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Cover photo: Leap Year Baby by Rhonda Vanover. Kelton Atchak was born at 10:09 p.m. February 29, 2012. She weighed in at 6 lbs. 1 oz. Congratulations to the happy mom—Kayla Atchak of Bethel.
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

58 Federally Recognized Tribes

Hospital Governing Body — YKHC Board of Directors

Executive Board

President / CEO

Chief Financial Officer

Vice President for Admin./General Counsel

Vice President for Support Services

Medical Director

Revenue Management

- Patient Financial Services
- Medicaid & Medicare Enrollment
- Admissions
- Registration
- Dental Business Office
- Pharmacy Business Office
- Medical Records
- Coding and Data/Charge Entry

Accounting

- Payroll
- Accounts Payable
- General Ledger
- Treasury

Internal Auditing

- Corporate Internal Auditing
- Utilization Management

Decision Support

- Business Development
- Financial Services
- Finance Data/Reporting
- Grants Management
- Budgeting

Finance & Systems Support

- Physician Enrollment

Compliance

- Associate General Counsel

Human Resources

- Benefits/Compensation
- Employment and Native Hire
- Employee Relations
- Professional Recruitment
- YK Area Health Education Center

Risk Management/QI

- Privacy
- Public Relations
- Media Services
- Grants Development

Prematernal Home

Construction

Capital Projects

Safety

- Security

Materials Management

- Mail/Delivery
- Purchasing
- Contracting
- Property
- Inventory Control
- Medical & Office Supplies
- Shipping and Receiving

Corporate Facilities

- Corporate Facilities Maintenance
- Housing

Clinical Administration

- Hospital Facilities
- Hospital Maintenance
- Laundry
- Housekeeping
- Biomed
- Auto Repair
- Motor Pool
- Clinic Support
- Village Clinic Support
- Community Health Services Building

Travel Management Center

- Hostel
- Anchorage TMC
- Bethel TMC

Technology/CIO

- Financial & Clinical Systems
- Network & Telecommunications
- Help Desk
- Security and Compliance
- Switchboard/IT Operations
- Project Management

Local Monitoring Safety Board

Research Coordinator

Health Impact Assessment

Values

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

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

Mission
Working Together to Achieve Excellent Health
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.
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.
A Message from the Board Chair

2011 has been a significant year for YKHC. The year kicked off with the opening of the Bethel Sobering Center. We paid special tribute to the YK Delta’s frontline of care by honoring our Health Aides at the 18th Tribal Unity Gathering in April. When spring came and the banks of the upper Kuskokwim exposed its wrath of large chunks of ice in a devastating overnight flood, shocking the communities of Crooked Creek and Red Devil, our team of dedicated employees were on site and available for all emergency and medical needs, without question or inconvenience—collaborating with other agencies to ensure safety and respite for all.

Summer came with the excitement of new construction and capital projects approved at the pen of the Governor and our legislative delegation. New clinic openings were celebrated in the villages of Nunapitchuk and Mountain Village. Especially heartfelt was the ground-breaking ceremony YKHC Board Members attended for the long-awaited Bethel Long Term Care and Assisted Living facility. Many elders from the region joined us at this event with genuine gratitude for the possibility to stay closer to home and their loved ones as they approach their later years.

Financially, YKHC is doing well despite the perplexing issues with finances across the country. Collections from our village clinics alone in 2011 exceeded $3.1 million. Allowing for people to work and acquire skills while on the job contributes tremendously to the vitality of our work and what we have set out to accomplish. YKHC strives to reinvest funds to nurture our own professionals within the region and this is one area our board pays special attention to—understanding that the people are our region’s best asset.

In 2012 we have our attention focused on babies! Nearly 400 babies were born at our hospital last year. We’re building a new Prematernal Home. Our primary care providers have started an initiative called Centering Pregnancy for expectant mothers to have more time with providers as they anticipate delivery. Our Dental Department collaborates with the Prematernal Home so the moms’ prenatal dental needs are met and educational information is shared for her future child’s oral health needs.

In closing, we are working hard to impress upon the state and federal government leadership that our work is not done in securing funds for our contract support costs. We are also seeking expansion for our residential treatment programs so people who suffer from alcohol and substance abuse can get the help they need.

I would like to wish everyone a prosperous subsistence season in the year 2012, a productive Tribal Gathering event, and a happy Easter to all.

Ray Alstrom, Chairman, YKHC Board of Directors
Delegates from Tribal Councils throughout the YK Delta region put suicide prevention at the top of their list of priorities for YKHC to focus on as they met in Bethel for the 18th Tribal Unity Gathering April 6-7, 2011.

Over the past few years teen suicide has emerged as a leading cause of death in the YKHC region, according to YKHC Medical Director Dr. Joe Klejka, who cites age-adjusted state mortality statistics. Because teen suicide is relatively rare in the rest of the country, and our population is small, the 30 teen suicides during the past 10 years make for an alarming per-capita statistic.

Most of the second morning of the Gathering was filled with a presentation and discussion session on the issue. Health Services Vice President Jack Crow said YKHC’s approach to suicide prevention is two-fold: First, promoting “protective factors” such as healthy communities, strong families, education and support and providing access to behavioral care. And second, confronting risk factors such as binge drinking, domestic violence and sexual assault, and poor coping skills.

