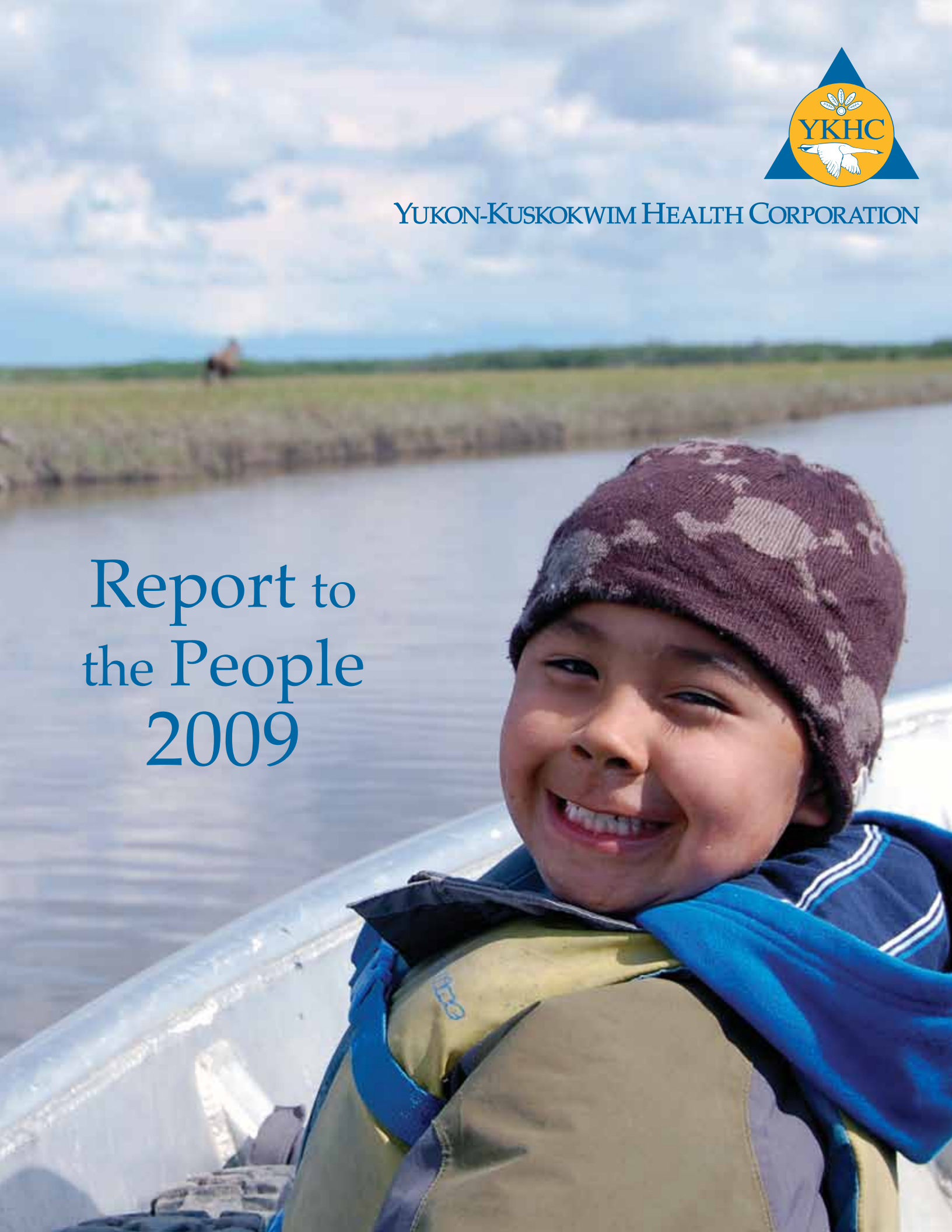




YUKON-KUSKOKWIM HEALTH CORPORATION

Report to the People 2009



Contents



Cover Photo: John B. Charles sights a moose at Seagull Point near Emmonak. Photo by Roberta Charles.

- Organization2
- Board of Directors4
- Tribal Unity Gathering XVI.....6
- Tribal Gathering Priorities8
- President/CEO Report..... 10
- 2010 Corporate Goals 11
- Patient Centered Excellence 12
- Employee Focus 14
- Alaska Native Workforce Development.. 16
- Community Partner Satisfaction..... 18
- Financial Viability..... 20



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All photos by YKHC Public Relations staff except:
p. 11—Bethel Search & Rescue
p. 13 (*Pharmacy doctorate graduates*)—Kate Huckert
p. 18 (*First SRC patient*)—Hooper Bay SRC staff

Organization

Mission

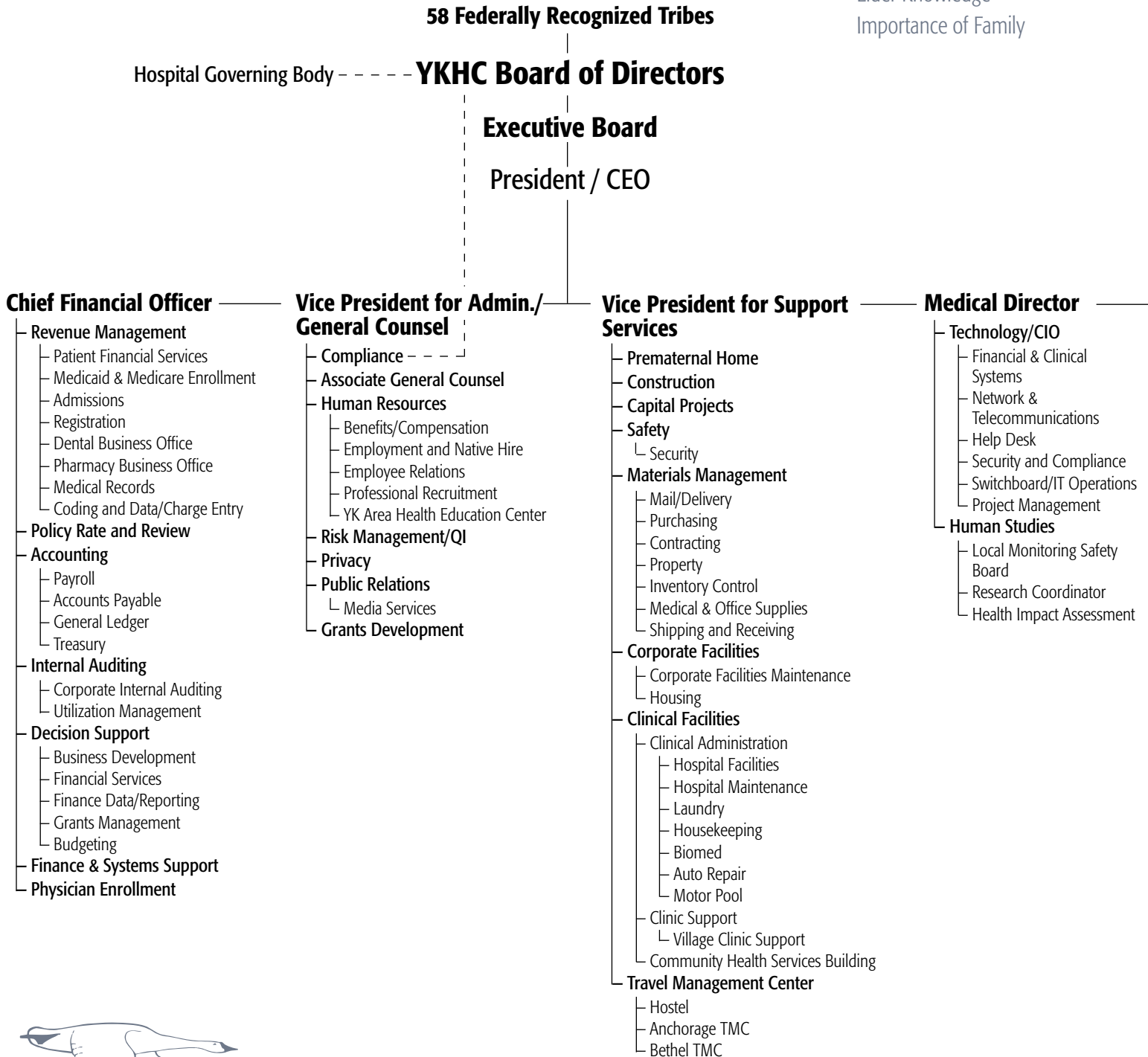
Working Together to
Achieve Excellent Health

Vision

Through Native Self-Determination and Culturally Relevant
Health Systems, We Strive to be the Healthiest People

Values

- Optimism
- Compassion
- Pursuit of Excellence
- Trust
- Personal Growth
- Elder Knowledge
- Importance of Family



YKHC administers a comprehensive health care delivery system for 50 rural communities in southwest Alaska.

