

Yugnun Paivcimaarkat

# 2012 Report *to the* People



YUKON-KUSKOKWIM HEALTH CORPORATION

# 2012 Report to the People

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Cover: Seal hunting on the Yukon. Mary Keyes of Kotlik pilots the boat while her grandson Brandon Keyes watches for seal, spear at the ready. Photo by Roberta Charles.

## 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*



# Organization

58 Federally Recognized Tribes

Hospital Governing Body - - - - - **YKHC Board of Directors**

**Executive Board**

**President / CEO**



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.

**Chief Financial Officer**

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

**Vice President for Admin./General Counsel**

- 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

**Vice President for Support Services**

- 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 Facilities
  - 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

**Medical Director**

- Technology/CIO
  - Financial & Clinical Systems
  - Network & Telecommunications
  - Help Desk
  - Security and Compliance
  - Switchboard/IT Operations
  - Project Management
- Human Studies
  - Local Monitoring Safety Board
  - Research Coordinator
  - Health Impact Assessment

**Subregional Clinics**

- SRC Billing & Coding
- Aniak
- Emmonak
- Hooper Bay
- St. Mary's
- Toksook Bay

**Vice President for Health Services**

- **Yukon-Kuskokwim Delta Regional Hospital**
  - Patient Care Services
    - Outpatient Services
      - Primary Care
      - Women's Health
      - Specialty Clinic
      - Audiology
    - Specialty Services
      - IMPACT
      - Physical Therapy
      - Dental Services
      - Optometry Services
      - Pharmacy Services
    - Diagnostic Services
      - Imaging
      - Laboratory
      - Respiratory Therapy
  - Chief Nurse Executive
    - Social Services
    - Inpatient Adult/Peds
      - BH Beds
      - Nutritional Therapy
    - Obstetrics
    - Infection Control
      - Nurse Education
    - Surgery (CSR/OR)
      - Central Supply
    - Emergency Dept.
      - SART
    - Home Care Services
      - Long Term Care Facility
  - Chief of Staff
    - Credentialing
    - Medical Staff Services
- **Behavioral Health Services**
  - Administration
  - Residential Services
    - Adult Substance Abuse
      - Therapeutic Court
    - Crisis Respite Center
    - Bautista House
    - Malone Home
    - Phillips Ayagnirvik (PATC)
      - Rehabilitation
    - McCann Treatment Center
    - Camai Case Management
  - Outpatient Services
    - Outpatient Clinic
    - Fetal Alcohol Disabilities Program
  - Village Services
    - Village Clinical Supervisors
    - Behavioral Health Aides
  - Preventative Services
    - MSIP
    - Family Spirit Project
    - SBIRT
    - Sobering Center
    - Case Manager
  - Developmental Disability Services
    - Family Infant and Toddler & Infant Learning Program
    - DD Waiver Program
    - Community DD Grant
      - Star Program
    - DD Finance and Compliance
    - DD Support Services
  - Crisis Services
    - Emergency Services
    - CISM
- **Village Operations**
  - VO Registration
  - Administrative Support
  - Community Health Aide Program
    - Field Supervision
    - Health Aide Training
    - Well Child Program
    - Immunization Program
    - Compliance
  - Community Health & Wellness
    - Women, Infants, Children (WIC)
    - Diabetes Prevention and Control
    - Nicotine Prevention and Control
    - Healthy Hearts
  - Office of Environmental Health and Engineering
    - Environmental Health Office
    - Injury Prevention and Control
    - Emergency Medical Services
    - Remote Maintenance Workers
    - Water Testing Lab
- **Performance Improvement**
  - Project Management "Naparret"
  - Corporate Performance Improvement
  - JCAHO

"Taking Flight:" Photo by Joseph Shawler

# 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.



### Honorary Member



Paul John Toksook Bay

### Unit 1



Mary Ayunerak Alakanuk



Paula Ayunerak Alakanuk

### Unit 2



Ray Alstrom Marshall



James C. Landlord Mtn. Village

### Unit 3

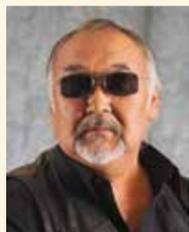


Billy Jean Stewart Kalskag



Betty Turner Lower Kalskag

### Unit 4

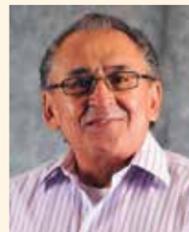


James Nicori Kwethluk



Mildred Evan Akiachak

### Unit 5



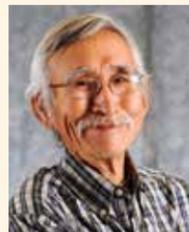
Stanley Hoffman, Sr. Bethel



Glen Watson, Sr. Bethel



Hugh Snyder Bethel

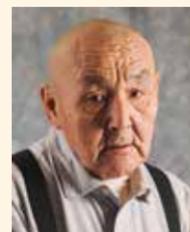


Chris Larson Napaskiak

### Unit 6



Esai Twitchell, Jr. Kasigluk

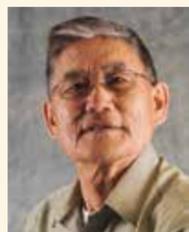


David O. David Kwigillingok

### Unit 8

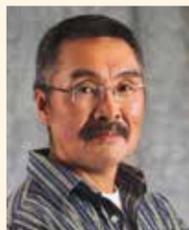


James R. Charlie, Sr. Toksook Bay



James Sipary Toksook Bay

### Unit 9

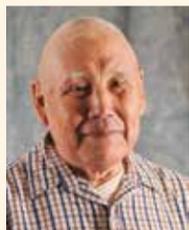


Patrick Tall Chevak



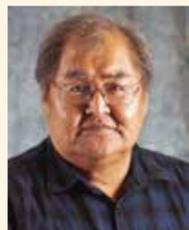
Eric Olson, Sr. Hooper Bay

### Unit 10



Sam W. Alexie Eek

### Unit 11



Marvin Deacon Grayling

## A Message from the Board Chair



It's hard to believe the year 2012 has come and gone. The year began with major preparations to bring an electronic health record system into our network of care. While modernizing the technology of patient records got underway, we also updated our corporate communications by turning our quarterly printed Messenger newsletter into a streamlined bi-monthly publication and launching a new and improved website as well—getting more information out more frequently to our Tribal members. As faster internet comes into our region, we are using social media—Facebook, Twitter, and YouTube—to better connect with our own people and to share our stories with a broader global audience.

The 19th Tribal Unity Gathering took place in April. More than 70 delegates representing 39 of our area's 58 tribes were in Bethel to hear reports from YKHC programs and services about the health status of our region, and to establish meaningful priorities and provide direction for future health improvements.

Summer came with its own challenges to people living along the Yukon and Kuskokwim rivers. King salmon subsistence fishing restrictions affected every person who depends on this annual fish run as a way of life—and much media attention and controversy coincided with the dwindling run as a result. Many would agree that this precious food and resource coming to our drying racks, our freezers, or our kitchen tables, is a priceless commodity—and is essential to a healthy diet. People had to adapt and focus more on harvesting mid-summer sockeye and chums, or the late fall silvers to fill our freezers and feed our families.

Similar to the decline of returning king salmon for all to share, YKHC has faced reductions in financial resources that have been instrumental in funding many of our facility upgrades and village construction projects.

I should mention that the YK Delta Regional Hospital has more Emergency Room visits in a calendar year than ANMC and Southcentral Foundation. Settling IHS funding issues that have been pending for many years would allow us to grow areas of our health care system to address unmet needs and decrease wait times for our ER and clinic patients.

But we are a resourceful and optimistic people, and as we continue working together we will realize our vision of becoming the healthiest people.