Although the availability of services is vital, delegates themselves acknowledged in sharing comments, that community involvement and initiative is most important in addressing the problem. Greg Moses, Family Spirit Coordinator, presented an overview of how a community Family Spirit Gathering can help communities focus their energy on healing, saying, “There is no power for change greater than a village discovering what it cares about.”

Delegates acknowledged the connection between healthy communities and strengthening cultural traditions and values in making Passing on Traditional Knowledge their number two priority—with that including more Tribal Gathering sessions focusing on traditional medicine and healing.

Other priority concerns included having to wait too long for care at the hospital’s emergency room, the cost of traveling to Bethel or subregional clinics for medical care,
Throughout the history of YKHC gatherings, these concerns and others have driven YKHC’s health care delivery service plans. In his opening remarks at the beginning of the Gathering, President/CEO Gene Peltola listed just a few of the many improvements made as a result of Tribal Gathering priority requests: the hospital’s CT scanner, the new assisted living facility that broke ground this year, dental and behavioral health aides in village clinics, over 30 new village clinics and the five subregional clinics bringing healthcare closer to home, village medevac services and travel assistance for cancer screening.

Most of the first day of the Tribal Gathering consisted of progress reports in response to concerns identified at previous Gatherings. Among these was patient travel, which, due to the rising cost of fuel and plane fare, moved up to one of the top five priorities. Village Operations Administrator Jane Russell gave a presentation on the topic, reporting that Medicaid covers most travel costs for those who are eligible, YKHC employee and other insurance and various grants also pay for certain travel costs. YKHC pays nearly $1 million yearly for other travel costs, but is proposing to increase that by $250,000 to include mammograms for women not eligible for women’s health grant money, village to Anchorage travel for patients referred out of state for care, and specialty clinics for Elders.

Delegate comments from daily evaluation surveys:

**What did you like most about the conference?**

“I liked hearing about updates for all the programs. Also, I like how they are looking into our concerns and finding solutions.”

“Very informative of health issues that affect our village people”

“Sharing of ideas and friendship.”

“The presenters, speakers, and YKHC board for recognizing our health aides.”

**What did you like least about the conference?**

“Not enough time to hear from village leaders.”

“Second day priorities long hours, took whole afternoon.”

“Crowded, not much youth, need more youth.”

“Meeting room too warm.”

“Not much to not like. I enjoyed it.”

To illustrate the progression of colorectal cancer, and reinforce YKHC’s commitment to cancer screening, the OR brought “Nolan the Colon” to Bethel. The 30-foot walk-through colon model was a big draw at the Gathering.
Yukon-Kuskokwim Health Corporation

Health Aide of the Year

The theme of the Gathering was “Honoring our Health Aides: The YK Delta’s First Line of Care.”

YKHC’s Board, senior leadership as well as many Tribal Council delegates agreed a special recognition of health aides was long overdue.

Presentations led by CHAP Field Supervision Coordinator Andrea Thomas, Behavioral Health Clinic and Village Services Director Janice Hamrick, and Subregional Clinic Administrator Sue Hoeldt explained the roles, responsibilities and training requirements of Community Health Aides, Behavioral Health Aides, and Dental Health Aides, respectively. Presentations included personal perspectives from community, behavioral and dental health aides themselves.

For the past few years, the CHAP program has been recognizing outstanding role model Health Aides through its Health Aide of the Month initiative, which includes a write-up in the Messenger. In addition, CHAP selects a Health Aide of the Year whose commitment and dedication exemplifies the qualities that make an outstanding health aide. CHAP saved its announcement of Health Aide of the Year for 2010 for this Gathering honoring health aides. Kotlik’s Phyllis Andrews, who staffed the clinic there by herself through much of the year, was named Health Aide of the Year. In nominating Phyllis, Supervisor Instructor Lucy Martin said, “Kotlik clinic is a very busy clinic and she is not only seeing scheduled patients, but walk-in patients and emergencies also. Despite her busy schedule, Phyllis doubled her monthly wellchild/ EPSDT goal.”

Field Supervision Coordinator Andrea Thomas with Health Aide of the Month honoree Elena Alexie of Kwethluk.

YKHC Board Vice Chair Bill Kristovich congratulates Health Aide of the Year Phyllis Andrews of Kotlik.

2010 Health Aides of the Month honored at Tribal Unity Gathering XVIII

Anna John, Toksook Bay
Sheila Minock, Russian Mission
Billy Rivers, Scammon Bay
Christy Ticknon, Anvik
Tanya Matchian, Hooper Bay
Stella Leopold, Emmonak
Phyllis Andrews, Kotlik
Elena Alexie, Kwethluk
Martha Constantine, Kwethluk
Martha Lewis-Yohak, Chebornak
Inez Pingayak and Marsha Smith
Martha Attie, CHP Supervisor/Instructor
Collective voting determines overall priorities

A different method was used to determine overall priorities at this year’s Tribal Gathering. Each unit set and shared their regional priorities, then all the participants voted on each of them, using hand-held instant Audience Response System remote devices. When all the votes were collected and analyzed, this was the result...

