CCMC HOSPITAL SERVICES BOARD OF DIRECTORS
AGENDA
October 28, 2026, SPECIAL MEETING
12:00PM HYBRID IN-PERSON

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

Board of Directors
Kelsey Hayden exp. 3/29
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 Speakers

B. CONFLICT OF INTEREST
C. APPROVAL OF AGENDA
D. APPROVAL OF MINUTES
1. September 30, 2026, Meeting Minutes Pgs 1-5

E. REPORTS OF OFFICERS OR ADVISORS
1. October 2026 CEO Report Pg 6
2. October 2026 CFO Report Pgs 7-10
3. Q3 Medical Director Report Pg 11
4. Q3 Director of Nursing Report Pgs 12-13
5. Q3 Quality Report Pgs 14-15
6. Q3 Director of Support Services Report Pgs 16-17
7. Q3 Behavioral Health and Dietary Report Pg 18

F. DISCUSSION ITEMS
G. ACTION ITEMS
1. Approval of Agnew::Beck Contract- Behavioral Health Integration Pg 19

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

Board of Directors Meeting Minutes

Date: September 30, 2026
Location: Hybrid Meeting
Recorded By: CCMC Administration

1. Call to Order

Chair Ann Linville called the meeting to order at 12:03.

2. Roll Call

Board Members Present:

- Ann Linville, Chair
- Liz Senear, Vice-Chair (Absent)
- Kelsey Hayden (Absent)
- Shelly Kocan, Treasurer
- Diane Ujioka

A quorum was established and maintained for the meeting.

3. Communications from Visitors

No public communication.

4. Conflict of Interest

No conflicts of interest were declared.

5. Approval of Agenda

Motion: Diane Ujioka moved to approve the agenda.
Second: Shelly Kocan
Vote: Motion carried unanimously.

6. Approval of Minutes

Motion: Diane Ujioka motioned to approve the minutes from the August 26, 2026, meeting.
Second: Shelly Kocan
Vote: Motion carried unanimously.

7. CEO Report

Presented by: Dr. Hannah Sanders, CEO

The written report was included in the board packet and provides updates on:

- Rural Health Transformation Projects: Several projects received funding and planning is ongoing.
- Pet End-of-Life Care Program: Four individuals are completing the University of Florida pet euthanasia course, including three CCMC employees. The program team is coordinating with Trailblazer Vets and the state Drug Enforcement Administration (DEA) regarding medication requirements and implementation.
- Behavioral Health Integration: CCMC is pursuing the integration of behavioral health and family medicine services through shared space, improved workflows, billing integration, and coordinated patient care. Grant funding will support architectural, engineering, and consulting services to develop an integration plan.
- Pharmacy Expansion: Funding will support a hospital pharmacy clean room for hazardous medication preparation and expanded infusion services, as well as an automated medication dispensing system for inpatient and acute care services.
- Retail Pharmacy Staffing: The retail pharmacy continues to face staffing needs. A full-time pharmacist is needed to support operations in addition to existing hospital and long-term care responsibilities.

The board discussed the behavioral health integration project, the scope of the pharmacy expansion, infusion services, and pharmacist staffing needs.

8. CFO Report

Presented by: Denna Stavig, CFO

The written report was included in the board packet. Highlights included:

- CCMC showed improvement during the previous month but remains negative year-to-date.
- Contractual adjustments increased due to accounts receivable balances, payer reimbursement rates, and changes in estimated amounts expected to be collected.
- Swing bed revenue increased due to higher utilization, with approximately four swing-bed patients throughout much of the month.
- Financial outlook looks promising, with the hope that continued patient utilization and referrals will help reduce the year-to-date deficit.

9. Discussion & Action Items

Approval of Credentials

Motion: Shelly Kocan moved to approve credentialing and telehealth privileges for:

- Gregory Herting, DO

Second: Diane Ujioka

Vote: Motion carried unanimously.

Resolution Regarding Level IV Trauma Designation

The Board considered a resolution committing Cordova Community Medical Center to provide the resources necessary to achieve and sustain Level IV trauma hospital designation within the Alaska statewide trauma system.

Dr. Sanders explained that CCMC has been working toward trauma designation for many years and is now prepared to proceed with the survey process. Staff have been working to maintain trauma readiness, update policies, and formalize existing practices. The designation would provide a framework for continued compliance with trauma standards.