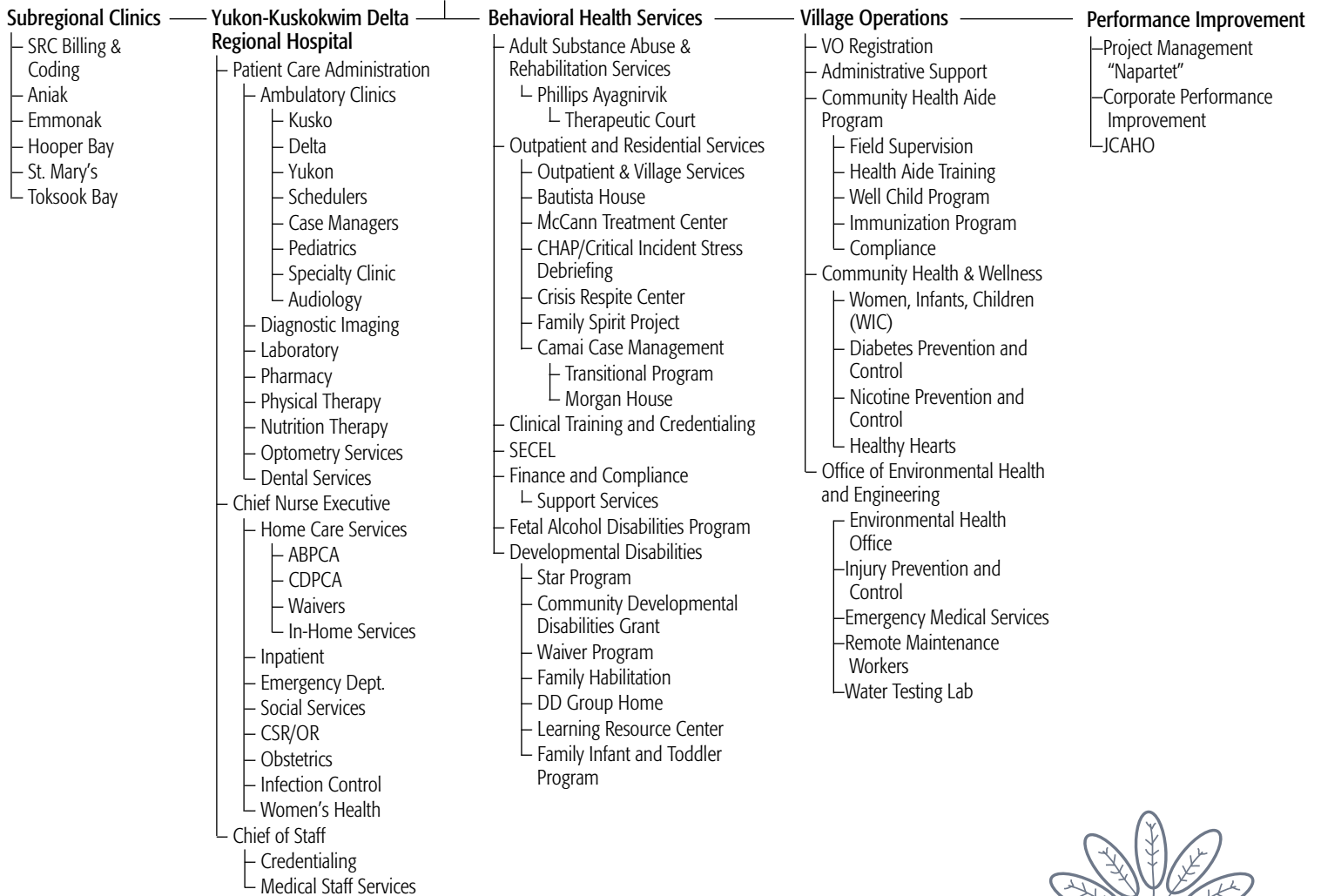
The system includes community clinics, subregional clinics, a regional hospital, dental services, behavioral health services including substance abuse counseling and treatment, health promotion and disease prevention programs, and environmental health services.

YKHC is a Tribal Organization authorized by each of the 58 federally recognized Tribal councils in its service area to negotiate with the Federal Indian Health Service to provide health care services under Title V of the Indian Self-Determination and Education Assistance Act of 1975.

YKHC, along with 22 other Tribal Organizations, is a co-signer to the Alaska Tribal Health Compact, a consortium which secures annual funding agreements with the federal government to provide health care services to Alaska Natives and Native Americans throughout the state.



Vice President for Health Services



Board of Directors

Elected by the Tribal Councils of each of the 58 federally recognized Tribes in the YKHC service area, the Board of Directors is the chief policy-making body of the corporation, exercising overall control, management and supervision.



YKHC Board of Directors, elected November, 2009.

Unit 1



Raymond F. Waska, Sr.
Emmonak



Paula Ayunerak
Alakanuk

Unit 2



Ray Alstrom
Marshall



James C. Landlord
Mtn. Village

Unit 3



Wayne Morgan
Aniak



George S. Morgan
Upper Kalskag

Unit 4



James Nicori
Kwethluk



Moses Peter
Tuluksak

Unit 5



Bill Kristovich
Bethel



Glen Watson, Sr.
Bethel



Gloria Simeon
Bethel



Chris Larson
Napaskiak

Unit 6



Esai Twitchell, Jr.
Kasigluk

Unit 7



David O. David
Kwigillingok

Unit 8



James R. Charlie, Sr.
Toksook Bay



James Sipary
Toksook Bay

Unit 9



Patrick Tall
Chevak



Eric Olson, Sr.
Hooper Bay

Unit 10



Sam W. Alexie
Eek

Unit 11



Marvin Deacon
Grayling

Honorary Member



Paul John
Toksook Bay



Board Members James R. Charlie and James Sipary join Toksook Bay Subregional Clinic staff in celebrating high patient satisfaction scores.

A Message from the Board Chair



I am humbled and honored to be entrusted with the chairmanship of the YKHC Board of Directors for a sixth year. I look forward to continuing in this position because I'm with such an excellent team of dedicated and hard-working board members who care so much about improving the health of the people of the YK Delta. To all my fellow board members I say Thank You for your support and your commitment.

Many of these fine people were serving on the YKHC Board of Directors in 1995, when we opened the first subregional clinic in Aniak. Some, whose vision started us working on the goal of bringing health care closer to home, are no longer with us. But Billy Morgan and Antone Anvil, and many others were in our thoughts as we opened and dedicated the fifth and final subregional clinic in Hooper Bay on August 19. We wished they could have been there to see the success of that idea become complete.

The efforts to improve the quality of care in our villages doesn't end with another subregional clinic opening. In 2009 we were able to improve training and obtain certification for our Behavioral Health Aides, who are on the front lines of the struggle to deal with alcoholism, addiction, domestic violence and the trauma of suicide in our communities. Often, these issues are at the center of many other health concerns in our region and as a healthcare organization we feel compelled to speak out in opposition to the possibility of legal alcohol sales, bars and liquor stores in Bethel.

There will always be challenges and struggles. Because of them, we are a strong people and I am always hopeful that, in part because of the efforts of this fine organization, we will be able to meet them in good health. The leadership and staff of YKHC, from the doctors to the Health Aides, to the laundry and kitchen workers, are all dedicated to the Mission, Vision and Values that give us the foundation to achieve excellent health.