<table>
<thead>
<tr>
<th>Priority</th>
<th>ISSUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suicide prevention, debriefing, education, camps, d/c planning</td>
</tr>
<tr>
<td></td>
<td>Youth programs, work opportunities, cultural programs</td>
</tr>
<tr>
<td>2</td>
<td>Pass on Traditional knowledge</td>
</tr>
<tr>
<td></td>
<td>Traditional healing</td>
</tr>
<tr>
<td></td>
<td>Resume Traditional Yup’ik medicine conf</td>
</tr>
<tr>
<td>3</td>
<td>ER wait times too long</td>
</tr>
<tr>
<td></td>
<td>Better elder care and respect in ER</td>
</tr>
<tr>
<td>4</td>
<td>If no insurance need money for travel</td>
</tr>
<tr>
<td></td>
<td>Improve patient travel between Anchorage and Bethel (cab fares or shuttle)</td>
</tr>
<tr>
<td></td>
<td>Travel assistance from village to Bethel or ANMC</td>
</tr>
<tr>
<td></td>
<td>Travel from airport to clinic or SRC</td>
</tr>
<tr>
<td></td>
<td>Resolve Medicare/Medicaid denials</td>
</tr>
<tr>
<td></td>
<td>Emergency transport cars in villages</td>
</tr>
<tr>
<td>5</td>
<td>Elder Care, assisted living, respite care, discharge planning</td>
</tr>
<tr>
<td></td>
<td>Home care for elders</td>
</tr>
<tr>
<td></td>
<td>Assisted living in SRC areas</td>
</tr>
<tr>
<td>6</td>
<td>More providers, specialty and floats to village</td>
</tr>
<tr>
<td></td>
<td>Providers: more community contact(TC)</td>
</tr>
<tr>
<td></td>
<td>Week long doctor visits to villages</td>
</tr>
<tr>
<td></td>
<td>More clinic appointments available in villages</td>
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<tr>
<td></td>
<td>Prevent unnecessary Bethel visits</td>
</tr>
<tr>
<td>7</td>
<td>Earlier cancer detection / testing in villages</td>
</tr>
<tr>
<td></td>
<td>Allow and assist in getting second opinions (ANMC)</td>
</tr>
<tr>
<td>8</td>
<td>Increase youth involvement at YKHC</td>
</tr>
<tr>
<td>9</td>
<td>Quicker Medevac response</td>
</tr>
<tr>
<td>10</td>
<td>Improve continuity of care, more thorough care</td>
</tr>
<tr>
<td></td>
<td>Providers should be on time for clinic appointments</td>
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<tr>
<td></td>
<td>Improve doctor/patient respect (cultural orientation)</td>
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<tr>
<td></td>
<td>Follow-up appointments take too long (includes specialty)</td>
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<tr>
<td></td>
<td>Improve monitoring of patients’ illness / medicine</td>
</tr>
<tr>
<td></td>
<td>Need follow-up in clinic not ER</td>
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<tr>
<td></td>
<td>Diagnosis on first visit to hospital</td>
</tr>
<tr>
<td>11</td>
<td>Don’t tell a person to come back if gets worse</td>
</tr>
<tr>
<td>12</td>
<td>Trauma bag needs to be ready in village</td>
</tr>
<tr>
<td>13</td>
<td>Water and Sewer</td>
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<tr>
<td>14</td>
<td>Patient advocate to navigate system</td>
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<tr>
<td></td>
<td>Educate elders on benefits</td>
</tr>
<tr>
<td></td>
<td>Directory of services available and how to access</td>
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<tr>
<td>15</td>
<td>Sis to spend more time in upriver villages</td>
</tr>
<tr>
<td>16</td>
<td>Safe house in each village</td>
</tr>
<tr>
<td>17</td>
<td>Increased Behavioral Health presence in villages</td>
</tr>
<tr>
<td></td>
<td>Alcohol and Drug abuse</td>
</tr>
<tr>
<td></td>
<td>Alcohol importation Issues</td>
</tr>
<tr>
<td>18</td>
<td>EMT first responder teams in villages</td>
</tr>
<tr>
<td>19</td>
<td>Teen pregnancy</td>
</tr>
<tr>
<td>20</td>
<td>Help elderly or challenged patients order medications</td>
</tr>
</tbody>
</table>

Additional Priority Issues

<table>
<thead>
<tr>
<th>Priority</th>
<th>ISSUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improve prescription delivery to village</td>
</tr>
<tr>
<td></td>
<td>New clinic for Chevak</td>
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<tr>
<td></td>
<td>New clinics in village ATT</td>
</tr>
<tr>
<td></td>
<td>Oscarville well needs replaced</td>
</tr>
<tr>
<td></td>
<td>ATT water storage tank</td>
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<tr>
<td></td>
<td>Annual regional unit meeting</td>
</tr>
<tr>
<td></td>
<td>Equitable relationship of YK with tribes</td>
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<tr>
<td></td>
<td>Abuse and neglect</td>
</tr>
<tr>
<td></td>
<td>Less YK employee chartering</td>
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<tr>
<td></td>
<td>Pursue trust responsibility of government</td>
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<td></td>
<td>YK advocate for subsistence management</td>
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<td></td>
<td>Disaster preparation/trail marking</td>
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<tr>
<td></td>
<td>Encourage community based solutions to illness</td>
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<tr>
<td></td>
<td>Clinic pipes freezing</td>
</tr>
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<td></td>
<td>Dust control</td>
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</table>
A MESSAGE FROM
THE PRESIDENT/CEO

Dear Friends,

I’m happy to say, in reviewing fiscal year 2011, the Yukon-Kuskokwim Health Corporation is in financial good health. Despite fluctuations in the stock market, a still-weak economy, and talk of deficits and spending cuts, we have not seen drastic reductions in the federal and state funding we rely on. We expect some cuts in the future as inevitable, and keeping this in mind we continue to diligently pursue third party reimbursements such as private insurance, Medicare/Medicaid and other coverage programs, as well as grant-funded and sustainable initiatives to keep our books in order.