The Board discussed the readiness process, potential costs, and implications of pursuing designation. Dr. Sanders explained that the required activities are largely already being performed and that the current team has the stability and expertise needed to move forward.

Motion: Shelly Kocan moved to adopt the resolution committing CCMC to provide the resources necessary to achieve and sustain Level IV trauma hospital designation in the Alaska statewide trauma system.

Second: Diane Ujioka

Vote: Motion carried unanimously.

10. Executive Session

Diane Ujioka moved to enter executive session at 12:19. Shelly Kocan seconded the motion. The motion passed.

The Board entered executive session to discuss Rural Health Transformation projects and related contracting processes. The CEO and other members of the leadership team were invited to participate in the discussion.

The meeting moved out of executive session at 12:28.

11. Action Items Following Executive Session

Following the executive session, the Board considered the following authorizations related to the Rural Health Transformation projects:

A. Pharmacy Transformation Project – Design-Build Agreement

The Board considered authorizing the CEO to execute a two-phase design-build agreement with SD Construction LLC for the pharmacy transformation project, not to exceed $150,000.

Shelly Kocan moved to authorize the agreement. Diane Ujioka seconded the motion. The motion passed unanimously.

B. Modular Clean Room Purchase Agreement

The Board considered authorizing the CEO to execute a purchase agreement for a modular clean room, not to exceed $150,000.

Shelly Kocan moved to authorize the purchase agreement. Diane Ujioka seconded the motion. The motion passed unanimously.

C. Automated Medication Dispensing System

The Board considered authorizing the CEO to execute a purchase agreement for a Pyxis automated medication dispensing system, including hardware, software, installation, and training, in an amount not to exceed $245,000.

Shelly Kocan moved to authorize the purchase agreement. Diane Ujioka seconded the motion. The motion passed unanimously.

D. Behavioral Health Integration – Architectural Services

The Board considered authorizing the CEO to execute a contract for architectural services for behavioral health integration design, not to exceed $80,000.

Shelly Kocan moved to authorize the contract. Diane Ujioka seconded the motion. The motion passed unanimously.

12. Audience Participation

None.

13. Board Member Comments

Board members expressed appreciation for the continued availability of remote meeting participation and recognized CCMC staff for their work on the Rural Health Transformation projects.

Members highlighted the anticipated benefits of expanded infusion services, behavioral health integration, and the completion of the funded projects. Appreciation was expressed for the significant time and effort involved in advancing these initiatives.

14. Next Meeting

The next board meeting was scheduled for **October 28, 2026,** at 12pm.

15. Adjournment

Motion: Diane Ujioka moved to adjourn the meeting.
Second: Shelly Kocan

The meeting adjourned at 12:33.

October 2026 CEO Report

Rural Health Transformation Program (RHTP)

We continue to advance our RHTP initiatives, with a focus on pharmacy expansion, technology modernization, and regional collaboration. Planning is underway for the pharmacy cleanroom and associated infrastructure improvements. We are also evaluating options for a comprehensive electronic health record (EHR) modernization project to improve interoperability, clinical workflows, and patient care coordination.

Generator and Infrastructure Project

The generator and electrical infrastructure project remains a high priority. Despite extending our public request for proposals for design of the generator replacement project and multiple past RFPs we have not received submissions. We have one company interested in a design build contract. We have submitted a request to HRSA for authorization to pursue noncompetitive procurement, supported by documentation of our previous procurement efforts. We continue working toward moving this critical infrastructure project into the next phase.

Workforce and Operations

Recruitment and retention remain ongoing priorities, particularly in nursing and rehabilitation services. We continue to evaluate staffing models, employee orientation, and departmental workflows to improve operational efficiency and maintain sustainable services.

Strategic Planning and Succession

We are planning a leadership session to update our existing strategic plan, incorporating the findings of the 2025 Community Health Needs Assessment, organizational changes, and emerging opportunities through RHTP. This discussion will also focus on facility-wide succession planning, leadership development, and anticipated recruitment expenses for the 2027 budget.

Community Partnerships and Advocacy

We continue collaborating with regional hospitals and community partners to identify opportunities for shared services, workforce development, and improved access to care. Recent advocacy efforts have emphasized protecting the 340B Drug Pricing Program, addressing liability challenges for Critical Access Hospitals, and securing federal investment in rural healthcare infrastructure.