Because they work together for you, you must also work together with them by living a healthy lifestyle—exercise, eat nutritional native foods, drive your boats and snow machines responsibly, wear helmets and PFDs, stay sober, treat each other with respect, take care of yourselves and your families. The best way to promote wellness for tomorrow is to practice prevention today.

Quyana cak'naq!

Ray Alstrom, Board Chair

Executive Board

Ray Alstrom, Chair
 Bill Kristovich, 1st Vice Chair
 James Charlie, Sr., 2nd Vice Chair
 Esai Twitchell, Jr., Secretary
 Marvin Deacon, Treasurer
 Raymond Waska, Sgt.-At-Arms
 Sam W. Alexie, 1st Additional Member
 Paula Ayunerak, 2nd Additional Member
 Gene Peltola, Ex-Officio
 Paul John, Honorary Member

Governing Body

James Landlord
 Gloria Simeon
 George S. Morgan
 James Nicori
 James Sipary
 Glen Watson
 Moses Peter
 James Charlie, Sr.

Board Standing Committees

By-Law Committee

Patrick Tall
 Marvin Deacon
 David O. David
 Moses Peter
 Ray Waska
 Eric Olson

Policy Committee

James Charlie, Sr.
 Gloria Simeon
 Paula Ayunerak
 James Landlord
 Glen Watson

Joint AVCP/YKHC/Calista

Gene Peltola, Ray Alstrom

Finance Committee

Marvin Deacon, Chair
 Wayne Morgan
 Bill Kristovich
 Esai Twitchell
 Gloria Simeon
 Ray Alstrom, Ex-Officio
 Gene Peltola, Ex-Officio

Audit Committee

Bill Kristovich
 Moses Peter
 George S. Morgan
 Chris Larson

Investment Committee

Bill Kristovich, Chair
 Moses Peter
 Gloria Simeon
 Wayne Morgan
 Esai Twitchell
 Ray Alstrom, Ex-Officio
 Gene Peltola, Ex-Officio
 Dan Winkelman, Ex-Officio

Board Appointments

BH Advisory Board—Paula Ayunerak. Alt: Sam W. Alexie
 Health Aide Advisory Board—Sam W. Alexie
 Loan Forgiveness Program—George Morgan
 Home Care Liaison—James Sipary
 ANTHC – Ray Alstrom, 1st Gene Peltola, 2nd Bill Kristovich
 Human Studies—Sam W. Alexie, James Nicori, Moses Peter, Ray Alstrom
 IDD, LLC—Ray Alstrom, Gene Peltola. alt: Bill Kristovich
 ANHB—Bill Kristovich, Gene Peltola

Special Committees

Housing Committee

William Kristovich
 James Sipary
 Gene Peltola

Financial Policy

James Nicori
 David O. David
 James Landlord
 Gloria Simeon
 Gene Peltola, Ex-Officio

Corp. Compliance/Quality Assurance

David O. David
 Bill Kristovich
 Paula Ayunerak
 James Sipary, Sr.
 Moses Peter
 Gene Peltola, Ex-Officio

Yuut Elitnaurviat

Gene Peltola, Ex-Officio
 Ray Alstrom, Ex-Officio

Compensation Committee

Ray Alstrom
 Moses Peter
 Wayne Morgan
 Gene Peltola, Ex-Officio

William Morgan Legend Award

Ray Alstrom, Sam Alexie
 Gene Peltola, Dan Winkelman

Tribal Unity Gathering XVI

April 1–2, 2009

Delegates from nearly all the Tribal Councils in the YKHC service area took part in YKHC's 16th Tribal Unity Gathering. The theme, "A Healthy Mind & Heart," focused reports and presentations on behavioral health issues and cardiovascular disease prevention.

First Day

Board Chair Ray Alstrom of Marshall and President/CEO Gene Peltola welcomed delegates, emphasizing the importance of the gathering for giving direction to YKHC's leadership. Peltola said the Gathering is an opportunity to "give us your concerns, your priorities," and also the time when "YKHC reports to you on what we have been doing."

Health Status Scorecard

Medical Director Dr. Joe Klejka delivered the health status score card, reporting on causes of death, screenings for cancer and heart disease, prevention (immunizations, tobacco cessation), pregnancy care, and environmental factors. Adjusted for age and population density, the data show cancer (lung, colo-rectal and breast) to be the leading cause of death in our region, followed by heart disease, teen suicide and unintentional injuries.

Living up to YKHC's vision of striving to "be the healthiest people" means doing the following:

- Increase physical activity
- Decrease store bought food (especially sweets and fats) and increase traditional diet
- Don't use tobacco
- Decrease or eliminate alcohol consumption
- Wear helmets on snowgos and ATVs and wear seatbelts in the car
- Wear float coats in boats
- Obtain cancer screens at appropriate ages
- Make sure your vaccinations are up to date
- Start Prenatal Care Early

2008 Priorities Update: Progress and Challenges

The rest of the morning was taken up with presentations responding to and reporting on past gathering priorities.



Honorary Board Member Paul John received a special recognition award for his 40 years of service on the YKHC Board of Directors. President/CEO Gene Peltola and Board Chair Ray Alstrom made the presentation.

Capital Projects Update

Support Services Vice President Greg McIntyre reported

on the expected openings of the The Hooper Bay Subregional Clinic and village clinics in Kotlik and Tuntutuliak. Next on the list: Kasigluk, Mountain Village, Nunapitchuk, Akiachak, Napakiak, Chevak, Tuluksak, and Kongiganak.

Water/Sewer Projects

A little over half the homes in the Delta now have piped water and sewer. Funding for new water-sewer systems comes primarily from the Indian Health Service and the State's Village Safe Water program. One of the main criteria the funders consider is whether or not a village can pay for the operation and maintenance of the system once it's installed. For this, villages need to be organized and establish a good record of solvency and fiscal stability.

Long Term Care Facility

The project to fund and build an Assisted Living Home in Bethel has been underway since 2001, and has been a top Gathering priority for even longer. An 18-bed facility has been design and half the \$16 million funding has been secured. The facility would have personal and health care services, including 24-hour supervision and assistance, to help frail and cognitively impaired Elders and people with disabilities maintain independence and dignity.

Detox Alternatives/Enhanced Sleep-off Facility

YKHC, the City of Bethel, Bethel Community Services and the State of Alaska's Department of Corrections and Division of Behavioral Health are working together on an Enhanced Sleep-off project. This will include a facility in coordination with a community service patrol managed by the City of Bethel to transport inebriated individuals to services, therefore reducing the demand on police.

Medical Refill & Pharmacy Report

Recurring concerns and frustrations in getting timely medication refills in the villages led Patient Care Services to initiate a pilot project to determine if refills could be sent to patients directly by mail instead of by private carrier to the village clinics. Due to the success of the initial study, planning for implementing this process for all villages was begun.



Dendra Chavez confers with Paul Kiunya, Sr. of Kipnuk during a work session.

A Healthy Mind: Understanding the Importance of Mental Health

Afternoon presentations focused on Behavioral Health and substance abuse issues. Gunnar Ebbesson of the University of Alaska Fairbanks and Project Educator Marvin Paul presented an update and overview of Elluam Tungiinun, the “Towards Wellness” Project. This ongoing effort seeks to identify individual and community strengths that work to prevent suicide and substance abuse in rural Alaskan villages.

Behavioral Health Aides

In addition to Community Health Aide and Dental Health Aide Therapist training programs, there is now a Behavioral Health Aide (BHA) certification process. Recognizing that mental health is directly related to overall physical health,



Delegates always take the work of Tribal Gathering seriously, but they also have some fun — visiting with old friends, fiddle dancing and drawing for door prizes.

this certification process helps to insure that BHAs have the training that they need to help people face personal issues, assist families dealing with abuse, neglect, and violence, and help communities cope with injury or death related to accidental or intentional injury.

SBIRT

Laura Baez, Behavioral Health Services Administrator, introduced “SBIRT”—Screening, Brief Intervention, Referral and Treatment. This is a new process that will become part of patient exams at YKHC. Answers to questions about alcohol use will alert providers to potential misuse issues and prompt further questions, advice and referral to counseling or treatment.