I commend the YKHC Board of Directors and Finance Committee for their wise stewardship of our YKHC Permanent Fund, which may help us weather future financial storms if necessary. At the end of FY11, that fund balance was $35.1 million, an increase of $378,439 over the previous year.

As one of the principal employers in the YK region, and the largest employer in rural Alaska, we acknowledge the importance of our role in contributing to the economic health of our communities as well as the physical and mental health of our people. In FY11 our Community and Partner Satisfaction Team adopted a new goal—challenging our own employees to commit a total of 5,000 hours of community service. This could include serving on the local school board, citizen committees, clean-up crews, community gatherings, coaching after-school activities, even supporting the local dog races. YKHC employees are granted up to two hours per month of paid time off for this purpose, but many contribute much more of their own time. I was proud to see a strong participation of YKHC employees last year in the fundraising effort for Dr. Jill Seaman’s Sudan project, a community-wide blood drive, and the assistance offered to the upriver communities stricken by damaging spring flooding—to mention just a few.

This was an ambitious goal, and a new one. We did not reach the 5,000-hour mark, but we aimed high and once again this year we are aiming for 5,000 hours.

It means a lot to me that YKHC emphasizes Working Together in its mission statement, and that this doesn’t just apply to employees working together as a team, but working together with our communities, tribes, government agencies, families, small businesses and private corporations in productive partnerships.

Over the years, these partnerships have resulted in great improvements to the health status of the people in this region. In FY11, two new village health clinics were opened in Kasigluk, and Mtn. Village. During the past 16 years, five subregional clinics and more than 35 new village clinics have been built—all using local hire and, to every extent possible, in-state material and equipment suppliers.

Thanks to State of Alaska capital funding, we broke ground on the long-awaited Assisted Living Home and began planning for the new Prematernal Home. We’re currently in discussions with our legislative representatives on a proposal for a new Phillips Ayagnirvik Treatment Center. Partnerships with federal agencies will soon result in conveyance of land and structures at the old BIA site west of Bethel.

YKHC is founded on the principle of Native Self-Determination. Our customers are also our owners, and we are pledged to provide health care that is responsive to and appropriate for the people of the YK region. This is really our fundamental partnership, upheld in our Vision Statement: “Through Native Self-Determination and Relevant Health Systems, We Strive to be the Healthiest People.”

I look forward to the years ahead of us as we continue striving to make this vision a reality.

—Gene Peltola, President/CEO
2011 CORPORATE GOALS REPORT

YKH C’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, corporate goals are adopted under each pillar as a measure of our success and a guide to making improvements.

Patient Centered Excellence
Increase screening rates for colorectal, breast and cervical cancers to meet or exceed Healthy People 2020 Goals

Report:

<table>
<thead>
<tr>
<th>Screening</th>
<th>YKHC Actual Rates</th>
<th>Healthy People 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>52.2%</td>
<td>70.5%</td>
</tr>
<tr>
<td>Cervical</td>
<td>84.5%</td>
<td>93%</td>
</tr>
<tr>
<td>Breast</td>
<td>66.6%</td>
<td>81.1%</td>
</tr>
</tbody>
</table>

Although we still strive to reach the Healthy People goal, there has been a significant increase in mammography and colorectal screening since 2009. Breast cancer and mammography screening rates increased from 59% to 68.8% between 2009 and 2011. Colorectal screening rates jumped up from 46.3% to 57.8%. Maintaining these rates of increase will soon bring us into the range of the Healthy People goals.

Progress & Successes
Mammography screening was extended to all five subregional clinics during the year; Colorectal and breast cancer screening to three SRCs. YKH C paid for travel for breast cancer and colorectal cancer screening in Bethel for patients who had no local options. YKH C’s screening rates in all three areas did exceed the current Indian Health Service goals. YKH C is first in the state for cervical cancer screening and first in the state for mammography.

Financial Viability
Collect $56.9 million from 3rd Party Payers

Report
The collaborative efforts by our financial, clinical, and service employees allowed us to achieve the FY11 goal of collecting $56.9 million from third party payers. Our organization concluded the fiscal year in excess of $59 million with $6.6 million acquired in September.

Progress and Successes
One of the major tactics which have upheld the fiscal integrity of our organization has been the challenge of increasing the Medicaid enrollment population for our service area to 51%. We finished the year with 53.5% of the population covered through Medicaid and Denali KidCare programs.
Employee Focus

*Increase employee satisfaction by 5% with our benefits package (from 3.54 to 3.75 rating)*

**Report**
The score improved from 3.54 to 3.59 (1.2%) but was short of the overall goal. Overall satisfaction with the benefits through the corporate-wide employee survey resulted in a 3.3% increase. The largest increase of 3.4% occurred in the survey question which asked employees if the “benefits plan provides adequate Medical Coverage.”

**Progress and Successes**
Enhancements were made to the benefit package without raising employee costs. The recurring employee satisfaction survey, the source for the ratings, continues to be deployed and the results analyzed from year to year.

Understanding the unique challenges of rural Alaska, the Employee Focus team set its goal to monitor where YKHC’s benefit package compares to that of other similar-sized organizations across the nation. The group concluded that YKHC’s benefits and Paid Time Off (PTO) is extremely competitive when compared with companies in the state and outside.