Our priorities for the remainder of 2026 are advancing funded projects, strengthening workforce stability, developing a sustainable 2027 budget, and ensuring CCMC is positioned to meet the community's evolving healthcare needs.

	Actual	Budget	Variance	Percent Variance	FY2026 Actual	FY2026 Budget	Variance	Percent Variance
	**********SINGLE MONTH**********				**********YEAR TO DATE**********			
REVENUE								
ACUTE REVENUE	$52,863.81	$308,943.60	($256,079.79)	-83%	$1,698,386.32	$2,269,099.45	($570,713.13)	-25%
SWING BED REVENUE	$527,851.19	$329,435.41	$198,415.78	60%	$4,157,492.86	$3,621,368.86	$536,124.00	15%
LONG TERM CARE REVENUE	$498,684.16	$403,376.80	$95,307.36	24%	$4,046,850.49	$3,668,178.88	$378,671.61	10%
CLINIC REVENUE	$76,714.74	$107,580.60	($30,865.86)	-29%	$750,582.94	$881,529.18	($130,946.24)	-15%
ANCILLARY DEPARTMENT REVENUE	$644,284.85	$531,420.98	$112,863.87	21%	$3,644,131.67	$3,318,278.63	$325,853.04	10%
EMERGENCY DEPARTMENT REVENU	$552,736.75	$697,557.01	($144,820.26)	-21%	$4,106,016.28	$4,595,045.82	($489,029.54)	-11%
BEHAVIORAL HEALTH REVENUE	$18,363.00	$29,948.70	($11,585.70)	-39%	$263,667.00	$214,765.90	$48,901.10	23%
RETAIL PHARMACY REVENUE	$239,068.02	$241,713.12	($2,645.10)	-1%	$1,979,118.48	$1,920,006.62	$59,111.86	3%
REVENUE	**$2,610,566.52**	**$2,649,976.22**	**($39,409.70)**	**-1%**	**$20,646,246.04**	**$20,488,273.34**	$157,972.70	1%
DEDUCTIONS								
CHARITY	($11,902.73)	($46,037.23)	$34,134.50	-74%	($88,619.79)	($123,922.33)	$35,302.54	-28%
CONTRACTUAL ADJUSTMENTS	($667,712.49)	($335,671.86)	($332,040.63)	99%	($6,623,923.13)	($5,905,090.49)	($718,832.64)	12%
ADMINISTRATIVE ADJUSTMENTS	($37,195.06)	($24,592.44)	($12,602.62)	51%	($161,901.83)	($87,449.56)	($74,452.27)	85%
BAD DEBT	($562,985.47)	($362,476.23)	($200,509.24)	55%	($985,738.85)	($1,180,948.56)	$195,209.71	-17%
DEDUCTIONS TOTAL	**($1,279,795.75)**	**($768,777.76)**	**($511,017.99)**	**66%**	**($7,860,183.60)**	**($7,297,410.94)**	($562,772.66)	8%
COST RECOVERIES								
GRANTS	$0.00	$0.00	$0.00	0	$296,283.48	$295,953.34	$330.14	0
IN KIND CONTRIBUTIONS	$24,154.55	$16,682.63	$7,471.92	45%	$252,131.07	$150,363.67	$101,767.40	68%
OTHER REVENUE	$3,331.78	$6,987.02	($3,655.24)	-52%	$56,348.12	$61,610.81	($5,262.69)	-9%
COST RECOVERIES TOTAL	**$27,486.33**	**$23,669.65**	**$3,816.68**	**16%**	**$604,762.67**	**$507,927.82**	$96,834.85	19%
TOTAL REVENUES	$1,358,257.10	$1,904,868.11	($546,611.01)	-29%	$13,390,825.11	$13,698,790.22	($307,965.11)	-2%
EXPENSES								
WAGES	$575,690.17	$557,763.81	$17,926.36	3%	$5,095,594.48	$5,245,696.03	($150,101.55)	-3%
TAXES & BENEFITS	$287,260.91	$277,727.05	$9,533.86	3%	$2,641,594.82	$2,499,398.43	$142,196.39	6%
PROFESSIONAL SERVICES	$293,182.23	$353,256.24	($60,074.01)	-17%	$2,977,236.19	$2,487,805.80	$489,430.39	20%
SUPPLIES	$232,370.66	$240,247.79	($7,877.13)	-3%	$2,032,882.40	$2,125,542.34	($92,659.94)	-4%
MINOR EQUIPMENT	$427.66	$5,986.23	($5,558.57)	-93%	$44,100.26	$65,492.19	($21,391.93)	-33%
REPAIRS & MAINTENANCE	$9,452.99	$18,753.66	($9,300.67)	-50%	$113,761.80	$89,731.16	$24,030.64	27%
RENTS AND LEASES	$18,631.53	$17,149.48	$1,482.05	9%	$159,997.66	$126,127.24	$33,870.42	27%
UTILITIES	$54,919.18	$43,734.78	$11,184.40	26%	$463,277.49	$414,483.03	$48,794.46	12%
TRAVEL & TRAINING	$17,344.78	$11,286.64	$6,058.14	54%	$119,407.53	$81,084.03	$38,323.50	47%
INSURANCE	$4,199.97	$22,014.56	($17,814.59)	-81%	$196,071.67	$199,274.22	($3,202.55)	-2%
RECRUITMENT AND RELOCATION	$4,098.18	$51.50	$4,046.68	7858%	$18,576.75	$3,299.57	$15,277.18	463%
DEPRECIATION	$39,387.50	$38,567.22	$820.28	2%	$394,615.49	$390,974.69	$3,640.80	1%
OTHER EXPENSES	$9,971.59	$13,566.13	($3,594.54)	-26%	$166,370.99	$132,316.61	$34,054.38	26%
TOTAL EXPENSES	**$1,546,937.35**	**$1,600,105.09**	**($53,167.74)**	**-3%**	**$14,423,487.53**	**$13,861,225.34**	$562,262.19	4%
NET INCOME	**($188,680.25)**	**$304,763.02**	**($493,443.27)**	**-162%**	**($1,032,662.42)**	**($162,435.12)**	($870,227.30)	536%