Ray Alstrom, Chairman, YKHC Board of Directors

## Committee Appointments

### Executive Board

Ray Alstrom, Chair  
 Esai Twitchell Jr., 1st Vice Chair  
 Marvin Deacon, 2nd Vice Chair  
 James Charlie Sr., Secretary  
 Glen Watson, Treasurer  
 Patrick Tall, Sgt.-At-Arms  
 Sam Alexie, 1st Add. Member  
 Mary Ayunerak, 2nd Add. Member  
 Gene Peltola, Ex-Officio  
 Paul John, Honorary Member

### Governing Body

James Landlord, Chair  
 Billy Jean Stewart, Vice Chair  
 Stanley Hoffman, Treasurer  
 Betty Turner, Secretary  
 James Nicori, Sgt-at-Arms  
 James Sipary  
 David O. David  
 Mildred Evan  
 Chris Larson  
 Paula Ayunerak  
 Esai Twitchell, E-Board Rep

## Board Standing Committees

### By-Law Committee

James Landlord, Chair  
 Hugh Snyder  
 David O. David  
 James Charlie  
 Mary Ayunerak  
 Ray Alstrom, Ex-Officio  
 Gene Peltola, Ex-Officio

### LifeMed Alaska

Ray Alstrom  
 Gene Peltola  
 Marvin Deacon

### Policy Committee

Patrick Tall, Chair  
 Chris Larson  
 Paula Ayunerak  
 Billy Jean Stewart  
 Mildred Evan  
 Ray Alstrom, Ex-Officio  
 Gene Peltola, Ex-Officio

### Finance Committee

Glen Watson, Chair  
 Esai Twitchell  
 Betty Turner  
 Mary Ayunerak  
 Hugh Snyder  
 Ray Alstrom, Ex-Officio  
 Gene Peltola, Ex-Officio

## Special Committees

### Corp Compliance/Quality Assurance

James Nicori, Chair  
 Betty Turner  
 Stan Hoffman  
 James Sipary, Sr.  
 James Landlord  
 Ray Alstrom, Ex-Officio  
 Gene Peltola, Ex-Officio

### William Morgan LegendAward

Ray Alstrom  
 Sam Alexie  
 Gene Peltola  
 Dan Winkelman

## Board Appts.

**ANTHC Board**  
 Ray Alstrom, 1st  
 Esai Twitchell, 2nd  
 Gene Peltola

### Compensation Committee

James Charlie, Chair  
 James Nicer  
 Glen Watson  
 Marvin Deacon  
 David O. David  
 Ray Alstrom, Ex-Officio  
 Gene Peltola, Ex-Officio

### Human Studies

Billy Jean Stewart  
 Chris Larson  
 Mildred Evan  
 Ray Alstrom, Ex-Officio

### ANHB Board

Esai Twitchell, Gene Peltola

Wangkuta Nunamteni, Piciryaraput  
**TRIBAL UNITY GATHERING**  
 Our Community, Our Tradition



Delegates representing Units 7 and 10 discuss priorities on Day Two.

**T**ribal Council delegates to YKHC's 19th Tribal Unity Gathering are asking their health corporation leadership to focus on the high cost of patient travel and the high rate of teen suicide as top concerns in the coming year.

YKHC brought more than 70 representatives from regional villages to meet with the corporation's administrative leaders, board members, employees, providers and community guests in Bethel April 10–13. The annual Gathering serves as a forum for reports on health care services and an opportunity for our customer-owners to set the direction of future improvements.

The 2012 Gathering began with an evening of presentations and group discussions on Traditional Native ways of healing. YKHC's Honorary Board Member Dr. Paul John of Toksook Bay and Dr. Theresa John spoke of Native medicine as healing mind, body and spirit. Board Member and traditional herbalist Gloria Simeon shared the health benefits of various local plants and how to use them in teas, ointments and salves.



YKHC Board Members David O. David of Kwigillingok and Paul John of Toksook Bay listen to presentations during the first day of the Gathering.

The opening evening session was included in response to priority requests for more integration of traditional healing with the clinical care provided by YKHC. The success of the session prompted renewed calls for an extended conference focusing wholly on traditional healing, which was voted high on the listing of priorities.

In opening remarks Wednesday morning, April 11, YKHC President/CEO Gene Peltola listed projects and improvements over the past 20 years resulting directly from Tribal Gathering priorities: a new nursing home now under construction, a new Prematernal Home in the planning stages, five subregional clinics and a host of new village clinics to bring quality health care closer to home, rural medevac services, outpatient service improvements at the hospital to reduce wait times, a CT scanner at the hospital, increased cancer screening, and more.

Peltola said there is currently a request in the state legislature's capital budget for a new alcohol treatment facility. Over the past 18 years, new facility construction has topped \$250 million, with the bulk of it coming from Denali Commission funding. With that source drying up, "we must become more creative with funding," Peltola said.

The next big project, named RAVEN—and mandated by the federal government—is a transition to electronic health records (EHR). RAVEN stands for Records And Verification Electronic Network. The projected "go-live" date is January 28, 2013.

All of Day One of the Gathering was taken up with health service status reports. Slide presentations of these reports are available on our website at [www.ykhc.org](http://www.ykhc.org). Topics include cancer screening, prenatal care, sexually transmitted infections, home care, health status, capital projects, Native workforce development and suicide prevention.

A special event Wednesday evening, open to the general public, featured story-teller/playwright Jack Dalton, who captivated children and adults alike with his interpretation of the classic Yup'ik tale, "The Boy Who Ate Too Much."

Day Two was devoted to setting, sharing and voting on priorities, enumerated on the following pages.

# Priorities

## Unit 1

Chuloonawick, Emmonak, Alakanuk, Nunam Iqua, Kotlik, Billmore Slough, Hamilton

- 1 Patient Travel: Expensive to travel from villages to Bethel
- 2 clinic staffing
- 3 Behavioral Health Aide staffing
- 4 Alcohol abuse
- 5 Emergency Room issues: Waiting time, patients are hungry
- 6 Cancer Prevention: Worsening, including children getting cancer. Doctors to thoroughly assess patients
- 7 Wellness: Prevention, nutrition
- 8 Suicide prevention
- 9 Elder care, home care
- 10 Hospital/clinic housekeeping

## Unit 2

Mountain Village, St. Mary's, Andreafski, Pitka's Point, Pilot Station, Marshall, Ohogomiut

- 1 Long ER wait times
- 2 No VPSOs in many villages: Recruitment/retention issue
- 3 On-call/emergency response vehicles for village clinics. (Pitka's Point Clinic has no HA, no VPSO, no housing, no transportation from village to SRC)



Taking time out to stretch.

- 4 Elder Services: Nursing home, assisted living on Yukon. PCA/home care support services
- 5 Behavioral Health: No BHA, no Behavioral Health services
- 6 Domestic violence: Safe house in village. Need SRC women's shelter
- 7 Build community programs on qasig model
- 8 Cancer Screening: Referrals, education, Q&A
- 9 Patient Advocate/Interpreters: Understand better, Q&A, support
- 10 Alcohol abuse

- 11 Tribal Gathering Participation: Incorporate elders, youth, Tribal councils to help identify problems and solutions
- 12 Environmental Issues: Dust control, annual flooding
- 13 Pharmacy/Meds: Narcotics and illegal selling

## Unit 3

Villages Lower Kalskag, Upper, Aniak, Napaimute, Chuathbaluk, Crooked, Stony, Georgetown, Sleetmute, Lime Village

- 1 Pharmacy: Need one at SRC and better explanation for prescriptions
- 2 Suicide prevention
- 3 Emergency response times
- 4 Adequate staffing in each village and housing shortages makes it difficult to recruit
- 5 Outreach and community training
- 6 Improve transportation to and from clinic/airport for elders
- 7 Water treatment/rural sanitation contributes to improved overall health for communities
- 8 Unit Gatherings to have cohesive collaboration among village communities
- 9 Traditional knowledge/healing, respect for sharing and use of traditional food and medicine
- 10 State/Federal funding: Contribute and partner with YKHC for benefit of all for timely communications

## Unit 4

Kwethluk, Akiak, Akiachak, Tuluksak

- 1 Empower villages: Healing wellness journey program
- 2 Behavioral Health: Help people abusing alcohol and utilize elders and leaders in prevention.
- 3 A coordinator in the village as hired by YKHC
- 4 Traditional Medicine: Make available level to allow elders to remain at home and cook food they are familiar with
- 6 Families with no money
- 7 Clinic lease in Akiak: YKHC to seek additional IHS funding to heat building during cold winters
- 8 Cultural diversification: Educate visiting providers about Yup'ik ways of life
- 8 Educate and train our people to become doctors
- 9 Lessen ER wait time



Ivan M. Ivan of Akiak has a word to say.