Second Day

A Healthy Heart: Recognizing the Significance of Cardiovascular Health

Presentations by Dr. Ellen Hodges and Dr. Dan Hartman focused on heart health and high blood pressure. Hodges said it’s high blood pressure, along with high cholesterol, obesity, physical inactivity, smoking and excessive alcohol consumption that contribute to heart disease. Controlling these factors helps keep the risk of heart disease at bay, but there are factors that can’t be controlled—such as age, sex (males are more prone to heart disease than females), ethnicity and family history—that also increase risk.

Dr. Hartman’s presentation on hypertension—high blood pressure—cited some of the same behavioral and environmental factors that contribute to heart disease, but it is a chronic condition for many that must be controlled with medication. Regular check-ups and monitoring by the same providers is the best approach to keeping blood pressure under control.

Diabetes

Annette Coyle of YKHC’s Diabetes Prevention and Control Program talked about the rising instance of diabetes in the region and how it is best prevented with exercise and diet. To emphasize this, the “Dance Away Diabetes” Yup’ik dance troupe got the crowd on its feet to “Get Movin’.”

All the presenters agreed that a traditional Native diet with plenty of salmon, coupled with an active subsistence lifestyle is an effective approach to maintaining a healthy heart.

The conference wrapped up on the afternoon of April 2 with delegates joining their fellow unit representatives to review the health issues in their communities and determine priorities for the coming year.

The results of priority deliberations is presented on the following pages.



Tribal Council representatives and YKHC Board Members work together to prioritize health care issues.

Tribal Gathering Priorities

The following priorities were established during the Gathering, with Tribes caucusing within their election units. Some tribes were unable to attend. The tribes that participated in the priority setting session are listed with the priorities.

** Indicates a new priority or additional detail to an existing priority.



Tribal representatives work on priorities.

Unit 1: Alakanuk, Bill Moore's Slough, Chuloonawick, Emmonak, Hamilton, Kotlik

1. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
- ** Translators for elders, dependable/responsible elder escorts, home care
2. Community Health Aide Issues
3. Alcohol/Drug Abuse Concerns
4. Pharmacy/Medication/Refills
- ** Translators for elders picking up medication.
5. Health Education—Sex Education, Water Safety, Injury Prevention
6. Hospital/Clinic Concerns—Quality of Care, Case Managing
7. Improve Continuity of Care/Quality of Care Concerns
- ** In the Behavioral Health Department, need more resources (such as Living Assistance) available for those who are FAS/FAE and are 18 years and older.
- ** Ensuring patients receive complete medical exams.
8. Medical Providers—Hiring, visiting villages, SRCs.



Taking a short break...

9. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
10. Environmental Concerns—Water and Sewer, Dust, Dump

Unit 2: Algaaciq (St. Mary's), Asa'carsarmiut (Mt. Village), Iqurmiut (Russian Mission), Marshall, Ohagmiut, Pilot Station, Pitka's Point, Yupiit of Andreafski

1. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
- ** Logistical help for escorts (i.e. transportation, housing, meals).
2. Alcohol/Drug Abuse Concerns
3. Hospital/Clinic Concerns—Quality of Care, Case Managing
4. Pharmacy/Medication/Refills
5. Medical Providers—Hiring, visiting villages, SRCs
6. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
7. Improve Continuity of Care/Quality of Care Concerns
8. Community Health Aide Issues
- ** Health Aide Housing.
9. Environmental Concerns: Water and Sewer, Dust, Dump
10. Health Education: Sex Education, Water Safety, Injury Prevention

Unit 3: Aniak, Chuathbaluk, Kalskag, Lower Kalskag

1. ** Contract Health Services
2. Hospital/Clinic Concerns—Quality of Care, Case Managing
- ** Referral—Where are patients sent?
3. Medical Providers—Hiring, Visiting Villages/SRCs
4. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
5. Pharmacy/Medication/Refills
- ** More timely delivery of refills.
6. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention (Education: evening sessions for adults and sup-

port for kids going on)

- ** Behavioral Health and Suicide Prevention
7. Alcohol/Drug Abuse Concerns
8. Environmental Concerns: Water and Sewer, Dust, Dump
9. **2010 Tribal Gathering—Emphasis on Native Healing, equal time on resolutions vs. presentations
10. Behavioral Health
- ** Whole family counseling, not just treatment of patient

Unit 4: Akiachak, Akiak, Kwethluk, Tuluksak

1. ** Suicide Prevention
2. Environmental Concerns: Water and Sewer, Dust, Dump
- ** Mold issues in homes.
3. Community Health Aide Issues
4. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
5. Alcohol/Drug Abuse Concerns
6. Pharmacy/Medication/Refills
7. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
8. Hospital/Clinic Concerns—Quality of Care, Case Managing
9. Medical Providers—Hiring, Visiting Villages/SRCs
10. Improve Continuity of Care/Quality of Care Concerns
11. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention

Unit 5: Bethel, Napakiak, Napaskiak, Oscarville

1. ** Cost of Living & Transportation
- ** Logistical help in Bethel/Anchorage (i.e. lodging, meals, taxi). Ambulance expense: Can YKHC pay? Can it be less expensive? Can YKHC have own ambulance? No established transportation system in village to transport patient in village to clinic or to Bethel.
2. Pharmacy/Medication Issues
- ** Waiting period for meds to get to clinics. Giving wrong patient medications with

same name. Village patients in Bethel waiting for medications miss flights, then it becomes a lodging issue.

3. Alcohol/Drug Abuse and Prevention Programs in Villages
4. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
- ** Sent to Anchorage, get homesick, miss their traditional food, illnesses can get worse.
5. ** Waiting time at ER
- ** How does wait time get reduced? Can clinic hours get extended? Can more doctors be staffed in clinic? Can the Peds doctor go to ER to see babies and kids? Can clinic add hours/open for weekends?
6. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
7. Medical Providers—Hiring, visiting villages, SRCs

Unit 6: Atmautluak, Kasigluk, Nunapitchuk

1. Pharmacy/Medication/Refills
2. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
3. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
4. Environmental Concerns: Water and Sewer, Dust, Dump
5. Community Health Aide Issues
6. Improve Continuity of Care/Quality of Care Concerns
7. Hospital/Clinic Concerns—Quality of Care, Case Managing
8. Medical Providers—Hiring, visiting villages, SRCs
9. Alcohol/Drug Abuse Concerns
10. Health Education: Sex Education,



Audience members joined the Diabetes Program staff to "Dance Away Diabetes" during one of the presentations.

- Water Safety, Injury Prevention
- ** Behavioral Health, Suicide Prevention

Unit 7: Kipnuk, Kongiganak, Kwigillingok, Tuntutuliak

1. Hospital/Clinic Concerns—Quality of Care, Case Managing
2. Health Education: Sex Education, Water Safety, Injury Prevention
- ** Incorporate traditional knowledge and values from local elders.
- ** Suicide Prevention, HIV/AIDS, STDs.
3. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home (Cost, dignity, going away from home, language, culture)
4. Pharmacy/Medication/Refills
5. Improve Continuity of Care/Quality of Care Concerns
6. Medical Providers—Hiring, visiting villages, SRCs
- ** Young doctors—Want providers to stay, not just come in to train.