	SEP 2026	SEP 2025	NET CHANGE
ASSETS			
CURRENT ASSETS			
CASH & CASH EQUIVALENTS	$1,044,889.66	$2,709,583.52	($1,664,693.86)
NET ACCOUNTS RECEIVABLE	$3,483,383.38	$3,371,419.86	$111,963.52
THIRD PARTY RECEIVABLE	($1,934.66)	($1,934.66)	$0.00
CLEARING ACCOUNTS	($9,072.60)	$158,237.77	($167,310.37)
PREPAID EXPENSES	$127,855.55	$138,615.23	($10,759.68)
INVENTORY	$731,585.35	$514,104.88	$217,480.47
CURRENT ASSETS	$5,376,706.68	$6,890,026.60	($1,513,319.92)
PROPERTY PLANT & EQUIPMENT			
LAND	$122,010.00	$122,010.00	$0.00
BUILDINGS	$8,666,889.19	$8,666,889.19	$0.00
EQUIPMENT	$10,286,928.15	$10,204,448.55	$82,479.60
CONSTRUCTION IN PROGRESS	$31,823.00	$0.00	$31,823.00
SUBTOTAL PP&E	$19,107,650.34	$18,993,347.74	$114,302.60
LESS ACCUMULATED DEPRECIATION	($16,198,157.83)	($15,674,217.75)	($523,940.08)
TOTAL PROPERTY PLANT & EQUIPMENT	$2,909,492.51	$3,319,129.99	($409,637.48)
OTHER ASSETS			
GOODWILL PHARMACY	$150,000.00	$150,000.00	$0.00
AMORTIZATION GOODWILL	($131,250.00)	($116,250.00)	($15,000.00)
GOODWILL PHARMACY	$18,750.00	$33,750.00	($15,000.00)
PERS DEFERRED OUTFLOW	$709,602.00	$792,989.85	($83,387.85)
OTHER ASSETS	$728,352.00	$826,739.85	($98,387.85)
TOTAL ASSETS	**$9,014,551.19**	**$11,035,896.44**	**($2,021,345.25)**