- 10 Dust and respiratory problems
- 11 Dog Vaccination to prevent rabies
- 12 Qungasvik Project: Use model and implement locally

## Unit 5

Bethel, Napaskiak, Napakiak, Oscarville

- 1 Build Oscarville Clinic with improved water well
- 2 Prevent suicide by incorporating traditional ways with elder knowledge/sharing
- 3 Implement Goals: How long do they have to be priorities before they become reality, such as the Oscarville Clinic?
- 4 Healthy Families Curriculum as developed by the late Peter Jacobs. Utilize in required training of staff/providers to better understand Yup'ik people
- 5 Restore Native hire
- 6 Traditional Healers: Return to hospital with higher salary
- 7 Elders/children seen at ER: Less waiting period; feed those who are hungry
- 8 Price of food at the hospital cafeteria is too high
- 9 Sex offenders ask for help. Tribe discuss ways to help returning offenders back into the community

## Unit 6

Kasigluk, Nunapitchuk, Atmautluak

- 1 Suicide Prevention: Community model going
- 2 On-call Health Aide response times too slow
- 3 Youth activities for boys and girls with elders: Talk about what's appropriate/not appropriate

- 4 Alcohol and marijuana: Users are getting younger
- 5 Tobacco use and smoking: 5-year-old chewing iqmik
- 6 Clinic patient care: Issues with Health Aides, extra concern with providing kid care. YKHC Board support Health Aides, and bring Health Aides to the gathering to identify issues they face
- 7 ER wait time too long, cafeteria closed, hungry, no money
- 9 Health Aide home visits, elders included
- 10 Home-bound elders need to get assistance
- 11 New Kasigluk clinic has blueprint for four rooms, but only three being built
- 12 Village-based screening to reduce travel to Bethel
- 13 Medicaid income cap: Cost of living more in Delta—not qualified, no medical care
- 14 Fire safety education

**Unit 7 & 10**

Eek, Kipnuk, Kongiganak, Kwigillingok, Quinhagak, Tuntutuliak

- 1 New SRC for Units 7 and 10
- 2 ER Privacy: Partitions instead of curtains. Improve ER wait times. A separate area for inebriates. Encourage staff to use time efficiently and feed patients who are waiting for a long time. We want qualified providers, not students and trainees.
- 3 Process for pharmacy refills: Mailing can be delayed, especially with bad weather. Automatic refills worked in the past
- 4 Medicare/Medicaid eligibility: Adjust qualifications to cost of living and



Public Relations Director Donna Bach, right, introduces YKHC staff who will facilitate the setting of priorities with Tribal Delegates.

- dependents. Travel: allow patients to go home and return for follow-up appointments (continuity of care)
- 5 Education and job opportunities for local people to become home care providers and to be able to customize to elder needs
- 6 Keep schedules of doctors and floats traveling to villages
- 7 Youth and Elder Conference and more communications within service unit
- 8 Train local people for maintenance of all clinics and equipment
- 9 Number and availability of LifeMed medevac planes
- 10 Improved and cleaner housing/hostel facility in Bethel

**Unit 8**

Chefnak, Mekoryuk, Toksook, Tununak, Newtok, Nightmute

- 1 Suicide prevention: Education, conference, create reading material
- 2 Health Aide local support during urgent situations
- 3 Water and sewer: It helps with the health of body
- 4 Increase qualified staff and services in villages. Trained workforce, not just modern practice, but including traditional practice
- 5 Land erosion
- 6 Home Care: Help for the elders and disabled
- 7 Traditional education for child rearing
- 8 Nutrition education: Benefits and harmful elements of traditional versus western diet
- 9 Increase nebulizer machines for village clinics. Lots of respiratory problems
- 10 Debriefing for village after trauma situation: Community healing.
- 11 On-call vehicle for village clinics.
- 12 Road improvement and maintenance
- 13 Traditional Medicine Conference: Mind, Body, Spirit (annual event)
- 14 Transportation from Bethel airport, hospital and back
- 15 Language preservation
- 16 Annual training on all prevention matters: Address all preventable issues
- 17 Clinic inventory on medical supplies
- 18 Unit Representative contact lists more readily available at Tribal offices, etc.

**Top 10 Priorities**

**Overall Rank of Unit Priorities**

- 1 Patient travel too expensive
- 2 Suicide Prevention
- 3 Suicide Prevention Conference
- 4 Increase/Improve Alaska Native Hire
- 5 Improve collaboration with villages and YKHC to identify Federal and State funding available
- 6 Incorporate Traditional Knowledge into Health Services
- 7 Behavioral Health Aides in every village
- 8 Hire local people for clinics and maintenance
- 9 Decrease Emergency Room wait times
- 10 Make referrals directly to Anchorage where travel is cheaper locally

**Unit 9**

Villages: Hooper Bay, Paimute, Scammon Bay, Chevak

- 1 ER wait times
- 2 CHA/BHA burn-out
- 3 Suicide prevention
- 4 Village services and more BHAs
- 5 Parenting classes and education
- 6 Cost of travel/through check up in hospital to eliminate returns
- 7 Alcohol/drug addiction
- 8 BHA outpatient walk in
- 9 Nicotine cessation
- 10 Housing

**Unit 11**

Grayling, Anvik, Shageluk, Holy Cross

- 1 Expand SRC services
- 2 Expand services from Aniak to villages
- 3 Cost of travel from village to Bethel
- 4 Train more Health Aides, Health Aide Floats
- 5 Water and sewer facilities
- 6 Behavioral Health Services
- 7 Alcohol and drug abuse
- 8 Create more opportunities for young people: Healthy and sober activities
- 9 Coordination of elder care improvements between TCC and YKHC
- 10 Suicide Prevention
- 11 Better care desired. Feel like we're being bounced back and forth

**A Message from the President/CEO**

At the beginning of FY 2012, in October of 2011, I signed a contract with Cerner, one of the country's biggest developers of electronic health record (EHR) systems, to begin a tremendous undertaking of our own: the transition from keeping patient charts in huge binders of paper forms to computerizing patient records in a secure, instantly-accessible database. The partnership with Cerner put us on the path to a firm "Go-Live" date of January 28, 2013.

There was a great deal of work ahead of us, from moving offices in the Community Health Services Building in order to accommodate 60 Cerner employees who came on-site, to reassigning many of our own employees to implementation teams, to designing a training curriculum for 900 employees who would be using this new system—all without disrupting our commitment to providing excellent patient care in the interim.

Our unique multi-tier health care delivery system also presented challenges to Cerner and our Technology team: integrating this system throughout a network of 42 remote village clinics and five subregional clinics as well as the hospital and behavioral health facilities in Bethel.

The EHR team decided the project needed a name and asked employees for suggestions. Marshall Health Aide Robert Pitka gave us the name: RAVEN, an acronym for "Records And Verification Electronic Network." Naming the system kicked off a region-wide communication program to prepare our staff and especially the public for the coming change.