Unit 8: Mekoryuk, Newtok, Nightmute, Toksook Bay, Tununak, Umkumiut

1. Environmental Concerns: Water and Sewer, Dust, Dump
2. Pharmacy/Medication/Refills
3. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
4. Alcohol/Drug Abuse Concerns
5. Medical Providers—Hiring, visiting villages, SRCs
6. Health Education: Sex Education, Water Safety, Injury Prevention
7. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
8. Improve Continuity of Care/Quality of Care Concerns
9. Hospital/Clinic Concerns—Quality of Care, Case Managing
- ** Emergency Care response: see injured patients first.
10. Community Health Aide Issues

Unit 9: Chevak, Hooper Bay

1. Environmental Concerns: Water and Sewer, Dust, Dump
2. Alcohol/Drug Abuse Concerns
3. **FAS-FIT (more assistance)
4. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
5. Community Health Aide Issues
6. Improve Continuity of Care/Quality of Care Concerns
7. Hospital/Clinic Concerns—Quality of Care, Case Managing
8. Medical Providers—Hiring, visiting villages, SRCs
9. Village Clinic & Staff—Capital Im-

provements, Maintenance, Equipment & Supplies, Transportation, Support Staff

10. Health Education: Sex Education, Water Safety, Injury Prevention
11. ** Mental Health Issues (More understand and referrals)
12. ** Emergency Airfare Issues (Assistance needed)
13. Pharmacy/Medication/Refills
14. ** Diabetes (More education and dissemination needed)

Unit 10: Eek, Quinhagak

1. Medical Providers—Hiring, visiting villages, SRCs
2. Health Education: Sex Education, Water Safety, Injury Prevention
- ** Suicide Prevention
3. Pharmacy/Medication/Refills
- ** Ensuring refills are given to patients in a timely manner.
4. Environmental Concerns: Water and Sewer, Dust, Dump
- ** Control burning and recycling.
5. Community Health Aide Issues
6. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
- ** Logistical help (i.e. travel expenses)
7. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
8. Improve Continuity of Care/Quality of Care Concerns
9. Alcohol/Drug Abuse Concerns
10. Hospital/Clinic Concerns—Quality of Care, Case Managing

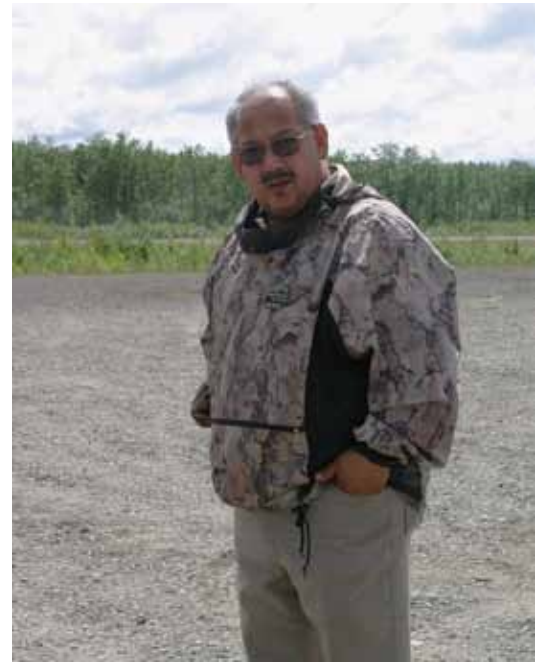
Unit 11: Grayling, Holy Cross

1. Medical Providers—Hiring, visiting villages, SRCs
2. Alcohol/Drug Abuse Concerns
3. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
4. Health Education: Sex Education, Water Safety, Injury Prevention
- ** Suicide Prevention, Diabetes Education, Parental guidance
5. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
6. Improve Continuity of Care/Quality of Care Concerns
7. Pharmacy/Medication/Refills
8. Community Health Aide Issues
9. Hospital/Clinic Concerns—Quality of Care, Case Managing
10. Environmental Concerns: Water and Sewer, Dust, Dump

President/CEO Report



We ended FY2009 in better financial shape than ever. Much needed restructuring of our computer systems and work processes—as well as the summer hiring of an eager cadre of temporary workers to help with a huge billing backlog—resulted in our Financial Viability Team exceeding its goal of collecting \$56.9 million in net patient care revenue.



Gene Peltola, President/CEO

Chronic underfunding of the Indian Health Service’s obligation to Tribal healthcare coupled with the ever-rising cost of medical supplies and services, means the revenue from Medicare and Medicaid, Denali Kid Care, private insurers and other third party payers is vital to our existence. I urge you, our customers and owners, to enroll in any medical assistance programs you may be eligible for. If you need help with the paperwork, we now have employees on staff at most of our subregional clinics who can guide you through the jargon and red tape.

2010 is the year of the United States Census. In many of our villages the counting has already begun. It is important that you participate in the census by meeting with the census takers or filling out the forms. Our share of limited federal funding for Tribes is impacted by our population.

There is other good news on the funding front. Economic stimulus money has come our way, some of which is going towards a new roof for the hospital. This will save us a great deal on our heating costs. The Alaska state legislature

is contributing sufficient funds to complete construction of a new Sobering Center in Bethel. This service, which will be provided in partnership with the City of Bethel and other state agencies, is greatly needed to address the problem of chronic inebriates in our community. These individuals—too many of them teens and even younger—account for much of the overcrowding and staffing pressure in our Emergency Room. Unfortunately, the need for this facility may become even more urgent since Bethel has voted to go “wet.” Let me say that YKHC will vigorously oppose any applications for liquor licenses or bars in Bethel.

I am proud of each and every YKHC employee. Everyone demonstrates every day their belief in and commitment to achieving excellent health for the people of our region. But sometimes there are those who deserve special mention. I am particularly pleased to commend and congratulate the Health Aides of the Betty Guy Clinic in Kwethluk who, during the severe spring flooding, came up with an innovative plan to maintain services for those who needed it the most in the community. After arranging to send patients with chronic conditions to Bethel so they could be near the hospital, they divided the village into sections based on the flood zones to monitor patients and provide any necessary care. Their forward thinking turned what could have been a tragedy into just a major inconvenience.

The Kwethluk Health Aides are not alone among a workforce of exemplary village staff. Every month our Community Health Aide Program recognizes one of them as Health Aide of the Month—a well-deserved honor in every case.



Alaska Senator Mark Begich and Gene share lunch and frank discussion of regional health care issues.



Spring flooding was severe in many of our villages in 2009—not only Kwethluk. Adversity often brings out the best in our employees, who find effective and innovative ways to meet the challenges.

Village staff sometimes feel isolated—no wonder in such a vast region with no roads. Because of this we rely on communications technology to facilitate collaboration. Nearly every village now has video teleconferencing capacity and we are in the process of upgrading the phone systems throughout the corporation. Soon we will make the transition to a more modern internal intranet and email infrastructure.

In addition to our well-trained and highly qualified frontline staff in the village clinics, subregional clinics and hospital, there are many employees working behind the scenes to support patient care. You don't always see them, but if they weren't there, the rest could not do their jobs. This is the “working together” part of our mission. Employees working together form a corporation aimed at excellence. A corporation working together with Tribes, partner agencies and other organizations achieves the excellent health we strive for.

Quyana,

Gene Peltola, President/CEO

2010 Corporate Goals

YKHC's strategic plan for achieving excellence in health care is called *Napartet*, a Yup'ik word for a ship's mast, a trail marker or a supporting pillar. As our Road to Excellence, *Napartet* identifies five pillars essential for the success of our mission. Each year, new corporate goals are adopted under each pillar to guide our growth and improvement.

The goals for 2010 are listed below. On the following pages you will find reports on the goals for 2009.

Patient Centered Excellence

Increase Press-Ganey scores of “Very Good” to 50 percent.

Employee Focus

Increase Senior Leadership's visibility, accessibility & communications with employees by 10 percent.

Community & Partner Satisfaction

Increase Tribal Council satisfaction to 87 percent with at least 15 Tribal Cards returned per month.

Alaska Native Workforce Development

Maintain 100 percent recruitment rates for Registered Nurses and Dental Health Aide/Therapists.

Financial Viability

Collect \$56.9 Million From 3rd Party Payers



Patient Centered Excellence

We take patient preferences seriously. We design our processes to deliver timely and effective care as close to home as possible and strive to have our care and services valued by our patients. We focus our resources on care and services that improve the health of the population and on the illnesses that are most common in our communities.

2009 Goal: Increase Press-Ganey scores of “Very Good” to 50 Percent.



Pediatrician Cynthia Mondesir, MD, checks up on Dayton Flores.

Press-Ganey is a company YKHC partners with to provide health care satisfaction surveys. These surveys are mailed out to a random list of patients asking for feedback on the quality of their care. Results are then compiled and shared with department heads and staff.



Diana Therchik accepts the Birch Bowl Award for outstanding customer service at the Toksook Bay Subregional Clinic.