Community & Partner Satisfaction

*5,000 employee community volunteer hours completed*

**Report**
This was a new goal and a new approach to gauging YKHC contributions to the communities of the region. With a reliable means of determining and tallying hours of community service rendered yet to be fully developed, the CPS goal team reported achieving close to 2,500 employee volunteer hours.

**Progress and Successes**
A policy was developed and published defining guidelines for volunteering. The Kronos timekeeper software was modified to allow semi-automated reporting of volunteer hours. Regular publication of project status in the corporate internal newsletter has resulted in widespread recognition for project.

Alaska Native Workforce Development

*Increase retention of skilled employees by 5%*

**Report**
Because of constantly training, recruiting, and retraining employees, this goal was something the ANWD team hoped to make some improvements on with the idea to cultivate and nurture those employees who were committed to growing and acquiring leadership skills within the organization. The team struggled with achieving their stated goal due to lack of baseline and historical data to chart their progress. The average percentage of employees retained neared 80% for FY2010 and the numbers fluctuated each quarter in 2011 but no real gains were made.

**Progress and Successes**
The group’s tactics began by establishing completion of the State of Alaska’s “Work Ethic” course as a minimum requirement for entry level and skilled hire. Managers were issued a tool kit to use in the application process focusing on their new hires as well as providing growth opportunities for employees who demonstrated interest by their service commitment. The tool kit assisted managers with decision making, warning letters for infractions, performance improvement plans and stress reduction tips.

The key lesson in this initiative was establishing the baseline to benchmark growth and retention of skilled workers in the future.

---

2012 Corporate Goals

**Patient Centered Excellence**
*Increase screening rates for colorectal, breast and cervical cancers to meet or exceed Healthy People 2020 goals*

**Employee Focus**
*Increase employee satisfaction with changed management by 5% (mean score increase from 3.27 to 3.43)*

**Alaska Native Workforce Development | Increase Native managers by 5%**

**Community & Partner Satisfaction**
*5,000 employee community volunteer hours completed*

**Financial Viability**
*Collect $58 million from 3rd Party Payers (102% above FY11 goal)*
Sobering Center opens

The Bethel Sobering Center opened in February, providing a safe shelter for intoxicated people who previously passed through the jail and hospital emergency room. During its first year of operation the center significantly reduced alcohol-related ER visits.

The Sobering Center was the result of years of work by YKHC, the Alaska Department of Health and Social Services (DHSS), the Alaska Mental Health Trust Authority, Bethel Community Services Foundation and the City of Bethel.

“We are grateful for the support of our partners and committed to our joint effort to protect those who need a place to sober up safely and with dignity, and connect those who may have alcohol addiction concerns with possible interventions,” said Gene Peltola, YKHC President/CEO.

The 3,100-square-foot center, built by local workers and operated by YKHC, can accommodate 18 people at a time. The center was initially open Thursday through Monday and on holidays. By year’s end it was open 24/7 and had served nearly 1,000 individuals. Sobering Center Manager Rusty Tews said half of the people were from Bethel, the other half from surrounding villages. Sixty-six percent were male, 50 percent were under 40 years of age.

The Sobering Center not only provides a safe environment for intoxicated individuals, it also provides a respectful and knowledgeable environment for people to begin to come to terms with their alcohol use through the SBIRT program. Through SBIRT (Screening, Brief Intervention, Referral to Treatment), which is employed throughout YKHC’s primary health care system, Sobering Center clients receive a basic medical screening and are monitored while intoxicated. Once sober, clients are offered a brief assessment of their alcohol use, shown drinking risk-reduction information and referred to treatment services.

Building on Alaska Native Cultural Strengths

Governor Sean Parnell approved $1.6 million in state capital appropriations for the Qungasvik Youth Sobriety Project. The research-based cooperative project, in partnership with the University of Alaska, tribal, federal, and state entities, studies cultural activities and practices that are effective in preventing suicide and alcohol abuse. The project was initiated in 1992 in response to Native leaders’ interest in how Alaska Native people achieve sobriety.

The first study—the People Awakening Project—led to interest in adapting the study’s findings into culturally-based interventions that build strengths to prevent substance abuse and suicide among youth.

The Qungasvik (toolkit) includes cultural activities designed to build protection from suicide and alcohol abuse in communities, families, and youth. Every rural community is different. Qungasvik activities include a careful process to develop activity programs that fit local customs and practices.

The additional state funding will help community members and project staff create a regional training center on the Lower Yukon for other communities to learn how to develop interventions that work best for them. The aim is to expand the project at the regional and state-wide level. The long-term goal is to establish an intervention model other communities can use, and to reduce suicide and substance abuse.
COMMITMENT TO LEARNING

Community Health Aide Training

There are four sessions of Community Health Aide (CHA) training; each lasts three to four weeks. Between sessions, the CHAs work in their clinics completing a skills list and practicum. Completion of all four sessions, along with a clinical skills preceptorship and examination, qualify the CHA as a Community Health Practitioner (CHP).

On May 6, 2011, the CHAP Department graduated eight of their students during KuC Commencement ceremonies: Mary A. Joe, Nightmute; Rosemary A. John, Newtok; Sharon M. Kanuk, Kipnuk; Crystal G. Lake, Akiak; Virginia M. Lozano, Kongignak; Pauline S. Nicori, Kwethluk; Mattie R. Simon, Scammon Bay; and Herschel C. Sundown, Scammon Bay.