Although expensive—over \$12 million has been invested—the transition is necessary. Health Care Reform—The Affordable Care Act—mandates "meaningful use" of electronic health records, and future Medicaid and Medicare reimbursements depend on compliance. But more important is the improvement in patient safety, records security, and overall health care. With providers using computers to order medications and tests, the risk of errors due to illegible handwriting is eliminated. Patient records are instantly viewable in the village, in the outpatient clinics, in the ER, Specialty Clinic, and even at ANMC. Providers and Health Aides have all the information available whenever—and wherever—they see the patient at every encounter within the Tribal health system.



YKHC President/CEO Gene Peltola.

I am proud to say that as a result of all the planning, the 14,000-plus staff hours of training, the newspaper and Messenger articles, PSAs, money spent and travel put on hold, our Go-Live deadline was met and RAVEN was implemented successfully on schedule. It was not entirely without a few hitches, no undertaking of this magnitude could be, but YKHC is now ACA compliant and well-prepared to meet any future mandates regarding Electronic Health Records.

I am deeply appreciative of our fantastic team of employees. Each and every one of our people has had a stake and a role to play in bringing RAVEN to reality—Health Aides and medical providers, Behavioral Health clinicians, our incredible Technology Department, Materials Management,



YKHC President/CEO Gene Peltola and Cerner Corporation's Bryan Adams sign an agreement for developing an Electronic Health Record.

Public Relations, administrative staff and all who spent time at work instead of at home to help make this happen. Most of all I thank our customer-owners and our patients, whose "patience" during Go-Live week helped our staff handle the inevitable stresses of transition. Our Cerner partners, who have been through many EHR transitions, said ours was one of the smoothest they had ever seen.

YKHC is most fortunate to have a Board of Directors with the foresight and commitment to financial viability that has made it possible for the corporation to meet the expense of RAVEN using positive cash flow funds rather than reserves. Our YKHC Permanent Fund, following the example of the Alaska Permanent Fund, has grown to nearly \$40 million during FY2012. With the Indian Health Service now changing its stance on settling contract support claims, the fund is likely to see a major infusion of cash in the near future. Nevertheless, federal funding, clinic construction grants and other revenue sources are either already cut or subject to further cuts. These reductions present a challenge, but with continued sound financial management we are well-prepared to continue providing excellence in health care, promoting our vision of being the Healthiest People.

# 2012 Corporate Goals Report



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

## Patient Centered Excellence

**Goal:** Meet or Exceed Healthy People 2020 Goals for Colorectal, Breast and Cervical Cancer

### Tactics

- ◆ Increase travel coverage for patients needing cancer screening whose travel is not covered by another payment source.
- ◆ Increase number of endoscopy days in the surgery clinic.
- ◆ Intensive case management by the surgery, women's health grant and women's health case managers to schedule screenings and follow-ups.
- ◆ Educate providers and patients about cancer screening guidelines.

Healthy People 2020	Goal	Achieved
Cervical Cancer (PAP Smears)	93%	81%
Breast Cancer (Mammograms)	81%	61%
Colorectal Cancer (Colonoscopies)	70.5%	65%



Tim Self and Marilyn Rogers unpack colonoscopy equipment at the Hooper Bay Subregional Clinic.

### Successes

Outreach to subregional clinics was very popular with our patients. One patient said, "I'm thankful you came to our SRC to do this procedure, because I wouldn't have gone to Bethel to get it." (A polyp was found and removed from this individual.) A tremendous amount of work and logistics must come together to make every outpatient colonoscopy/endoscopy clinic a success.

We hired a second mammographer at the end of FY 2012 to increase screenings in mobile mammography clinics.

### Opportunities for Improvement

- ◆ Increase number of days that Sophie, our mobile mammography machine, is available by staying in each SRC for a month at a time
- ◆ Increase number of SRC colorectal screenings.
- ◆ Focus on due lists for providers doing village travel.



Martha Flores, PA, shares a laugh with a patient as ER Nurses remove a bandage.

## Community and Partner Satisfaction

**Goal:** 5,000 Employee Community Volunteer Hours Completed

Overall, 2,965 hours were self-reported by our workforce, an increase of 7.5 percent from 2011.

Although there are numerous hours YKHC employees contribute throughout the year to annual community events with their Tribes, schools, and other functions, the reported number of hours only reached 60 percent of the goal.



The WIC team collected trash for city-wide Clean-up Green-up.

In addition to YKHC employees self-reporting 2,965 hours to the goal, 2,027 of those hours were self-reported as "non-working" or 68 percent of the time contributed.

YKHC policy allows for employees in good standing to volunteer at least two hours per month during work time. The fact that the majority of hours reported was during non-work time is significant because it can be deduced that our employees seek volunteer efforts outside of work, which may prove more meaningful to them, or the cause they are working towards.

In addition to volunteering, the Community and Partner Satisfaction goal team encourages our workforce to reach out to our Tribal Councils to share information as well as obtain feedback. Talking Points are disseminated each quarter to our workforce to allow for meaningful two-way communication about some of YKHC's key initiatives or health-related topics of interest, as well as a way for our Tribes to inform us how we're doing.

According to the 2012 Tribal Satisfaction feedback survey deployed at the 2012 Tribal Unity Gathering, 88 percent of the attending Tribal delegates indicated they were "somewhat to very satisfied" overall with YKHC services, and 95 percent were "somewhat to very satisfied" with our Health Aides.

## Employee Focus

**Goal:** Increase Employee Satisfaction with Change Management by Five Percent

Our FY 2010 measurement from an Employee Satisfaction Survey was 65 percent. Our current measurement for FY 2012 is 68 percent.

YKHC's transition to an electronic health record (EHR)—our RAVEN initiative—offered a prime example of change management, a practical opportunity to test our approach to achieving this goal



Melody Hoffman and Alessa Poe at the Employee Appreciation Picnic.

The team began writing weekly articles about EHR in the employee newsletter, Napartet News, prior to April 12.

During the Tribal Gathering in April, the Tribal Representatives were briefed on the EHR process and what to expect during implementation scheduled for the end of January 2013.

Change Management Training was developed and delivered to the Napartet Goal Team management group.

We incorporated Employee of the Month and Employee of the Year recognitions into the current Napartet Champions program to reward employees who demonstrate their commitment to our values and mission. Champions of the Year for each Napartet Pillar were named in August 2012 during the Employee Picnic.

One tactic that was suggested was to establish employee focus groups to improve communication with respect to the EHR to allow employee voices to be heard and questions asked. This was not carried out.

The Employee Satisfaction Survey was re-launched in July 2012 and completed in August 2012. The results show a slight decrease to 65 percent in employee satisfaction with respect to change management.

## Financial Viability

**Goal:** Collect \$58 million from 3rd Party Payers (102% above FY11 goal)

### Collections

**Goal:** \$58 million. **Actual:** \$63.91 million

### Revenue

Revenues are all charges that are posted to patient encounters. Revenue represents a receivable that is collected after the service is provided. Insurance companies often will not pay all charges, which is why YKHC will post more than \$100 million in revenue and yet only collect about \$60 million in cash. This is a term that is known as the payment on account factor (PAF). **Goal:** \$109.6 million. **Actual:** \$119.5 million

### Late Charges

Late Charges are charges that are posted to a patient account after a bill has been submitted to a payer. Often times these result in loss of revenue or potential reimbursement. Managing late charges assertively by implementing good upstream processes maximizes reimbursement. **Goal:** Less than 3 percent of gross charges posted late. **Actual:** 2.65 percent.

### Discharged Not Final Billed

"Discharged Not Final Billed" are all those upstream processes that must occur prior to billing. Having efficient Registration, Clinical, and HIM processes to send a clean bill as timely as possible will increase collectability of YKHC receivables.