In 2009, three departments were presented with Birch Bowls by Health Services Vice President Jack Crow for scoring very high marks on their Press-Ganey Survey. Toksook Bay Subregional Clinic, St. Mary’s Subregional Clinic, and the OB Department all received “Very Good” ratings on 50 percent or more of the surveys pertaining to their departments. Every day, YKHC service programs and clinics strive in providing Patient Centered Excellence for all residents of the YK Delta.



Pharmacist Elizabeth Mills readies a prescription refill.

System Improvements for Better Service

Direct to You! — Prescription Refills by Mail

Starting in the month of October, YKHC’s Pharmacy, Village Operations, Technology, and Materials Management teamed up for “Direct to Patient,” improving the

way medicines are distributed to village patients. Prescription refills are now being sent by mail to Post Office Boxes rather than to village clinics via bush plane.

YKHC’s Pharmacy began the Direct to Patient pilot study more than a year ago with eight villages. After analyzing the results of the study, it was determined that implementing the system region-wide would result in substantial savings in freight costs, Health Aide time, and Pharmacy staff time—as well as provide better customer service. Now patients call in their prescription information before they run out of medicine and receive their refills at their own P.O. Box within 10 days.

CHAP Registration Process Steps it Up

YKHC’s Community Health Aide Program introduced a new workflow—registering Patient Encounter Forms (PEFs) electronically from Village clinics.

Registration backlogs from village clinics were reduced from months to a matter of one to two days.

Building on this success, CHAP hopes to continue on its patient care initiative to streamline administrative processes in the years to come.

Facility Enhancements and Equipment

A New Birthing Center

Irnivik—A Place to Have Babies delivered a new remodel for a more personalized family-oriented labor and delivery unit.



This fully functioning Labor, Delivery, Recovery, and Postpartum facility is completing its first year of operation. The new birthing rooms were designed with patient comfort and family bonding in mind. Previously, women walked from triage to a delivery room and then to a postpartum room. Now we have in-room delivery capabilities. Mother and baby never have to leave one another's side. The rooms are also welcoming and comfortable, allowing for more privacy and family involvement.

Our focus now is for women to give birth however they want. Specialized beds help the mother find that position that's just right for her to give birth.

To encourage breast-feeding, every mother goes home with a special pillow donated by the Diabetes Program to make breast-feeding a comfortable, natural process for mother and baby. We work closely with WIC to provide electric pumps to mothers who may need them.

We also focus on teaching moms about safe sleep with their babies, sending each baby home with a specialized sleep sack that fits the child up to three months.

Oxygen Concentrators

Thanks to a State of Alaska Department of Health and Social Services grant through the Alaska Code Blue Project, YKHC has been able to purchase enough oxygen concentrators for many of the village clinics and all of our subregional clinics.

These units provide an economical alternative to heavy oxygen tanks for nebulizer treatments and oxygen administration.

With new federal regulations restricting the transport of oxygen tanks on airplanes, the purchase of these concentrator machines for our clinics and hospital is vital for sustaining patient care at a manageable cost.

Certification, Credentials and Training

Board Certification for Health Providers

All physicians on staff as well as all of the specialists that treat patients at the hospital are board certified. This means they must have completed an accredited residency program in one of the 24 recognized American Board of Medical Specialties,



New mom Bonnie Ulroan, of Chevak, and her new baby with Claire Lewis, Women's Health Nurse Practitioner. Every OB provider strives to make the experience of childbirth one of the happiest and most amazing experience in a parent's life.

be in good standing with the Board, and complete an exam. There are also ongoing requirements for education and repeat board certification—usually every 7–10 years.

YKHC is the only Rural Alaska site to require board certification. It gives our medical staff credentialing office another objective measure of the quality of the providers that we employ, and reassures our patients that those who care for them have the highest qualifications.

Physical Therapy Doctorates

YKHC is keeping up with Physical Therapy programs across the nation that are transitioning from Masters level to Doctorate level therapists. YKHC's Physical Therapists Heather Johnson and Kate Huckert earned their Doctor of Physical Therapy (DTP) degrees from A.T. Still University in Mesa, Arizona in August, improving their knowledge in all areas of physical therapy and thereby enhancing the level of physical therapy services available for our customers.



Physical Therapy Director Kate Huckert, left, and Heather Johnson earned their doctorate degrees in Physical Therapy. Kate has been with YKHC five years, Heather for 10.

Behavioral Health Aide Certification

For years, YKHC's Behavioral Health Aides (BHA), working under the auspices of our Behavioral Health Services, have been hired and have traveled extensively to surrounding Delta villages to provide substance abuse and mental health services to people in need—often without the training necessary to help them address all the complex issues that many people in rural communities face.

Now, with the roll-out of the Behavioral Health Aide Program Certification Board standards and procedures implemented throughout the state of Alaska, there are opportunities for BHAs to earn certification through on-going training. Ours are among the first in the state to participate in this certification process. This is a welcome reassurance for the many individuals in our region who struggle with substance abuse addictions, anger-management, have no one to turn to, or want help in how to treat mild depression, grief, or loss.

Employee Focus

YKHC focuses on creating a work culture where the employee feels valued, safe and is treated with respect. Our leaders care about what employees think and seek employee involvement in all aspects of YKHC work. Every YKHC employee will know how their job relates to the mission of YKHC and will take personal responsibility for the work that they do, and will be encouraged to continue their personal and professional development.

2009 Goal: Increase employee satisfaction with Senior Leadership communication by 10 percent.

To improve communication and responsiveness to employee concerns, YKHC's Senior Leadership Team—the President/CEO, vice presidents and key administrators—met quarterly in open forums with employees. Leadership discussed new developments, salary and benefits plans, strategies for better service and many other topics at these well-attended meetings. They also visited with employees in their departments and regularly published messages in the corporate employee newsletter. The effort has had positive results. An informal on-line survey was conducted mid-year showing an increase of 25 percent in employee satisfaction with its senior leadership.

Employee Appreciation

Each quarter new employees who were hired by YKHC are welcomed to an informal employee luncheon where they can learn more about the corporation, mingle with other colleagues, and have a chance to learn more about the YK Delta and other programs and services offered to our service area.

Employees who reached service milestones of 5, 10, 15, 20 or more years of service with YKHC were celebrated at quarterly luncheons, receiving recognition from their supervisors, senior leadership and their colleagues.



Support Services Vice President Greg McIntyre updates employees on the status of Napartet Pillars and goals during the February Employee Update Forum.

Administrative PTO Approval for Swine Flu

2009 was an unusual year in terms of preparing for the seasonal and H1N1 “swine flu.” Our hospital and clinics saw a spike in flu-like illnesses in the Fall, and the risk to sick patients who could get sicker if the hospital is full of patients—and employees—with flu-like symptoms.

Because of this, President/CEO Gene Peltola made an executive decision to allow a administrative leave for up to three days for employees who may not have had enough leave time

to take away from work to avoid spreading illness to patients and other co-workers.

This leadership is one-of-a-kind and undoubtedly helped keep the hospital and clinic services running despite some fluctuations and availability of staff. As a result, nearly 1,100 hours of leave was approved under this special circumstance.

More significant was the successful deployment of preventative measures by staff to keep seasonal and H1N1 flu out of the hospital by shifting operations and realigning some scheduling and work processes.



Lori Pruitt-Chikoyak advises patients and employees about seasonal flu and “swine flu” at an information table set up at the Bethel Hospital during the height of flu season.



Hospital Services Vice President Jack Crow congratulates and thanks Pharmacy Technician Alan Miller for his 25 years of service at the Years of Service luncheon in May.

In addition, vaccinations were provided for hospital workers and priority groups while information and fever-reducing medications were provided in the foyer of the hospital. Hospital and village operations staff worked closely with the Immunization and Infection Control departments to send seasonal and H1N1 vaccinations out to village clinics as soon as they were received.

Importance of Family

YKHC cares about its employees and provides opportunities for them to work and volunteer within the schools to engage with their children. The importance of family is one value which makes our organization unique.

The company works hard to ensure we take care of our employees, advocate for benefits that are unique to our region, and preserve high quality health benefits to allow comfort and assurance to them and their families

YKHC is the first company within AETNA Disability insurance to have an enhanced pregnancy related short-term disability insurance that kicks in for eligible YKHC employees up to 30 days prior to a woman's estimated date of delivery. This benefit allows YKHC employees, who are expectant mothers, a unique benefit, including the opportunity to be transported closer to a medical facility during the last 30 days of pregnancy, for example.