Health Aide students can use their education for college credit towards an associates degree at UAF, Kuskokwim Campus.

Meet SimMan!

YKHC medics, doctors, and nurses teamed up with the city of Bethel and “SimMan” to learn how this lifelike manikin simulator could help them hone their patient care skills. The Sim Man can be programmed to display medical scenarios and problems for caregivers to solve. It can give the appearance of breathing and talking. It can carry a pulse and even vomit.

“What’s great about SimMan is that we can record medical procedures and review the actions taken by the caregivers,” said Tania Thomas, Nurse Educator for YKHC. “The end result will be better care for our patients.”

Training for Behavioral Health Aides

The training and certification needs of Behavioral Health Aides, who see to mental health, substance abuse and counseling needs at village clinics, prompted the creation of the BHA Academy, patterned after the Community Health Aide Training Program. YKHC has one of four Health Aide Training Centers in the State; our BHA Training Academy is the only one of its kind.

The purpose of the Academy is to help village-based counselors obtain the skills they need on-the-job, and the coursework required to become certified. We work closely with the BHA Academic Review Committee to ensure the quality of training and adherence to the BHA Standards.

2011 Health Aides of the Month

January
Earlene Wise, Upper Kalskag
February
Melody Deacon, Anvik
April
Robert Pitka, Marshall
May
Martha Nicholai, Kwethluk
June
Linda Davis, Mekoryuk
July
Shara Davis, Mekoryuk
August
Alice Evan, Tuntutuliak
September
Pilot Station Heath Aide Team: Bobby Heckman, Isaiah Rivers, Judy Fancyboy and Nikeifer Myers
October
Alvina Goetz, Anchorage-based Float HA Nominated while floating in Chevak
November
Candace Nelson, Napakiak
December
Augusta Williams, Napaskiak

99 Health Aides completed certification level training sessions in 2011:

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35 Health Aides advanced to Community Health Practitioner (CHP).
NEW CLINICS, FACILITIES AND CAPITAL PROJECTS

New clinics in 2011

**Kasigluk’s Teddy Brink Memorial Clinic** held their grand opening ceremony in January. More than 35 new village clinics have been built in the YK region during the past 15 years, thanks to Denali Commission and other federal and state funding. Force account construction means local people are hired to build the clinics.

**Mountain Village** celebrated the grand opening of the Georgiana Waskey Memorial Clinic in November. It is the region's largest village clinic so far with seven exam rooms, a convertible dental/exam room, and a trauma room that can serve two patients at a time. Innovations include videoteleconferencing in the trauma room and more energy efficient walls. All construction employees except for the specialty construction items were from Mountain Village.

Crew finishes new hospital roof ahead of schedule

The Yukon Kuskokwim Delta Regional Hospital recently completed a $2.8 million roof replacement project.

The membrane roof replacement bid was awarded to Interior Alaska Roofing Inc., an experienced and manufacturer-qualified roofing company from Fairbanks.

The new roof replaces the 30 year old membrane and resolves multiple leaks while also increasing insulation values. As a result, projected energy savings are expected to be at least $100,000 per year. The project was funded by the American Recovery and Reinvestment Act (‘stimulus’).

It was expected that it would take until October to finish the roof project, but crews had it completed in July.

Future Clinic Projects

**Napakiak**—Funded. Foundation construction underway

**Atmautluak**—Leveled and cribbed foundation. Renovation applications submitted

**Chevak**—Grants submitted or in process. Business Plan pending approval.

**Akiachak**—Business Plan submitted.

**Kwigillingok**—Clinic Addition ICDBG application submitted.

**Quinhagak**—CDBG and ICDBG submitted.

**Kongiganak, Tuluksak**—To submit for funding 2012

Current and Future Hospital improvements

Ambulance Bay Extension completed

Delivery Room Remodel underway

Transformer Replacement—Materials arrived, Construction to begin Spring 2012

Medical Gas Line Replacement complete

Sewer Line Replacement complete

Kitchen Ventilation Remodel complete

Hospital Main Stairwell Remodel funded

Emergency Systems Wiring Code Upgrade funded

CHSB Generator Replacement complete

Other Projects

Aniak Subregional Generator Replacement funded

OB Tub replacement completed

Townhouses Remediation and Demolition funded

Inpatient Flooring Remediation funded

Medical Records Relocation—design complete, construction underway

Groundbreaking for long-awaited Long Term Care Facility

YKHC Leadership, board members and invited guests took shovels in hand Aug. 22 to break ground for the region’s new Long Term Care Facility and Assisted Living Center. Such a facility has been a top priority for YKHC’s Tribal leaders and residents for many years.

“It’s a dream come true for many of us,” said Liz Lee, Home Care Director for YKHC. “We are grateful to the elders, even those who have passed on, and the support we’ve had from them over the years. They surround us today, and it pleases all of us to know they soon will be able to stay in the region and receive services from their people. Family will be able to come in and visit them. It will be an extension of a home for them [with] closer access to their people, their food, their language.”

State budget includes Prematernal Home

The state legislature included an additional $10.5 million for Bethel’s regional Prematernal Home in the state capital budget.

As a program, the Prematernal Home has existed since the late 1960s when an expectant mother from a village had no place to stay in Bethel and was found under an overturned wooden boat near the hospital, waiting for her child to be born. With every village birth posing potential complications for the mother and baby far away from hospital facilities, expectant mothers come to Bethel a month before their due date to await delivery. They usually spend that month at the Prematernal Home.