**Goal:** Fewer than two days from patient encounter to billing. **Actual:** 16 Days.



YKHC Board Member David O. David questions Rep. Don Young at the Tribal Gathering.



CHAP Session I training group. Future Community Health Aides.

### Alaska Native Workforce Development

**Goal:** Increase Native Managers by 5 percent

We first focused our resources on **identifying current management positions** to understand what we need to improve. A manager was defined as any position that directly supervises two or more employees.

Next, we viewed basic education requirements and competencies in job descriptions to identify opportunities currently within the company for Alaskan Natives to meet qualifications for management positions. This led us to specifically focus on our opportunities to give high performing employees the tools they need to get into management positions and be successful.

We determined that, once a new manager is hired, we can improve in providing the skills and tools required for these supervisor positions.



Napakiak Health Aide Jamie Jenkins trains on the new RAVEN system.

We also deployed a manager survey and found that of those managers who indicated they are Alaska Native, 55 percent wanted “continuing education or training on specific management competencies” (i.e. budgeting, time management, conflict resolution,

team building, leadership seminars, etc.) Similarly, there was a strong interest among both non-natives and Alaska Native managers to have a “multi-month interdisciplinary management training program” available.

Although we exceeded our goal this year, we are excited to develop an in-house management training program for employees demonstrating exceptional skills and desire to go into management. Our goal is to have this management training program encompass job shadowing and job rotation along with some classroom training to build strong management competencies.

## FY 2013 Corporate Goals

### Patient Centered Excellence

Increase screening for colorectal, breast and cervical cancer by 2 percent over last year’s screening rates to meet or exceed 2020 Healthy People Goals

### Employee Focus

Increase employee satisfaction with change management by 5 percent

### Alaska Native Workforce Development

Initiate YKHC Native “Management Training” program by May 1, 2013 and complete initial cohort by September 30, 2013

### Community & Partner Satisfaction

5,000 employee community volunteer hours completed

### Financial Viability

Collect \$58 million from 3rd Party Payers

## Employee Appreciation Picnic

YKHC held the annual Employee Appreciation Picnic on August 17. This year’s theme was RAVEN—introducing and raising awareness about our system-wide transition to Electronic Health Records.

Despite the rainy weather, the picnic turned out to be a huge success. The rain kept the dust down and the wind kept the no-see-ums away.



Van Cleave, at your service.

Still, there was an awesome turnout of YKHC employees and family members. Chef Thomas Valadez did an incredible job of preparing a mouth-watering menu including grilled chicken and salmon, as well as a variety of delicious sides. Nobody complained about the absence of the traditional hotdog/hamburger picnic fare.

A big thank you to all the YKHC employees and Senior Leadership Team members who volunteered their time with set up, grilling, serving food, and cleaning up!

## MAKING A DIFFERENCE: Employee Success



## FY 2012 Napartet Champions

The **Napartet Champion Program** was created to recognize those employees who consistently *Live the Vision* of Napartet by meeting certain criteria of excellence within each pillar. Champions are honored quarterly at a Leadership-sponsored luncheon. The Champions of the Year for each pillar were named at the Employee Appreciation Picnic in August.

### Napartet Champions of the Year

**Ryan Autenrieth**, OEH Environmental Health Officer – Employee Focus

**Khadija Alijharbi**, WIC Director – Financial Viability

**Gloria Gregory**, CHA/P Tuluksak – Patient Centered Excellence

**Kevin Tressler**, Subsistence Education Coordinator, McCann Treatment – ANWD

**Brian Berube**, Environmental Health Officer – Community Partner Satisfaction

### Quarterly Champions

Luzviminda Hepner, Accounting

Jean Brinich, Yukon Clinic

Teresa Flores, Kusko Clinic

Brenda Lamont, Centering Pregnancy

Laurie Torkelson, Centering Pregnancy

Beverly Burden, Outpatient Clinic

Teresa Flores, Outpatient Clinic

Dawn Hackney, Clinic Manager

Sophie King Moses, Outpatient Clinic

Richard Young, Outpatient Clinic

Nicholai Evan, CHSB Facilities Maintenance

April Mattson, Aniak SRC

Jennifer Dobson, OEHE

Alexandra Active, Yukon Clinic

Elizabeth Albert, Crisis Respite Center

Toni Brewer, North Wing

Ky Burden, ER

Minnie Joe, Outpatient Clinic

Maggie Keene, CSR/SURGERY

Sherri Lagerstam, Lab

Lanai Laroux, Health Services

Karen Mcintyre, Administration

Jaris Michaels, HR

Patricia Moulten, Employee Health

Todd Naliboff, Technology

Sashi Parameswaren, Dental

Mark Scott, Dental

Tim Self, OR

Grace Sy, Outpatient Clinic

Zhi Tai, WIC Program

Ephenia Thomas, Crisis Respite Center

Dane Lenaker, Dental

Khadija Alharbi, WIC

Rahnia Boyer, Village Operations

Henry George, Nicotine Control

Marcelo Hanza, Nicotine Control

Christopher Lowe, Materials Management

Lynette Knapp, Behavioral Health

Anne Komulainen, Outpatient Clinic

Olga Little, Physical Therapy

Heather Johnson, Physical Therapy

Jasmine Polk, Women’s Health

Colin Bass, Emergency Department

Raymond Daw, Behavioral Health

Joseph Seibert, Crisis Respite Center

Lianna Brown, HIM

Elaine Simeon, Aniak SRC

Linda Marley, Aniak SRC

Claire Lewis, Outpatient Clinic

Jessie Gunlik, CHAP

Todd Fredericks, Maintenance

Christina Mark, Developmental Disabilities

Leslie Boardman, Employee Health

Jolene Nukusuk, Hooper Bay SRC

Michael Stamper, Pharmacy

Lindsey Banister, Pharmacy

Ryan Ahlo, Medical Records

Elizabeth Roll, Outpatient Clinic

Laura Watts, Outpatient Clinic

Corbin Ford, McCann Treatment Center

## YKHC Remote Maintenance Worker Receives State Award

Allan Paukan was awarded the Alaska Operator’s Meritorious Service Award by the Alaska Water Wastewater Management Association May 10.



Allan Paukan.

Allan Paukan began work for the YKHC Remote Maintenance Worker (RMW) program in 1997. Allan works with community water systems to implement preventive maintenance schedules, serves as an instructor at water plant operator trainings and provides individualized training for operators in their communities, and meets with partner organizations and community leaders about operations and maintenance of sanitation facilities.

## Labs Pass Pathology Survey

The College of American Pathologists surveyed each of YKHC’s lab sites (including Bethel’s Delta Regional Hospital and the Toksook, Emmonak, St. Mary’s, Aniak, and Hooper Bay SRCs.)



YKHC’s Lab Crew.

and each site passed with flying colors.

Each lab had to meet 2,000 standards, protocols and requirements. The inspectors commended the YKHC staff for their engagement in the survey and review process, as well as for having the best policies and procedures they have seen to date. Way to go!

## ANTHC Awards Mountain Village BHA

Congratulations to Joyce Rivers, Behavioral Health Aide in Mtn. Village, who was nominated and chosen to receive a Behavioral Health Aide Recognition Award by the Alaska Native Tribal Health Consortium.



Joyce Rivers, BHA.

The award was presented during a luncheon at the Behavioral Health Aide Forum on November 6.

## HEALTH AIDES & PROVIDERS: Dedication to the Mission

### Health Aides of the Month

**January:** Simeon Fairbanks, CHP & Rosemary John CHP, Newtok

In 2011, Simeon and Rosemary, with the help of Office Assistant Rita Kilongak, completed 160 Well Child Exams. This is an incredible amount since Newtok only has 175 children!

**February:** Amanda Wise, CHA, Lower Kalskag

Amanda shows a lot of dedication to her patients. She stays in the clinic with patients and makes sure they get the care they need.