In switching from SunLife to Aetna for our insurance needs in 2009, Human Resources provided cultural sensitivity training to their claim specialists and sent compensation/benefits teams to Oregon to meet with their claims office in how to be sensitive to our cultural needs and our unique cultural demographic.

We also renewed our Employee Assistance Program to help employees and their immediate families in those times when life isn't going well. 24-hour counseling is available to help people deal with marital issues, family relationships, financial problems, and even alcohol abuse and mild depression.

Competitive Salaries

In May, Human Resources completed a comprehensive survey comparing salaries for healthcare positions in the rest of Alaska and the Lower 48 with YKHC's. Based on the results of the survey, it's clear that YKHC has established itself as the wage leader in the Alaska Healthcare arena.

While healthcare employers in Alaska pay approximately eight percent higher than similar providers in the Lower 48 states, YKHC pays on average 4-5 percent higher than these other Alaska employers. In addition, YKHC offers a comprehensive employee benefit program that is superior to most.

YKHC is seeking ways to maintain this market position while at the same time reviewing areas where we feel we can be even more competitive moving forward.



Above: Professional Trainer Tony Vaska serves burgers to employees at the employee appreciation BBQ in August.

Right: Chef Michael Callahan and his staff have boosted morale among YKHC employees as well as patients at the Hospital for their distinctive recipes and overall improvements to the food and dietary services.

Employee BBQ

Every summer YKHC hosts a large barbeque and fish fry, and in 2009, the turnout was anticipated at nearly 1000 employees along with their immediate family members. Dietary services reported serving over 500 hamburgers, 450 hotdogs, and nearly 200 pounds of silver salmon!



Alaska Native Workforce Development

We are committed to the training, education, mentorship and empowerment of our tribal members as stewards and providers of our regional health care system.

09 Goal: Maintain 100 percent recruitment and graduation rates for the Registered Nurse and Dental Health Aide Therapist programs.



On December 11, 2009, Bernadette Charles, originally from Mountain Village, and shown here applying her skills, graduated the DHAT program and went on to her preceptorship to be certified as a Dental Health Aide Therapist.



Kilbuck School sixth grader Nevada Ahio takes a peek through the lenses at the Optometry Clinic during the Sixth Grade Tour of YKHC healthcare facilities in May.

YKHC's promotion and support of programs to recruit and train local individuals to become nurses, Dental Health Aides and physician assistants is the centerpiece of our Alaska Native Workforce Development efforts. New and improved pamphlets were published last year to promote these training assistance programs, featuring testimonials from Alaskan natives already working in rewarding health care careers at YKHC. Advertisements in regional media outlets supported the recruitment campaign.

To provide an added boost and incentive, a laptop computer loan program was introduced so that students in the Dental Health Aide Therapy (DHAT) and Nursing Programs could obtain laptops on a per semester basis with the option of checking out the computer for the following term.

Two of the six students who graduated the 2008-2009 DHAT class were sponsored by YKHC. The program is two years long, with one year spent in Anchorage and the other in Bethel.

Currently the nursing program has six student in their cohort with hopes of graduating in December of 2010. The last five who graduated from the Nursing Program in 2008 were hired by YKHC. Four are still on the job.

Partnerships for Success

YKHC's Area Health Education Center partners with regional school districts to create opportunities for students to explore and gain experience in health care careers. During the annual 6th Grade Tour, students get an up close look at the various jobs around the hospital and Community Health Services Building—from Outpatient Clinics, Pharmacy, Lab, and Radiology to Dental and Optometry.



Summer technology interns: Maribeth Ayagalria, Gia Seo, Miriam Ohman, and Oscar Perry. Their expertise and skill helped resolve computer and technology needs throughout the organization.

The summer hire program not only gives students valuable work experience, but helps YKHC services like Billing and Technology catch up on a backlog of work projects.

YKHC continues to be a presence at Alaskan job fairs and held one their own in Bethel in December. The ANWD pillar team also schedules luncheons for students in the DHAT, Nurse, and Physician Assistant programs, providing speakers for encouragement and peer support.

Dual Credit Project

YKHC's Career Pathways program coordinated a successful Dual Credit Project for 10 high school students from the Lower Yukon School District in cooperation with the Alaska Center for Rural Health, Alaska Mental Health Trust Fund, and the Kuskokwim Campus-UAF.



LKSD students earned college credit in healthcare-related courses at KuC. Jacquelyn Lincoln, Joshua Chiksok, Mary Bill, Laura Therchik, Delcie Davis, Ted Whitman, Hazel Peterson, and Adriana Betz.

The semester-long course exposed these students to college academics, campus life and student services as well as health career opportunities. A stop at YKHC introduced many of them to career opportunities in Behavioral Health, which including Direct Care Providers, Clinicians, Social Workers and Psychiatric Technicians.

Health Aides expand responsibilities, earn recognition in 2009



YKHC Board Chair Ray Alstrom congratulates Nunam Iqua Health Aide Savannah Strongheart, named the Health Aide of the Year in recognition of her excellent work and dedication to her patients.

Health Aides learn to 'float'

In 2009 YKHC Health Aides took on the responsibility of "floating" to other clinics for two separate weeks during the year—helping out villages that are experiencing a staff shortage or need to catch up on a backlog.

This has not been an easy transition for everyone. Those who have only worked in their "home" clinics during their careers were faced with leaving their familiar surroundings in order to provide health services to strangers in another clinic.

The result, however, has been a revolution. During countless weeks, both critical and acute patients received the care they required because a Health Aide from another village was there, ready and able to help. Overworked Health Aides

in places like Marshall and Alakanuk welcomed colleagues from around the Delta as they took the long flight—often with stopover in Bethel—to get to Alakanuk. There is no question that lives were saved because hardworking Health Aides went out of their comfort zones to offer health care to the entire YK Delta Community.

Well Child Exams and More Opportunities

YKHC Community Health Aides continue to grow in the care they provide. Well Child exams, once the province of Public Health Nurses and YKDRH Pediatricians alone, are now standard practice each week for Health Aides who have completed Session III training. More than 2,600 Well Child exams were performed by Health Aides in our village clinics in 2009, with another 784 performed by Health Aides and other providers in our Subregional Clinics.

Health Aides in Kwethluk and Pilot Station directed a Diabetes Management Program with positive results. The Health Aide Training Center now offers Continuing Medical Education three times during the year, and half-day training on Elder Care is has been developed and taught several times.

Recognizing the outstanding Health Aides

Health Aides provide a pillar of strength to our Alaska Native Workforce, developing continuous medical and communal knowledge for their work environments. Our ongoing Health Aide of the Month initiative recognizes the efforts of those who go above and beyond the expected, exemplifying the YKHC commitment to excellence and inspiring their colleagues as mentors and role models.

Community & Partner Satisfaction

Our success depends on maintaining and strengthening our relationships with tribal communities and our partners.

The challenge of attracting federal, state and private funding means that YKHC must enhance existing partnerships while actively seeking new partnerships for the greater benefit of our customer/owners.

2009 Goal: Increase Tribal Council satisfaction rate to 80 percent.

After meeting with YKHC employees visiting their villages, Tribal Council members were asked to return feedback cards letting us know how well we are doing as health care service partners in their community. Overall positive satisfaction for the year 2009 was 85 percent.

Operation Arctic Care

Operation Arctic Care deployed joint teams of Navy, Army and Air Force medical and dental personnel to 11 YK Delta villages in March, bringing no-cost health care and veterinary support. Uniformed U.S. Public Health Service officers and YKHC employees participated in this large scale health event along with the active and reserve service personnel.



YKHC Professional Trainer Tony Vaska explains local culture to some of the military personnel arriving for Operation Arctic Care.

Hooper Bay SRC, Tuntutuliak, and Kotlik Clinic Grand Openings

Fifteen years after the first subregional clinic was built in Aniak, Hooper Bay's SRC, the region's fifth, celebrated its grand opening in August. YKHC's completed set of subregional clinics, serving patients in key hub communities, represents a great achievement toward the goal of bringing health care closer to home for our people.