The existing facility, adapted from a pre-fab building in 1971, had long outlived its lifespan and was, in the words of long-time director Doreen O’Brien, “held together with band-aids and duct tape.” Replacement of the facility has been on the capital projects priority list for the past decade. Site preparation and construction planning is now underway.

According to the 2010 Census, the Wade-Hampton region (which includes most of YKHC’s service area) has the highest infant birth rate in the state. Each year an average of 420 babies are born in Bethel.

New mothers invited to new YK Dental program

The Prenatal Dental Program was established to help prevent children from having to go to the operating room for dental treatment.

Last year approximately two out of three children in the YK Delta were treated in the dental operating room for severe caries (tooth decay). This is more than double the national average. In addition to exposing the child to unnecessary health risks, the operating room expense can reach up to $10,000.

The Prenatal Dental Program’s goal is to reduce the caries rate by ridding the mothers of cavity-causing bacteria and by educating them on how to help keep their baby’s mouth clean and healthy.

Cavities are a contagious infection; they can be passed just like the cold and flu. If the mother (or caretaker) has a dental infection in their mouth, the bacteria is easily spread to the baby.

Pregnant women and their babies are the priority of this program. There will be designated appointment times open only to them. Dental will also be utilizing the help of the dental therapists in the subregional clinics.
WORKING TOGETHER...

YKHC and AVCP RHA help individuals with special needs

YKHC signed a memorandum of understanding with the Association of Village Council Presidents Rural Housing Authority (AVCP RHA) in a joint venture to provide accessible wheelchair ramps in eight YK Delta villages for some people who have had to wait years for this unmet need.

“Now, especially for several children, they can come and go out of their homes to play with others,” said Chris Mossholder, a Waiver Program Coordinator for Developmental Disabilities with YKHC.

AVCP RHA received $168,000 in State funds to assist in modifying existing home structures for individuals with special needs to allow them to remain in their homes and villages instead of being sent to facilities outside of the region.

Diabetes Department awards exercise equipment to Akiak

One of the benefits of the Diabetes Prevention and Control Department’s funding is being able to share a portion of its grant money with regional communities. The DPC team awarded exercise equipment to the village of Akiak and sent Ben Marx, a YKHC cardiovascular disease case manager, along to set up, test and show community leaders how to use it.

Equipment included three stationery bicycles, a treadmill, and an elliptical machine. Tribal Council President Ivan Ivan said he hoped the equipment will help to prevent diabetes and obesity in his village. Marx said the community grants help create opportunities for physical activity while preventing and treating chronic disease.

YKHC helps out in Crooked Creek flooding

Severe breakup flooding at the upper Kuskokwim village of Crooked Creek affected more than 25 homes, forcing the evacuation of more than 50 residents to nearby Donlin Creek.

YKHC mobilized medical supplies, including medications, first aid kits, hand sanitation, float coats, satellite communication equipment, and more. Medical personnel and staff from YKHC’s Office of Environmental Health joined other relief workers to help the stricken village.

YKHC operates a health clinic in Crooked Creek. It’s located on higher ground above flood waters.

Community comes together for doctor’s South Sudan project

YKHC employees were among the major contributors at a summer fund-raiser for Dr. Jill Seaman’s medical clinic project in South Sudan. The gala event, with live and silent auctions, was held at the Moravian Fellowship Hall Aug. 16. Over $20,000 was raised. Ann Evans, who helped organize the event, says Half of that brings an eye surgeon and his team to Old Fangak to restore sight to 200 people! The other half brings in essential medicines and supplies for 4 to 6 weeks of care.

For more than two decades doctor Jill Seaman, or Dr. Jill, as many know her, has divided her time between Bethel and East Africa, mostly working in South Sudan. She is a distinguished and internationally recognized family practice doctor with specialization in tropical medicine.
Blood drive pulls in volunteers for donation of life

Bethel’s first community-organized blood drive in nearly 10 years took place at the Yupiit Piciryarait Cultural Center in September.

Organized in large part by Material Management’s Nabil Daoud in conjunction with the YKHC Lab and the Public Relations Dept., the event required extensive planning and numerous volunteers. Solid backing from YKHC’s Senior Leadership Team and significant sponsorships from the region’s community partners—AVCP, KUC, Alaska Airlines, Bethel Car Rental and VFW to name a few—contributed to the success of this community-driven effort.

More than 120 units of blood were collected over the course of two days. The original goal of the drive was to see a minimum of 40 donors a day—60 donors were screened the first day and 59 the second.

MILESTONES

McCann Treatment Center -- Ten Years After

MCann Treatment Center celebrated its grand opening in 2001. It was hailed as one of the first treatment programs for youth specifically targeted at inhalant abuse.

Just a few years before, then Senator Frank Murkowski, visiting Bethel on a campaign tour, got an earful from elders and YKHC Behavioral Health counselors—including the center’s namesake, Billy McCann—asking what he could do to address the growing problem of inhalant abuse. The devastating effects of “huffing”—inhaling gasoline fumes, paint, even cooking spray—was taking a toll on kids in the villages. Lung and brain damage, addiction, and death.

Murkowski, working with YKHC leadership and state lawmakers, was able to secure funding to build a regional treatment center. At the time only one other program in the country was addressing youth inhalant abuse.

Although the program achieved some initial success in treating inhalant abuse, within a few years it became apparent that huffing was just one aspect of a cycle of behavioral and mental health issues affecting and afflicting some young people in the region.

