (days)	3.1	4.0
Swing Bed average length of stay (days)	17.4	24.8
Observation average length of stay (hours)	24	31.2
Emergency Department Visits	715	790

4. Medical Necessity Reviews

The utilization review nurse or director of nursing screens every inpatient, swing bed and observation patient to determine if provider documentation supports the status. We have implemented use of utilization review software InterQual. Currently, any issues or questions regarding medical necessity are discussed with Dr. Bejes, the physician advisor, and Noelle Camarena. Reports are submitted to the Utilization Review Committee monthly for review and discussion.

5. Transfers

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

Section 3: Medical Record Review

1. Medical Record Peer Review

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

2. Chart Review

Chart reviews involve both a concurrent and retrospective process as illustrated below. As a result of the medical record reviews for 2025 the following focus areas for improvement were identified:

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

Medical Record Review

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

Documentation reviews by the Quality/utilization nurse:

- o History and Physical
- o Progress Notes
- o Discharge Summary
- o Timing and Dating of Orders
- o Provider signatures
- o Consents
- o Blood Utilization
- o Medication errors
- o Morbidity and Mortality
- o Falls
- o Infection Rates
- o Blood Utilization
- o AMAs

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

Section 4: Review of Services

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

1. Nursing (Emergency, Med-Surg, Swing Bed)

- **Services:** Provides emergency, inpatient (med-surg), and swing bed care.
- **Volume/Activity:**
 - o **50** inpatient admissions (down from 58 in 2024).
 - o **21** Swing Bed admissions (up from 19 in 2024).

2. Medical Imaging

- **Services:** CT scan and digital X-ray available for outpatient scheduled procedures and 24/7 emergency service.
- **Volume/Activity:**
 - o 872 X-ray procedures (down from 771 in 2024).
 - o 397 CT scans (slightly down from 284 in 2024).

3. Laboratory

- **Services:** Offers both in-house and external laboratory testing.
- **Volume/Activity:** 7,636 studies performed (up from 7,440 in 2024).

4. Rehabilitation

- **Physical Therapy:** Provides full inpatient and outpatient rehab services.
 - **Volume/Activity:** 3,627 PT visits (up from 3480 in 2024)
- **Occupational Therapy:** Full panel of services for inpatients and outpatients.
 - **Volume/Activity:** 1,361 visits (up from 1,209 in 2024)
- **Speech Therapy:** Services provided on a contracted basis for inpatients and outpatients.
 - **Volume/Activity:** 21 visits (unchanged).

5. Outpatient Clinics

- **Behavioral Health - Sound Alternatives**
 - **Volume/Activity:** 1,173 visits (up from 1,159 in 2024).

6. Family Medicine Clinic

- **Services:** Provides full-spectrum outpatient family medicine, including procedures such as biopsy, joint injections, trigger point injections, prenatal care with OB consultation, CDL exams, and pediatric/adult wellness.
- **Volume/Activity:** 2,457 visits (down from 2,580 in 2024).

7. Long-Term Care/Skilled Nursing Facility

- **Services:** Continues to provide nursing care for individuals with high needs.
- **Volume/Activity:** 8.7 average census in 2025 (steady from 2024).
- See attached Facility Assessment
- Below figures are from CCMC's LTC AHCA/NCAL Quality Award application completed in January regarding survey trends and current CMS Five-Star Rating

8. Dietary / Food Service

- **Services:** Provides patient meals for acute, swing, and long-term care residents, as well as cafeteria meals for staff and delivered meals for seniors.
- **Volume/Activity:**
 - 5,993 LTC meals
 - 721 Acute care meals
 - 1,427 Swing bed meals.
 - 11299 Senior lunch
 - Cafeteria meals for staff also provided.

Patient Satisfaction Data

Satisfaction data is collected from a contract with NRC Health. This group sends after care surveys to patients. In general, our survey response rate is less than 20%. Overall evaluation of the surveys demonstrates overall satisfaction is greater than 89% in key service areas.

Interpretation of this data is limited due to small sample size but has helped us identify and improve on key areas that define patient experience and build trust. Below figures are from CCMC's LTC AHCA/NCAL Quality Award application completed in January.