**March:** Lorraine Tomaganak-Moses, CHP, Hooper Bay SRC

Lorraine has really stepped up her game by agreeing to be a part of the RAVEN teams. She is respectful of other opinions and even in stressful situations she keeps a sense of humor and has thoughtful contributions.

**April:** Panita Pingayak, Session IV, Chevak

There have been many occasions in Panita's short tenure when she has had to spend a night observing patients and waiting for a medevac and yet she continues to persevere with a positive attitude.

**May:** Jorian Hamilton, Session III, Grayling

After being hired in Shageluk, Jorian's family moved to Grayling and Jorian graciously agreed to work in Shageluk until a new Health Aide was hired and trained to be on call.

**June:** Gloria George, Session IV, Mtn. Village

"When I had a call in the middle of the night I had no ride to get to the clinic and she woke up in the middle of the night, picked me up with her own vehicle, and stayed with me until the patient was stable to go home. She then drove me back home." —Jewel Thompson, CHP

**July:** Melody Deacon-Kruger, CHP, Anvik, Grayling & Shageluk

Melody has a great passion for her work and truly cares about people, not only in her village but surrounding villages as well, especially the children and teens.

**August:** Alvina Murphy, CHA II, Kotlik

Her co-workers say she comes into the clinic every day with energy and a smile on her face, ready for another day and never complains. The community of Kotlik relies on Alvina for her professionalism, reliability and dependability for the service she delivers.



Lower Kalskag's Amanda Wise, Health Aide of the Month for February, 2012, prepares to share her cake.

**September:** Linda Davis, CHP, Mekoryuk

Linda is on time all the time, whether it's reporting to work, completing Well Child exams, finishing Health Stream assignments, holding weekly clinic meetings, or covering other village clinics, without reminders from her supervisor.

**October:** Alexandra Tikiun, CHA III, Atmautluak

Alexandra comes to work with a positive attitude, ready to see patients. Since she's the only Health Aide in Atmautluak that can take patient visits, she has been teaching her co-worker, a pre-session trainee, by demonstrating her hard work.

**November:** Bobby Heckman, CHA III, Pilot Station

Bobby is always willing to help out in other villages when asked. He floated to other villages six times during the year, providing excellent patient care.

**December:** Anne White, CHP, Eek

Anne provided palliative care to a terminally ill patient, responding any time day or night when called. Even though Anne is putting extra time responding to calls after hours, she still shows up for work every day and on time.



CHAP Dir. Rahnia Boyer, Health Services VP Jane Russell, Community Coordinator Andrea Thomas and SI Marie Inman (back) congratulate June Health Aide of the Month Gloria George.

YKHC's medical staff includes many brilliant, and remarkably dedicated providers. They have found a home in Bethel and a place in the hearts of their patients and co-workers. From an on-going profile series on our website, here is a glimpse of a few of our best. Please visit our website to become better acquainted with our providers.

**Ann Glasheen, NHP**

Ann began working at YKHC in 1991, starting in the OB department and continuing to specialize in women's health. Glasheen says, "I have witnessed or have been a part of at least 1,500 birthing experiences in my tenure with YKHC."



Ann Glasheen

Ann received the 2012 The American College of Obstetricians and Gynecologists' William H.J. Haffner American Indian/Alaska Native Women's Health Award. This award recognizes an individual who has made a major contribution to raising the level of health and/or improving AI/AN women's health care.

"I love my clients. I love my patients. I love starting my day off seeing their beautiful faces and I love the people I work with."

**Jean Brinich, NP**

Jean Brinich was a registered nurse at ANMC in Anchorage, then a nurse practitioner with the ANMC/CHAP training before moving to Bethel in 1994.



Jean Brinich

Her family is of Austrian, German and Irish descent, and appreciation of music is a family tradition. She plays the cello and her son Patrick plays piano. All three of

the Brinich-Langlois children are Bethel high and college graduates.

Jean enjoys commuting to work on skis or walking, even in the dark of winter.

"I come down really hard on soda pop and sugary beverages. Why someone would want to spend all that money to make themselves sick is frightening."

**Dr. Grace Sy**

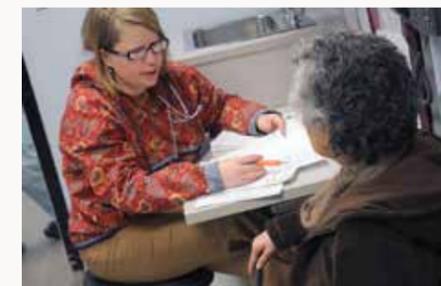
Dr. Sy, originally from the Philippines, grew up as the fifth of 12 children. She attended the University of East Ramon Magsaysay Memorial Medical School in Manila and fulfilled her Family Medicine residency in Norfolk, Virginia, at Eastern Virginia Medical School.

Dr. Sy is passionate about palliative (end-of-life) care. She has worked with nurses, providers and community members to improve ways for YK Delta families to prepare for the grieving that comes with the death of a loved one.

"Once we normalize the mystery and fear of the dying process—so communities can honor and serve out the wishes of their elders—an aspect of healing within families and communities will begin."

**Dr. Ron Bowerman**

YKHC's Inpatient Unit Director is a family medicine physician whose dedication to public health, missionary work and tuberculosis research has affected people all over the globe, including Papua New



Dr. Roll consults with a patient.

Guinea, India, Taiwan, and Barrow. He and his family have been in Bethel since 1999.

Bowerman was born in Sweet Home, Oregon. His father worked for the U.S. Forest Service and their family—including Ron and five siblings—lived "off the grid" in Northern California. He credits his early childhood for giving him an appreciation of rural living.



Ron Bowerman

"I enjoy working with like-minded individuals who want to help the greater good. Bethel is an exciting, intensive place to be, and it really is what you make out of it."

**Dr. Elizabeth Roll**

YKHC's Outpatient Clinic Service Chief and Subregional Clinic Unit Director grew up in the small town of Capron, Illinois, (population 300), one of three sisters. She attended the Southern Illinois University School of Medicine and received her medical doctorate in 1996. She settled in Bethel permanently in 1999. Her passion is promoting breast-feeding.

Her husband Eric Whitney, whom she met in Duluth, Minn. in 1998, runs a small construction business. They have two daughters, Greta, 10, and Elenor, 8.

"There is so much love and concern about the family—the commitment to family the people have here."

# Spotlight

## BUILDING the FUTURE: Capital Projects Update

### Funding Ready for New PATC Facility

The Alaska Legislature included \$12.65 million in the FY12 capital budget request to build a new Phillips Ayagnirvik Treatment Center for alcohol and substance abuse in Bethel.

The current facility, built in the 1980s, has five bedrooms serving 16 residents, plus 12 office rooms, utility and storage rooms, a group therapy room that serves multiple purposes including TV/Lounge area. The offices accommodate a 12-person staff serving outpatient, aftercare and therapeutic court treatment programs.

The new facility will be double the size of the current one, and is designed for both men and women. The capital request was partly in response to the increasing number of women on the wait list for treatment, as well as pregnant women who seek treatment opportunities from substance and alcohol abuse.

### Bethel Skilled Nursing Facility

**Estimated cost:** \$16.3 Million  
**Staffing:** Approximately 25 full time employees  
**Construction began:** July 2011  
**Expected completion:** October 2013

Construction has continued throughout the year on YKHC's Long Term Care facility, which will provide vital care to clinically complex patients who require inpatient care for extended periods. Heretofore, these patients would be referred to facilities in Anchorage, to the Alaska Native Medical Center, or places like Providence Extended Care.

Having the long term care facility in Bethel will make it easier for some patients who require hospice to receive care closer to home, in a culturally appropriate context, and allow them to not feel the isolation or sense of abandonment that many patients may have experienced when leaving their home villages.



Work began on replacing the Hospital's front entryway in 2012.