Qualifying for sufficient operational funding also played a role in the evolution of the McCann Center into a Residential Psychiatric Treatment Center. The center now provides clinical psychiatric and substance abuse services for 14 Alaskan boys between the ages of 10 and 18. The Center specializes in serving youth with serious emotional and behavioral problems and also in providing care for youth who have developed problems with alcohol and other substances as well as inhalants.

The program includes an accredited school, employing fulltime certified teachers. MTC has developed a Subsistence Education Program focusing curriculum on traditional subsistence and food gathering activities. The McCann center youth fish throughout the summer and process the fish at their own facility, providing the bulk of the subsistence fare for the YKHC hospital cafeteria. The program also provides the fresh salmon for YKHC’s employee appreciation picnics.
RECOGNITIONS

EMT instructor of the year

YKHC’s Carin Marter was nominated for EMT instructor of the year—a national award. She was also chosen to represent Alaska’s EMTs in Washington D.C.

“I think it is amazing to have someone of her caliber and experience here in Bethel,” said Tania Thomas, a nurse educator at YKHC. “She is acting as liaison for the American Heart Association for all of our advanced certification classes. In addition, she is working with the subregional clinics and Health Aides to start a sustainable first responders group in each village.”

Alaska Dental Health Aide Manager wins national award

Kathy Balasko, RDH, MS, a manager with the Alaska Native Tribal Health Consortium’s (AN-THC) Dental Health Aide Therapist (DHAT) program in Bethel, was awarded the Indian Health Service (IHS) Senior Hygiene Clinical Service Award for Excellence. Balasko was presented the award at the IHS Dental Update in Albuquerque, N.M.

“Kathy is an invaluable resource for our dental disease prevention and oral health promotion efforts in Alaska,” said Mary Williard, DHAT Training Director for AN-THC.

Senior dental hygienists perform a variety of roles, such as clinician, educator/health promoter, program administrator/manager, and patient advocate.

Rockcastle named NP of the Year

YKHC Nurse Practitioner Lois Rockcastle was recognized as “Nurse Practitioner of the Year” by the Alaska Nurse Practitioners Association.

The award acknowledges her commitment to the profession and the value of the work she does.

Lois has been a YKHC employee for nearly 20 years, but has been living and working in Eagle River for the past several years, doing Radio Medical Traffic (RMT)—communicating by fax and telemedicine with village health aides.

“They FAX me their patient assessments,” Lois says, “and I review them and give advice/consultation/professional signature. It is a job that can be done off site.” Lois says doing this off site frees up the providers in Bethel to see patients in person.

Rotary Club picks YKHC nurse for New Zealand trek

Congratulations to Brenda Lamont, YKHC’s OB/GYN Case Manager, who was selected to be one of four representatives to advocate for Maternal and Child Health issues for the International Rotary Club foundation. As such she took part in a Group Study Exchange program in New Zealand and Fiji for one month. She spent five days a week making vocational visits in these countries to observe and exchange how maternal/child health issues there may compare to her work and knowledge of similar issues at YKHC.

March of Dimes Nurse of the Year Celebration

The March of Dimes celebrated several YKHC nurses at their annual “Nurse of the Year” awards banquet held on Nov. 18 in Anchorage.

Congratulations also to Jasmine Polk, of the Women’s Health Department. She was awarded the highly coveted “Friends of Nursing” award at the banquet. Because even our nurses and doctors, simply, cannot do it alone!
Nicotine Control & Research

Tobacco Cessation Treatment for Alaskan Native Youth

Nicotine Control has been conducting a joint study with the Mayo Clinic to develop and test a culturally specific tobacco intervention for Alaska Native teens. The intervention was developed based on feedback from Alaska Native teens throughout the region. The project builds on a nine-year collaborative relationship between YKHC and the Mayo Clinic to find ways of reducing tobacco use among Alaska Native adults, pregnant women and teens.

Success Update

- 45% of the YK-Delta population is tobacco free!
- 62% of people in the YKHC Tobacco Cessation Program are still tobacco-free after six weeks
- 63% of pregnant women in the YK-Delta don’t use tobacco

Yukon-Kusksokwim Delta Regional Hospital

The Emergency Room had an average of 1,750 visits per month in 2011 for a total of 21,079 visits in FY 2011.

The OB/GYN Ward delivered 392 babies in FY11: 204 boys/188 girls and 11 c-sections for a 2.8% C-section rate. The average birth rate at YKDRH has been 422 over the last 30 years.

Rates of pneumococcal disease in children have decreased in the US and YK since we have been using Prevnar 13 vaccine.

Press Ganey Patient Survey results: Our Corporate “Very Good” score was 44.3%, the highest we have ever had. The OB Department and the subregional clinics in Aniak, St. Mary’s and Toksook Bay all had “Very Good” scores above the 50% goal.

YKHC Office of Environmental Health & Engineering (OEHE)

Four Remote Maintenance Workers (RMWs) provide training and technical assistance to 47 village water & sewer systems and average 160 village trips per year.

The Drinking Water Laboratory analyzes 1,400 water samples a year for villages, schools, and businesses.

Four Environmental Health Officers help villages acquire and maintain sanitation facilities, also providing Environmental Consultation, Operator Training & Certification, Rabies Prevention and Health Education.

Injury Prevention & EMS conducts EMT, ETT, CPR and first aid classes for approximately 1,000 Health Aides, health care providers and community members each year.