Section 5: Contract Services

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

1. Home Sleep Study

Contracting Entity: Global sleep solutions and Peak Neurology

Description/Scope: home sleep studies, with remote Neurologist sleep study review.

Very limited use in 2025, likely due to no significant fluctuations in the Cordova population.

During the initial years of providing this service it had higher utilization as we were able to reach longstanding undiagnosed sleep apnea.

2. Tele behavioral health and Tele Neuro

Contracting Entity: MindCare

Description/Scope including any new services or modalities:

Volume/Activity: Small, pay per use contract for emergency service. Small monthly fee for equipment rental.

3. Dietician

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

4. Radiology

Contracting Entity: Alaska Imaging Associates

Description/Scope including any new services or modalities: teleradiology reads.

Performance Indicator(s): Images are read timely, without concern

This service is pay per use.

5. Speech

Contracting Entity: Megan Kelley

Description: we have contracted a licensed SLP that does initial evaluations in person and follow up care via telemedicine. Additionally, we have a SLPA that assists with follow up care and the tele visits. This service is pay per use.

Section 6: Infection Control infection control plan available on request and includes:

- Risk Assessment
- Goals / Plan
- Outcomes

Section 7: Performance Improvement

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

CCMC is working on over 10 process improvements projects for the year 2025. Our most robust projects involve the entire facility. There are 2 facility wide process improvements projects- Hand Hygiene and Infection Control Assessment and Response. For the hand hygiene project, we are continuing to evaluate and fine tune our utilization of a multi-faceted approach to improvement that includes on-going staff monitoring, real-time feedback for missed hand hygiene opportunities, visual aids, robust new hire hand hygiene orientation, frequent hygiene education in staff meetings, hand hygiene compliance by department with department improvement recognition.

We continue to bolster our quality program and have achieved substantial improvements throughout our facility. Key performance improvement initiatives for 2025 include:

Facility-Wide Initiatives:

- **Hand Hygiene Compliance** – Continuing to fine tune our compliance tracking, real-time feedback, and department-level accountability with goal of creating robust and sustainable monitoring system.
- **Infection Control Assessment and Response (ICAR) facility wide evaluation and update** – Strengthening infection control strategies, tools, workflows and policies facility wide.

Clinical and Patient Care Improvements:

- **Ultrasound service** – Tracking the scope and fiscal feasibility of this new line of service to evaluate for efficiency and sustainability.
- **Swing Bed Nursing Documentation Standardization** – Merging traditional paper care plan practices with our EHR, improving ease, accuracy and completeness in nursing records.
- **Blood Bank Emergency O negative blood preparedness** – Securing and evaluating efficiency and feasibility of short term increases in emergency blood supply in response to possible large disruptions in service, such as volcano eruption.
- **Pediatric Emergency Preparedness** – Review, replacement and purchasing new tools

in discussion with clinicians to improve and expand our pediatric emergency readiness.

Operational and Administrative Improvements:

- **Annual Training Review and standardization** – Streamlining timelines of training to ensuring compliance with administrative and regulatory standards.
-
- **Automating Staff Evaluations** – Creating digital process for staff self-evaluation and annual employee evaluations performed by supervisors.orkforce and Community Support Initiatives:
 - **Department Specific Merit Based Rubric-** Development and utilization of new rubric to establish eligibility for end of year bonus. Rubric’s goal is to honor and reward employee’s meeting organizational goals as well as a tool to facilitate communication and accountability for employees in need of improvement.
 - **Certified Nursing Assistant Course-** In collaboration with Prince William Sound College, CCMC hosted a 10 week long course for CCMC staff and Cordova community members.