LIABILITIES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	$502,396.82	$597,610.15	($95,213.33)
PAYROLL AND RELATED LIABILITIES	$1,018,237.79	$1,224,069.97	($205,832.18)
OTHER CURRENT PAYABLES	$0.00	$0.00	$0.00
INTEREST AND OTHER PAYABLES	$1,726.93	$1,283.44	$443.49
LONG TERM DEBT CITY	$5,466,458.55	$5,466,458.55	$0.00
OTHER CURRENT LONG TERM DEBT	$230,063.37	$310,286.02	($80,222.65)
TOTAL CURRENT LIABILITIES	$7,218,883.46	$7,599,708.13	($380,824.67)
LONG TERM LIABILITIES			
2015 NET PENSION LIABILITY	$7,796,073.00	$8,778,433.00	($982,360.00)
TOTAL LONG TERM LIABILITIES	$7,796,073.00	$8,778,433.00	($982,360.00)
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	($4,025,251.00)	($3,607,683.00)	($417,568.00)
DEFERRED INFLOWS OF RESOURCES	($4,025,251.00)	($3,607,683.00)	($417,568.00)
TOTAL LIABILITIES AND FUND BALANCE	$10,989,705.46	$12,770,458.13	($1,780,752.67)
UNRESTRICTED FUND BALANCE	($962,582.35)	($2,710,351.78)	$1,747,769.43
TEMPORARY RESTRICTED FUND BALANCE	$20,090.50	$18,513.60	$1,576.90
NET POSITION (EQUITY)	($942,491.85)	($2,691,838.18)	$1,749,346.33
NET INCOME	($1,032,662.42)	$957,276.49	($1,989,938.91)
LIABILITY AND FUND BALANCE	**$9,014,551.19**	**$11,035,896.44**	**($2,021,345.25)**

Cordova Community Medical Center Statistics

Days per Month	31	28	31	30	31	30	31	31	30	31	30	31		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Total	Monthly 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	0.2		2.0
FY 2026	0.4	1.7	3.8	1.7	1.3	0.7	3.5	4.2	2.1					2.2
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
FY 2026	4	7	14	2	4	3	5	2	1					4.7
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
FY 2026	9	32	42	9	8	10	21	4	4				139	15.4
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
FY 2026	1	1	5	0	0	2	5	0	0				14	1.6
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
FY 2026	4	15	76	43	31	10	89	126	59				453	50.3
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
FY 2026	0	0	1	0	1	1	2	0	0				5	0.6
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
FY 2026	250	213	249	240	279	279	261	310	300				2,381	264.6
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
FY 2026	8	8	8	8	9	9	8	10	10					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
FY 2026	51	61	56	57	61	57	92	106	74				615	68.3
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	225	3,627	302.3
FY 2026	232	218	202	278	351	395	293	623	457				3,049	338.8
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
FY 2026	40	45	147	76	183	149	185	239	160				1,224	136.0
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
FY 2026	573	462	709	864	624	544	652	681	663				5,772	641.3
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
FY 2026	53	85	96	81	56	61	93	71	70				666	74.0
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
FY 2026	35	37	24	24	19	24	46	30	29				268	29.8
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
FY 2026	164	149	161	165	152	178	182	193	227				1,571	174.6
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

Cordova Community Medical Center Medical Director Third Quarter Report 2026

October 20, 2026

Quarterly chart reviews are performed for all deaths, medivacs, and inpatient stays greater than 96 hours. Random chart reviews are also performed for all physicians. This includes care in the emergency department, inpatient, observation, swing bed and long-term care. Chart reviews are performed by the medical director. Other members of the medical staff are also asked to assist in the reviews at times. The second quarter chart reviews have been completed. The care provided was appropriate in all cases.

Our long-term care census is back up to ten residents. Two of our most recent residents lived in Cordova before coming to our long-term care unit, and we are happy to be able to assist our community with this service. Our swing bed program continues to get patients regularly.

Our emergency department had another busy summer providing care to our full-time residents, seasonal fisherman, people involved in the fish processing industry and visitors.

Even though respiratory infections such as influenza, Covid-19 and RSV are present all year long, there is still a higher incidence during the winter months. Please be sure to take appropriate precautions when you are ill or around others with respiratory illnesses.

Have a safe and health holiday season.

Respectfully,

Curtis M. Bejes, M.D.

Cordova Community
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Chief Nursing Officer Report

3rd Quarter, 2026

10/21/2026

Leadership

CCMC continues to focus on quality of care and improving staff satisfaction and retention within each department. The 3rd quarter saw a slow but steady increase in patient volume, which was well supported by our additional float nurse position. We are working on updating and increasing our Trauma policies and procedures as part of the effort to become a Trauma Level IV facility, thank you for board support of this endeavor! Kari (LTC DON) and I continue to recognize nursing team members for excellent patient care, teamwork, and initiative with bi-monthly awards.