YKHC's collection of hard hats and gold shovels represents our commitment to facility improvement.

### Prematernal Home

**Estimated cost:** \$12.6 million  
**Staffing:** Approximately 20 full time employees  
**Construction began:** July 2012  
**Expected Completion:** Fall 2014

YKHC broke ground Sept. 19 to mark the start of construction of a new Prematernal Home, located on Chief Eddie Hoffman Highway in Bethel. The facility will be a place for the region's expectant mothers to stay



YKHC Board Members, along with our Alaska State Legislators and key staff break ground for the new Prematernal Home.

during the last month of their pregnancies and replaces a decrepit and crowded building used since the early 70s.

The new building is three times the size of the current one, with 15 large double-occupancy rooms compared to eight. Each room is large enough to accommodate three if needed, plus a small crib in case expectant mothers have toddler children with them.



New Prematernal Home, architect's drawing.

### Inpatient Floor Repair and Unit Facelift

The replacement of inpatient flooring was a comprehensive effort in scheduling and shifting patients from Inpatient Pediatrics into the Adult Unit, and back, over the course of 10 to 12 weeks in the late summer and early fall of 2012.

Numerous safety measures had to be put in place to ensure quality and continuity of care without placing any patients, visitors or staff at risk. The project, which involved the abatement and removal of asbestos, was completed swiftly and successfully.



Northwing floors were badly in need of repair. Asbestos abatement complicated the project.

### Village Clinics Under Construction

**Napakiak.** Rough-in inspection 50% completed. Estimated opening in Fall, 2013  
**Atmautluak.** Estimated opening in early 2014

### Clinics Opened in FY2012

**Georgianna Waskey Memorial Clinic,** Mtn. Village Grand Opening ceremony Nov. 18, 2011  
**Florence Toopetluk Memorial Clinic,** Nunapitchuk Grand Opening Ceremony December 16, 2011



### Village Clinic Alternative Care Site

YKHC Safety and Facilities Maintenance employees test-assemble the new Weatherhaven Village Clinic Alternative Care Site, obtained through Dept. of Health and Human Services Healthcare Program Preparedness Grant.

"The great thing about this purchase is now YKHC can easily deploy this mobile alternative care site during any emergency in which it is deemed necessary," said Tristain Strait, Director of Safety & Security.

The impetus for obtaining this "portable health clinic" was the recent Cooked Creek flooding: How could we best provide health services if such events occur in the future?

## ARCTIC INNOVATIONS: Saving Time & Money

### Pipe Bursting in Pilot Station

#### Project

In February, 2012, the City of Pilot Station contacted YKHC's Office of Environmental Health & Engineering (OEHE) and its Remote Maintenance Worker (RMW) program about frozen water lines—approximately 1,000 feet of underground arctic pipe was shattered.



This device breaks apart the old pipe as it pulls new pipe through the insulated conduit.

Due to the high cost of replacing underground arctic pipe and the lack of available funding, RMW explored alternatives. Pipebursting NW in Washington offered a method of replacing buried pipelines without the need for digging a trench—by pulling a new pipe through the old pipe, and the surrounding insulation. "Pipe bursting" had been used successfully in Washington and Oregon since 1992, but it had not yet been tested in a remote Alaska environment.



New pipe pulled through old pipe.

#### Response

YKHC worked with the Alaska Division of Environmental Conservation (ADEC), The Alaska Native Tribal Health Consortium (ANTHC) and the Environmental Protection Agency to obtain \$111,000 in funding, which came through in June 2012. RMW staff and Pipebursting NW staff traveled to Pilot Station in July. Working closely with the water plant operators and other staff in Pilot Station, the crew replaced the pipe in just a few days.

#### Impact

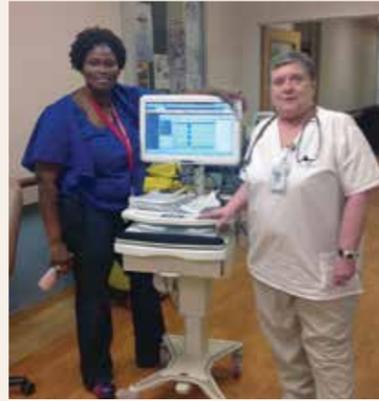
Using traditional construction methods and the usual funding process, this project would have cost \$250,000 and taken several years to approve. By utilizing special project funds, the pipe bursting technology and local labor (in-kind support), the project was completed for less than half the cost, and in record time. Additionally, about a third of the funds were used to purchase pipe bursting equipment that can now be used on similar projects in the future.

Based on the success in Pilot Station, we know pipe bursting is appropriate for buried arctic pipe projects and remote Alaska environments. It further showed the need for small pools of money that could be accessed quickly and used by communities to make urgent repairs that are critical to community water systems.

## INNOVATIONS IN CARE: Embracing Tradition through Technology

### RAVEN takes flight

The Electronic Health Record is a mandate of the 2010 Affordable Care Act. One of the main reasons is the improvement of patient safety. Medical errors can be the result of illegible or incorrectly interpreted handwritten orders, inadequate or incomplete information about the patient, or knowledge gaps about appropriate treatments or standards of care.



Mona Whiteside and Linnea Stein say "WOW" (Workstation on Wheels).

With computerized provider order entry, errors caused by illegibility or incorrect copying can be virtually eliminated. The system allows automated checks for allergies and drug-drug interactions, and includes a comment field that providers can use to clarify new or changing medication orders.

EHR can improve compliance with guidelines and standards of care, provide patient- and disease-specific reminders to providers, and speed access to up-to-date clinical information.

### Centering Pregnancy Program



One of the first Centering Pregnancy groups. The program has received phenomenal reviews from patients.

Through regular group support meetings and sharing experiences, pregnant women have opportunities to learn more about being pregnant, about child birth, and parenting.

"I have seen a great need in our population here for more support and education for our women," said Brenda Lamont, RN, YKHC Centering Pregnancy Coordinator. "What's needed is information from other women who have experienced and

faced the same issues. This all becomes possible during our two-hour group sessions."

### Device means mobility for 7-year-old

Atsa Bill will be able to get around a lot better now with the help of a "Rabbit Stander" device obtained through YKHC's Physical Therapy Dept.



Atsaruq "Atsa" Bill, with Physical Therapists Jesse Gefroh and Keira Beck, shows off the "Rabbit Stander" which will allow her to be more active with her classmates at Bethel's Ayaprun Immersion School.

Atsaruq is diagnosed with arthrogryposis, also known as Kuskokwim Syndrome, which affects her lower limbs. Physical Therapist Keira Beck says, "We have been seeing Atsa since the fall of 2011. After assessing her limitations and strengths, a team of therapists worked with Medicaid and Frontier Medical in Anchorage to obtain the equipment."

Atsa is unable to walk on her own. The stander will give her much greater freedom. It is also adjustable and will extend in height and width as she grows.

### Joint Commission Visit

During the week of October 15–19, The Joint Commission, our hospital accrediting organization, visited us for our three-year unannounced accreditation survey. The Joint Commission evaluates our hospital, behavioral health, and home care services and facilities.

The survey team included an engineer, a nurse, a physician, and a psychologist. They toured YKHC facilities in Bethel, Emmonak, Kwethluk, Napaskiak, and Toksook Bay. They were accompanied by some of our staff and by two of our Governing Body Board members.

The surveyors were impressed with our health care delivery system and told us that this was a humbling experience for them. They remarked about how friendly and warm the staff is, and how impressed they are with the technology, level of care, and services that we provide in a remote location.

## WORKING TOGETHER: Partnerships for Success

### 2012 Blood Drive

The Bethel Blood Drive, held Sept. 18–20, in partnership with YKHC and the Blood Bank of Alaska, along with many community sponsors, was a great success, with an increase of participants over the previous year.