Quality measure reporting and monitoring occurs on the following events:

MRSA Rate

Readmission Rate

Pressure Ulcer Rate

C.difficile (CDI) Rate

CAUTI

DVT Rate prophylaxis rate

Inpatient Covid, flu, RSV rates

Antimicrobial Utilization/Antimicrobial Stewardship

Opioid Prescribing Practices

Adverse Drug Event Rates (ADE’s)

Opioid Related ADE’s

Sepsis

Falls

Healthcare Personnel Covid -19 Vaccination Rate

Healthcare Provider Influenza Vaccination Rate

HCAPS

ED through put Time

ED and inpatient facility transfers

MI and Fibrinolytics use

Stroke to CT Scan

Patient leaving Against Medical Advice (AMA)

Section 8: Policy Review

We utilize a cloud-based software for our policy management. CCMC has 748 active policies. Of these there were 619 policy revisions, many documents had multiple revisions. A

committee consisting of department heads, met quarterly to review policies and procedures. Over the twelve-month period, 100% of policies of LTC, Lab and Behavioral policies were reviewed year. Hospital only policies are reviewed at least every other year.

Section 9: Organizational Plans

All organizational plans have been updated during the past year. Each plan was reviewed and approved by senior leadership, board of directors and the medical staff. There were no significant changes. These plans are available for review separately and on request.

1. Quality Plan
2. Infection Control Plan
3. Emergency Operations Plan

Section 10: Survey Readiness

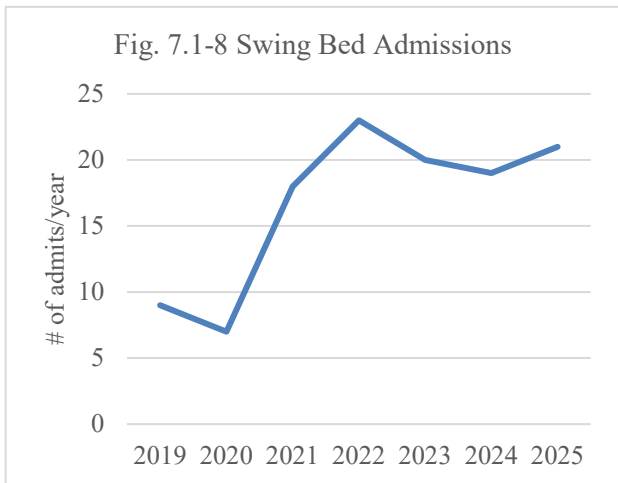
1. State and Federal Hospital Survey

CCMC maintains continuous survey readiness. Our last Critical access state and federal recertification survey was on March 25, 2022. After correcting identified deficiencies, CCMC was found to be in substantial compliance. We had the LTC survey January 2025 and after correction minor deficiencies, CCMC was found to be in substantial compliance.