Staffing

Permanent nurse staffing remains stable with 2 in the ER, 2 in LTC and 1 in Float. We have maintained 5 local as-needed ER/Float nurses for the swing and acute patients, though two are on maternity leave this fall. To make up the difference we have 5 full-time travel nurses (3 ER/Float, 2 LTC). We are continuing to seek permanent full-time ER, Float, and LTC nurses. Our Certified Nursing Assistants (CNA) are all permanent staff, and 3 out of 4 of our current full-time hospital Unit Clerks are licensed CNAs as well. We have one CHS graduate working as a CNA this summer and fall between college semesters. She is on a pre-nursing track and we are glad to be a part of her continuing nursing education.

Summer was not nearly as busy in the ER or in the swing department as last summer. We have continued to staff extra CNAs on the acute side as needed when our census is high, and have been censusing overtime shifts when necessary. Our hospital case manager, Olivia Carroll, continues to assist our hospitalized patients with insurance and social needs, as well as coordinating referrals from outside facilities. Although we have seen a moderate increase in referrals, we have struggled to find patients that are appropriate for this facility.

Education Plan

We were awarded some education funding through the STEP grant program, and have some various plans for staff to take advantage of this opportunity. Some options include ultrasound guided IV training, certified trauma nurse training, a certified nurse leadership course, and a Resource-Variable Trauma Team training that we hope to host in May. I have continued to share online resources through AHHA or other nursing organizations for continuing education. There

will be some new policies and procedures to get acquainted with as our trauma program grows. We held 2 mock codes in August and September for CCMC staff and EMS. One was even attended by 2 Guardian flight nurses that also provided some education.

As you are aware, our award of RHTP funds will be expanding our infusion services. This will create the need to have infusion certified nurses on staff. Both of our current permanent ER nurses are willing to pursue this education when the time calls for it.

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.

Census

We have a full house with 10 long-term care residents! We will be transitioning one swing patient to Swing Awaiting LTC soon, and have had a couple other referrals for LTC, that we hope to be able to move to Swing Awaiting LTC in the near future. There were a total of 8 swing bed patients during the 3rd quarter, for a combined total of 273 swing bed days. There were 261 ER patient encounters.

Please don't hesitate to reach out with any questions.

Olivia Moreno, NP

CNO

Cordova Community MEDICAL CENTER

Board of Directors

Quarterly Quality Report

October 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 of 2026.

Recent quality related events:

- Current quality improvement projects include:
  - Improved LTC nursing documentation that is more standardized and reduces unnecessary notes.
  - Thorough audits of employee records to ensure completeness by our new HR Director Tamara Russin. Especially helpful for survey readiness.
  - Detailed investigation of all lab orders that are rejected by Quest or not fulfilled by any reason. Goal of identification of root causes to inform workflow adjustments as appropriate.
  - Implementation stage of our major onboarding and annual education training overhaul. This deep dive involved all departments and helps ensure we are meeting our own internal goals and policies in addition to all regulatory requirements.
- QAPI policy update! Our current QAPI policy was written many moons ago. Our updated QAPI policy is currently under review from our Quality Management Committee. The updated QAPI policy better reflects our current quality improvement process while taking into account recent changes and updates to QAPI regulations.
- 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

CCMC Authority Board of Director's Quarterly Report
October 22, 2026
Director of Support Services
Tamara Russin

1. Clinical Services

- **Flu Shots & Immunization Tracking:** Fall flu clinics are officially underway. The Clinic recommends using the **Docket® app**, which connects directly to the State of Alaska vaccine records network. This platform maintains historical provider records across the state. If you get your flu shot at a pharmacy in Anchorage, it will be in your record and accessible to both you and your regular provider.
- **Visiting Specialists:**
    - **Dr. Kaufman (Podiatrist):** Scheduled to see patients at the Cordova Clinic on **October 26–27**. Appointments are managed directly through her primary office, Anchorage Foot and Ankle Clinic, at **907-344-2155**.
    - **Dr. Barry (Pediatrician):** Scheduled for a clinic day in **December**. Appointments can be made through our main clinic line at **907-424-8200**.
    - *Service Update:* Due to scheduling/staffing shortages, this will be Dr. Barry's final scheduled travel rotation to Cordova for the foreseeable future. Pediatrician utilization in Cordova has declined over the years, so while reduction of service is unfortunate, the majority of young Cordovans are already getting their pediatric care with other providers.