Of the 129 people who registered to donate, 88 people were eligible. Sixty percent were first time donors. Some of those who wanted to donate blood were ineligible for any number of reasons, including having a cold or other illness. As a result of this great response, a potential of nearly 265 lives may be saved.



Caesar Wright, with the Blood Bank of Alaska, and YKHC's Deanna Latham with her donation of blood.

Numerous thanks is owed to our major local sponsors, including Alaska Air Cargo, Northern Air Cargo, KYUK, Crowley, KUC, Bethel Car Rental, Subway, and AVCP Allnavik hotel for making the event such a success for the Blood Bank of Alaska team.

### YKHC contracts with TriWest for Veterans' health care

YKHC signed a new contract with TriWest Health Care Alliance to provide healthcare services to Veterans and other military personnel within the YK service area. In particular, the contract will benefit our village clinics and behavioral health services.

"We are so pleased that YKHC has agreed to be in the TriCare Provider Network," said David McIntyre, TriWest President and CEO. "We have been impressed at the quality of their care and customer service focus."

YKHC President/CEO Gene Peltola said, "This contract is a great opportunity, giving better access to benefits for our Veterans and servicemen/women." Previously, the closest facility for veterans to receive healthcare, or to get help with their benefits, was in Anchorage.

### Terra Southwest speeds YK internet

UUI/GCI, utilizing a combination of private funding and a government grant from the USDA Rural Utilities Service, activated the Terra Southwest telecommunications project on January 12, 2012.

The \$88 million project connects the YK Delta to the Outside internet through a combination of microwave and under-sea fiber optics, eliminating the region's reliance on satellites for communication.

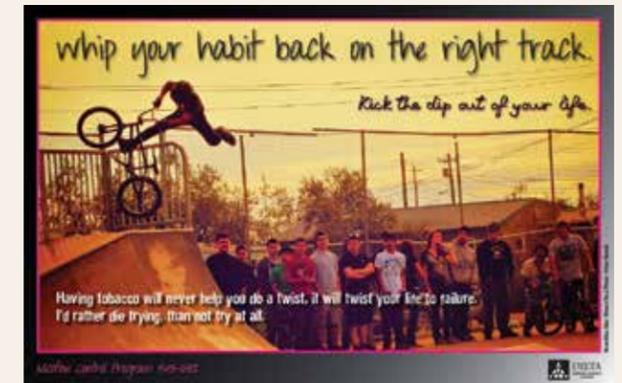
The system was initiated with a video conference call between YKHC President/CEO Gene Peltola, Governor Sean Parnell, and representatives of GCI and the USDA, "opening up a new era of telecommunications in rural Alaska." Rural health, education, and business will all benefit from the new services, Peltola noted.



The iPad is showing bandwidth during the first demonstration of Terra Southwest—high speed, non-satellite, internet for rural Alaska.

### Teens tackle the Quit Tobacco message

While education has a role to play in anti-tobacco efforts, peer pressure, ownership and the "cool factor" cannot be ignored, especially when talking to teens.



Shown in the photo: Shawn Paul. Slogans written by Carl Flynn (Kick the dip out of your life) and Nathaniel Kameroff (Whip your habit back on the right track).

A Tobacco Free Slogan Contest was created for high school students to enter. Winners from the contest had their slogans featured on BMX photos taken at last fall's Bethel Fair.

What is unique about this contest is that pictures were of high school students, slogans were created by high school students, and the posters will hang in the halls of the high school. Why? Because kids listen to their friends.

## PDHA persuades Kotlik to choose fluoridation

The village of Kotlik voted to implement a community water fluoridation program. The decision was largely the result of the community education efforts of Primary Dental Health Aide Cheryl Sinka, according to Dental Health Aide Coordinator Kelly Nance.

“Cheryl was very active in educating the members of the community for a vote in favor of water fluoridation,” Nance said. “This will be instrumental in reducing the amount of decay we’ll see in that village.”

Studies show that children in the YK Delta have more decay than in the Lower 48, and it is higher in villages that don’t have community fluoride programs.

## Diabetes Day Walk

On November 16, the Diabetes Prevention & Control Dept. and George Meegan, world record holder for the longest walk and author of a book titled *The Longest Walk*, held a walk for World Diabetes Prevention Day.



George Meegan brought his “Longest Walk” to Bethel in support of Diabetes prevention.

Thirty participants started at Bethel’s AC Store and marched, flags from all over the world in hand, to YKHC’s corporate headquarters building, where they ended with sugar-free hot cocoa. One mile was added to George Meegan’s world record, a near 20,000-mile walk from the southern tip of South America to Point Barrow, Alaska.

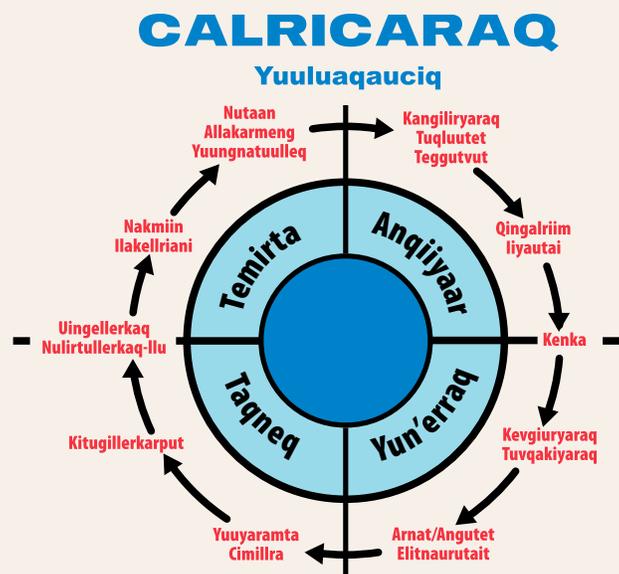
This walk brought attention to the rise of type 2 diabetes. Healthy eating and daily exercise helps prevent this disease.

## HEALING the SPIRIT: Cultural Collaboration

### Prevention Program Teaches Balance

In partnership with AVCP, Tribal villages and regional school districts, YKHC’s Prevention Department of Behavioral Health Services has been promoting “Calricaraq” (living in ultimate purity) since May of 2012.

Calricaraq describes a holistic model of cultural methods used to instill the tools and skills necessary for survival and living in balance. All of the stages from pregnancy to eldership are addressed.



Staff has engaged many community groups in presentations of Calricaraq, holding regular meetings as well as special events such as community gatherings, youth camps and agency trainings. They discuss the impacts of Historical Trauma, describing how suppressing emotional/spiritual pain contributes to domestic violence, sexual and substance abuse, suicide attempts and completion. Calricaraq shows how the Yup’ik ancestors used traditional methods appropriate for each developmental cycle throughout their lifespan, offering a gateway to addressing these issues.

Presentations allow for small and large group discussions to train the thought processes and learn to verbalize emotions that promote healing in a supportive environment. The Yup’it approach to prevention is done collectively; in today’s economy an individualistic approach is promoted.

## Walk For Life

Recognizing that nearly 90 percent of those who take their own life are suffering from a diagnosable psychiatric disorder, primarily major depression, the Northwest Arctic Borough started the statewide Walk For Life four years ago, and extended an invitation to YKHC to participate.



People gathered at Bethel Regional High School May 11, 2012, to participate in the Walk for Life from the school to the BNC Complex and back.

The Bethel walk on May 11 was organized and supported by the Suicide Prevention Coalition (SAIPH), the Drew’s Foundation, local school districts, Public Health Nursing, YKHC, and numerous community partners. Several YK Delta villages also participated. Our communities, coming together, hope that others can be spared the pain and tragedy that they’ve suffered. They’ve strengthened their efforts by forming partnerships dedicated to preventing suicide and celebrating life.



[www.ykhc.org](http://www.ykhc.org)