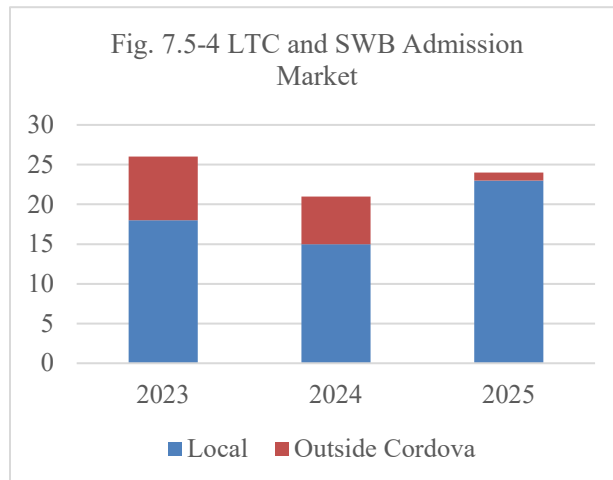
2. Continuous Survey Readiness

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

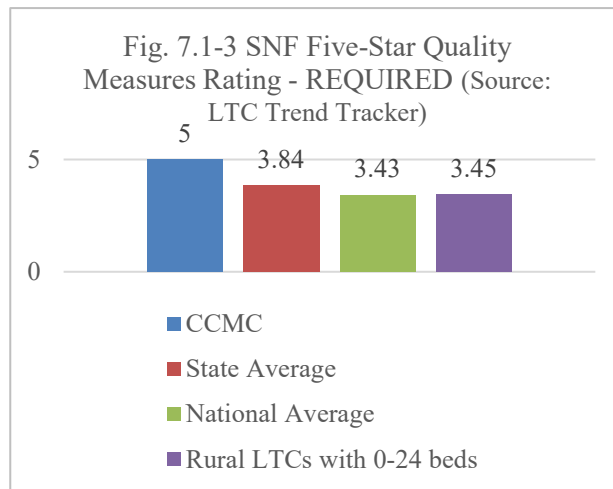
CHARTS



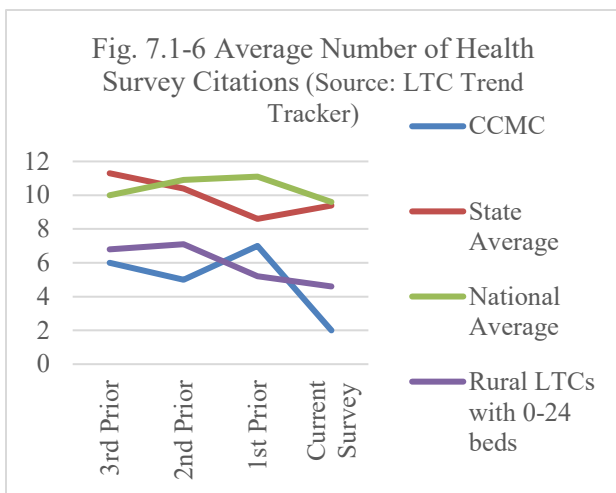
Note: This figure reflects our developing Swing Bed Program. Following the rapid growth from 2020 to 2022, we slowed down our admissions while restructuring our program and adding new positions in 2024 to support program stability and longevity.



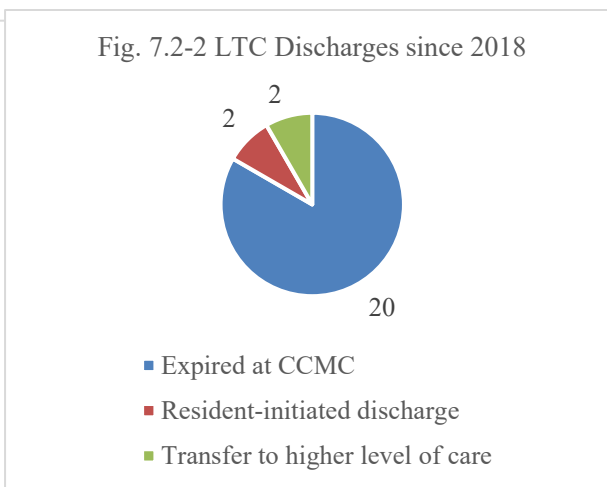
Note: This figure represents the growing share of local Cordovans in our LTC and SWB admissions.



Note: Five-Star Quality Measures are transparent, standardized ratings that assess an LTC's ability to provide effective, quality care. 5 is best.



Note: This figure reflects our process of survey-readiness as a daily goal. We review survey tags in QAPI meetings quarterly to achieve and maintain compliance and perform quarterly environment of care rounds.



Note: Fig. 7.2-3 depicts that the far majority of LTC residents expire here rather than initiate a transfer to another LTC. This can serve as a measure of customer satisfaction. See 3.2d.



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PRACTITIONER CREDENTIALING

February 26, 2026

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

RE: Noelle Camarena, RN FNP

Dear Chairperson and Hospital Authority Board,

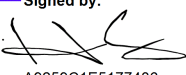
Cordova Community Medical Center has reviewed credentialing application for Noelle Camarena, RN FNP privileges to our hospital. In accordance with our medical staff bylaws, the credentialing committee has reviewed the application including practitioner licenses, and professional references. We recommend Noelle Camarena, RN FNP to be approved for Privileges at Cordova Community Medical Center.

Sincerely,

Signed by:

DC3EB6881E474A0...
 Benjamin Head, MD
 Chief of Staff

24 February 2026 | 6:43 PM AKST
 Date

Signed by:

A9259C1E5177486...
 Hannah Sanders, MD
 Chief Executive Officer

25 February 2026 | 9:01 AM AKST
 Date