2. Human Resources & Workforce Staffing

To maintain safe staffing levels and clinical continuity while continuing to recruit permanent staff, CCMC is utilizing a mix of travel contracts and a casual labor pool:

- **Contract Travelers:**
    - **Nursing:** Currently using short-term travel contracts (typically 13-week rotations) to handle acute, seasonal, and regular coverage.
    - **Therapy & Sound Alternatives:** Utilizing longer 6-month travel contracts to ensure strong, steady continuity of care for behavioral health and rehabilitation patients.
- **Casual (Per Diem) Staffing:** Direct-hire casual employees are being utilized when possible to fill the ultrasound position and cover short-term nursing vacancies. This casual pool creates a stable internal buffer while we recruit for permanent placements. Casual personnel understand these are non-permanent roles designed to bridge existing gaps.
- **Recent Permanent Hires:**
    - **Veneta Fox:** Float Housekeeping / Dietary

- **Gloria Smith:** Occupational Therapist

3. Active Recruitment Priorities

Advertising remains active for the following vacancies:

1. Permanent Emergency Department Provider (Cordova-based)
2. Permanent Physical Therapist
3. Permanent Behavioral Health Clinician
4. Retail Pharmacist

- **Retail Pharmacy Transition:** CCMC is advertising the open Retail Pharmacist position. To ensure uninterrupted service, Heidi will resume providing services in November while the permanent search continues.
- **Board Action/Community Outreach:** Board members are requested to refer any potential clinical candidates to the active listings on the CCMC website or direct them to HR.

October 2026 Board Report (7/1/2026-9/30/2026)
Sound Alternatives
Barb Jewell-Director of Community Services

Behavioral Health

Sound Alternatives provided 246 services to 34 clients in this past quarter. Services were fewer than previously due to both a general slowdown in people seeking services and the fact that we had a gap in clinicians. Our contracted clinician, Yoil Garibay ended her time mid August. A new clinician, Raydeedra Brock started at the beginning of October. During the quarter, Staff provided 11 emergency service interventions to 6 clients an increase over last quarter.

We had our terannual Joint Commission survey. They identified 5 items for correction, none of which involved direct client care. We are completing our plan of correction which is due 11/18/2026 and anticipate obtaining accreditation for the next 3 years.

At the end of September we were informed that we had been approved for a planning grant for integrating Behavioral Health with Primary Care. We will be working to bring on an architectural firm and a consulting firm to complete the planning for this project.

Dietary & Senior Services

This quarter Dietary staff provided a total of 5792 meals, roughly 15% more than last and mostly due to the increase in swing bed patients). We asked for some feedback from our seniors on the meals and have adjusted the lunch menu accordingly. One change we implemented was to include dessert on the menu and having desserts more regularly-this was requested by multiple respondents.

We provided 1855 meals for Long Term Care, 831 meals through the Congregate meal program and 1804 Home delivered meals, 334 meals for staff, 128 meals for Acute Care Patients and 778 meals for swing bed patients (a more than threefold increase from last quarter).

In addition to meals, we have provided 853 rides this past quarter, and 43 Homemaker services. This is a slight increase in both categories from last quarter.

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Date: October 2026
To: CCMC Authority Board
From: Hannah Sanders, MD, CEO
Re: Approval of Agnew::Beck Contract – Behavioral Health Integration

Background

CCMC is working toward integrating behavioral health services into our primary care clinic to improve access, coordination of care, and long-term financial sustainability. This initiative supports priorities identified through our Community Health Needs Assessment and our ongoing efforts to expand services in Cordova.

CCMC solicited and reviewed proposals from two consulting firms, Agnew::Beck and Answer Creek Consulting, to assist with developing a comprehensive behavioral health integration business plan.

Following review, administration recommends Agnew::Beck based on its defined scope of work, experience in healthcare planning, financial modeling, Medicaid reimbursement strategies, and overall cost.

The proposed contract up to $33,000 and will support development of an operational and financial plan, including staffing, reimbursement, workflow integration, and long-term sustainability.

Suggested Motion

I move to approve the Agnew::Beck proposal for development of the CCMC Behavioral Health Integration Business Plan in the amount up to $33,000 and authorize the CEO to finalize and execute the agreement.

NOVEMBER 2026

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					