Most of the residents of Hooper Bay turned out for the grand opening of their new subregional clinic in August, 2009.

Hooper Bay is a large community of more than 1,000 residents with a historical need for improvements and upgrades. This beautiful new 14,000 sq. ft. facility brings quality comprehensive primary and urgent care within easy reach of the nearby communities of Chevak and Scammon Bay. It is accompanied by a 6,000 square foot 6-plex for staff housing. Staffing includes Health Aides, mid-levels, behavioral Health Aides, lab and x-ray technicians, administrative personnel and itinerant specialists such as dental and optometry.



Session One Health Aide Minnie Lake prepares to do an exam for Nyla Tomaganuk-Moses. Nyla was the first patient to be seen at the new Hooper Bay Subregional Clinic.

Special thanks is due numerous agencies and partnerships who contributed to funding: the Denali Commis-

sion, Indian Health Service, Office of Environmental Health & Engineering, as well as numerous federal and state grants. YKHC strives to promote local hire on projects such as these to stimulate the village economy. The subregional clinics exemplify the power of tribal, state and federal partnerships to achieve fundamental change in our region. Quyanana!

The villages of Tuntutuliak and Kotlik opened their new clinics to patients in 2009, fulfilling the dreams of many people in the region who have waited and worked for better health care facilities in their communities. New clinics are in the

works for several other villages, including Kasigluk, Nunapitchuk, and Mountain Village.

Special Delegates visit the YK Delta

YKHC experienced a jam-packed series of visits from important guests and dignitaries in the summer of 2009.

Obama Administration Cabinet Secretaries representing four federal departments visited Bethel and Hooper Bay on August 12. Secretary of Housing and Urban Development (HUD) Shaun Donovan, Secretary of Energy Dr. Steven Chu, Secretary of Education Arne Duncan, and Secretary of Agriculture Tom Vilsack, in the short time they were in the region, had their eyes opened to the huge challenges facing this huge region every day, whether it's health care, energy costs, transportation limitations or the inadequacy of schools.

Other Summer visitors included Senator Mark Begich, Governor Sean Parnell, numerous staffers as well as governor candidates Ethan Berkowitz, Bob Poe, and Hollis French.



Bethel Traditional Chief Peter Jacobs and his granddaughter RaeLena Smith greet cabinet secretaries Arne Duncan (Education), Steven Chu (Energy), Shaun Donovan (HUD) and Tom Vilsack (Agriculture) as they arrived in Bethel to learn about issues in Rural Alaska.

Assistant Secretary of the Interior and head of the Bureau of Indian Affairs, Larry Echohawk (Pawnee) visited Bethel, Akiak, Kwethluk and Akiachak. Joe Garcia (Ohkay Owingeh), President of the National Congress of American Indians, also spent some time with tribal leaders in Bethel, Kwethluk, and Aniak to hear more about the region's tribal affairs in addition to health, economic, and education challenges.

Napaskiak and Bethel hosted a site visit on the Rasmuson Foundation's Education Tour which included some of the most influential philanthropic organizations in the world—Cisco/Tosa, Microsoft, Packard, M.J. Murdock Trust, ExxonMobil, Surdna and the Annie E. Casey Foundation. All special visitors now have a deeper grasp of our region's unique beauty and culture. Deep gratitude is owed to our tribal partners in welcoming our visitors to their communities and making these visits a success.

Seasonal and H1N1 "swine flu" Response

A great amount of time and preparation was spent on cultivating awareness of this year's seasonal and H1N1 flu. Lack of availability of the vaccines posed a challenge to our YK

Delta Immunization Coalition and infection control nurses for several months in 2009. As a means to protect our really sick patients from the flu, several strategies were deployed, including vaccinating priority population groups and hospital and village staff.

Extra precautions were instrumental in stopping the spread of flu by providing flu shots and anti-fever medications to Bethel

residents in the foyer area of our main hospital as well as deploying vaccines to villages as soon as they were received. We are proud that our preventative measures were a success, resulting in zero deaths attributed to seasonal or swine flu for patients without underlying illnesses in 2009.

Pneumo-13 Research Trial and Prevnar 13 FDA licensure approval

YKHC has been on the forefront of clinical research trials in an ongoing research study of a test vaccine called Pneumo 13, a preventative vaccination trial to combat numerous types of pneumo infections. Sixty Health Aides and 20 hospital staff were instrumental in deploying the study.

Although the clinical research has taken many years to introduce, the first annual enrollment took place on January 30, 2009, for YK Delta participants. The trial vaccine has been influential in providing extra protection against pneumococcal infections and it is reported that with the FDA approval of Prevnar 13, on February 24, 2010, the vaccine may be commercially available by the end of April, 2010.

Thanks to an outstanding number of Delta participants in the study, we can proudly say we are helping lead the way in addressing and minimizing the prevalence of pneumococcal bacterial diseases for the rest of the world.

Pneumococcal ("pneumo") disease is a leading cause of meningitis (brain infection), sepsis (blood infections), pneumonia (lung infections), and otitis media (ear infections)—all which are prevalent among YK Delta babies and young children.



A community-wide mass dispensing exercise brought people out to two locations in Bethel to get vaccinated against seasonal flu and H1N1 flu. Volunteer Chris Evan prepares a dose for Krista Wasky, bravely bracing herself for the jab of the needle.

Financial Viability

Increased financial performance creates stability, allows us to provide quality health care, deliver new services and expand employment. YKHC must improve operational efficiency, agility, productivity, and expand the revenue base.

09 Goal: Collect \$56.9 million in net patient care revenue

YKHC's Revenue Management Division, in collaboration with other groups on the Financial Viability Team, focused their efforts on maximizing Medicaid reimbursements and reducing the number of denied claims. This included increasing Medicaid and Medicare enrollments by helping eligible patients get enrolled as well as overhauling workflow processes and installing a new computer system. The result was attaining and surpassing the FY09 goal of 56.9 million in revenue from Medicaid, Medicare, private insurance and other third party payers.

Another important component of this success was stepping up the charge entry and billing turnaround times, improving customer service and reducing the likelihood of unpaid claims due to late billing.



Two years ago the billing backlog was nearly overwhelming. Thanks to computer upgrades and a lot of teamwork, it was brought under control in 2009 (file photo).

entry, and do it fast! CFO Joe Demeo said, "This achievement for 2009 is remarkable and should be remembered as an important accomplishment for all who were involved. It was a team effort that spanned across many departments and had very immediate results."

A Better System

Updating and adding new features to the existing financial software system resulted in better efficiency and a workload reduction of nearly 90 percent. This enhancement boosted staff self esteem and enabled them to be more self determined.

During the summer, 10 Native hire college students joined the team to tackle a huge backlog. When the initiative began in June, their goals were simple: reduce backlog, increase charge-



Coding & Entry staff along with a group of temporary summer hires tackled a huge backlog of billing to help YKHC's Financial Viability team meet its revenue goal.

Eligibility and Enrollment Outreach

The Medicaid Outreach program is extremely important to the YK Delta. Education efforts are being rolled out to the public about the benefits patients would have as Medicaid and food stamp recipients. In FY09, 3,531 people applied for Medicaid and 1,568 of them were approved. These recipients helped the Delta by bringing in additional funds to our region.

To assist in this effort, our Medicaid/Medicare Enrollment team trained a new group of employees in the Subregional Clinics called Patient Navigators. Their job is to reach out to their people in their respective service areas and assist patients in signing up for Medicaid & Denali Kid Care. They will be helping people fill out applications and renewal paperwork. This is expected to result in improving patients' coverage for airfare and other benefits by ensuring that all those eligible are signed up and current.

Financial Viability the Key to Future Services

YKHC continually seeks funding for new projects and programs through grants and legislative appropriations. Projects like the Assisted Living Home not only depend on such capital grants, but also on billing and reimbursements for services to pay for operating expenses. By improving our processes, investing in staff training and being diligent in pursuing enrollment, eligibility and accountability, we can build a strong foundation of financial security to build upon for a healthier future.



Working Together to Achieve Excellent Health
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