Yukon-Kuskokwim Health Corporation

Report to the people 2013
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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

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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.
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.

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, Sgd-Arms
Sam Allen, 1st Add. Member
Mary Ayunerak, 2nd Add. Member
Dan Winkelman, Ex-Officio
Paul John, Honorary Member

Governing Body
James Landlord, Chair
Billy Jean Stewart, Vice Chair
Stanley Hoffman, Treasurer
Mary Ayunerak, Sgd-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
Dan Winkelman, Ex-Officio

Finance Committee
Glen Watson, Chair
Esai Twitchell
Betty Turner
Mary Ayunerak
Hugh Snyder
Ray Alstrom, Ex-Officio
Dan Winkelman, Ex-Officio

Policy Committee
Patrick Tall, Chair
Chris Larson
Paula Ayunerak
Billy Jean Stewart
Mildred Evan
Ray Alstrom, Ex-Officio
Dan Winkelman, Ex-Officio

LifeMed Alaska
Ray Alstrom
Dan Winkelman
Marvin Deacon

Special Committees

Corp Compliance/Quality Assurance
James Nicolas, Chair
Betty Turner
Stan Hoffman
James Sipary, Sr.
James Landlord
Ray Alstrom, Ex-Officio
Dan Winkelman, Ex-Officio

Compensation Committee
James Charlie, Chair
James Nicolas
Glen Watson
Marvin Deacon
David O. David
Ray Alstrom, Ex-Officio
Dan Winkelman, Ex-Officio

William Morgan Legend Award
Ray Alstrom
Sam Alexie
Dan Winkelman

Board Appointments

ANTHC Board
Ray Alstrom, 1st
Esai Twitchell, 2nd
Dan Winkelman

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

ANHB Board
Esai Twitchell, Dan Winkelman
Tribes Say Decreasing ER Wait Times Top Priority from the List of Changes

Throughout the 20-year history of YKHC Tribal Gatherings, dissatisfaction with long waits to be seen at the Bethel Hospital—outpatient clinics as well as the Emergency Room—has been among the top 10 priorities for change listed each year by delegates representing the 8 Tribes that make up the YKHC service area.

At the 2013 Gathering, held April 2–4, the delegates voted decreasing ER wait times their number one priority.

The issue has not been ignored. YKHC leadership and hospital administrators have initiated new appointment procedures in the ER and outpatient clinics, such as Fast Track in recent years and wait times have improved. Patients coming to the Emergency Room, however, are seen according triage—those whose needs are most dire are seen first. A patient whose illness or injury can wait some time will have to wait. Nevertheless, YKHC’s leadership teams will be taking a good hard look at how to make improvements.

Also on the tribes’ priority list: service improvements at the hospital and the subregional clinics, more cancer screening and research, support for Health Aides, and funding for village sanitation projects.

The YKHC Board of Directors, meeting just a couple weeks after the Gathering, consolidated the priorities list to three main areas for focusing improvement efforts in the coming year—work on reducing the ER wait times, increase provider travel to subregional and village clinics to provide more services, and increase cancer screening and prevention/education efforts.

Why We “Gather”

YKHC’s annual Gathering serves a two-fold purpose. The corporation reports on the status and progress of programs, facilities and services; the Tribal representatives identify health care concerns and determine their priorities for making improvements.

Many changes have come about as a result of Gathering priorities. Most recently, a nursing home for elders and a new Prematernal Home under construction. Add to the list: CT scanning at the hospital, regional medevac services, a Sobering Center, subregional health clinics and many service improvements designed to bring culturally relevant health care closer to home.

The Three-Day Gathering

Following the previous year’s listing of Behavioral Health concerns such as suicide prevention and alcohol treatment at the top of the list, the 2013 Gathering included an extra full day devoted to YKHC’s Behavioral Health programs and services.

Keynote Speaker Dr. Clyde McCoy of the University of Miami emphasized the importance of accounting for cultural science and medical research, and programs developed as a result.

Cultural relevancy is central to YKHC’s vision, and is embraced whole-heartedly by Behavioral Health programs. The McCann Treatment Center’s subsistence-oriented education component is a prime example. The program’s clients, Alaska Native boys who struggle with drug abuse and alcohol in addition to severe emotional trauma and behavioral difficulties, learn subsistence skills such as fishing and hunting in addition to the usual academic classes in math and science.

Traditional Yup’ik ways—ancestral wisdom and knowledge, skills, ceremonies, and subsistence living—are the basis of Behavioral Health’s Preventative Services’ approach to community and individual healing.

Behavioral Health’s day at the Gathering included informative explanations of YKHC’s various residential services, outpatient, counseling and emergency services.

The second day’s reports included a look at the region’s overall health status, an update on clinic and hospital construction projects, care costs associated with the new Prematernal Home under construction. Add to the list: CT scanning at the hospital, regional medevac services, a Sobering Center, subregional health clinics and many service improvements designed to bring culturally relevant health care closer to home.

TOP TEN: Overall Priority Rating

1. Increase Emergency Room wait times.
2. More alcohol/drug abuse POST RECOVERY/Treatment services for all ages.
3. Want more comprehensive services at first hospital visit don’t want to schedule 2nd trip for diagnosis and prevention.
4. Increase Cancer Prevention Screening to SRCs and Villages.
5. Seek more funding for Health Services.
6. Increase doctor visits to villages and SRCs.
7. Increase number of Health Aides for population.
8. Increase support for Health Aides from villages.
10. Increase homes with piped sewer services/improve sewer lagoons.
Board Chair & CEO Message

Waqaa...

The past year held many changes for our Company.

After nearly 24 years of service to YKHC, on January 16, 2014, Gene Peltola and the Board of Directors announced Gene’s early retirement as President and CEO. Under the Board’s leadership, Gene helped grow the company significantly since 1990 by taking over management of the hospital from the U.S. Indian Health Service and providing new health services to the Yukon-Kuskokwim region. Chairman Ray Alstrom and I would like to thank Gene for his tireless years of service to the company.

For those of you that do not know me, I have worked at YKHC for the last 13 years and served most recently as Vice President for Administration & General Counsel. I am Deg Hit'an Athabaskan and am an enrolled member of one of YKHC’s 58 member tribes, the Shapeloq Native Village.

I am married to Veronica (Michael), largely known by her Yup’ik name Atan, and originally from Kwehtuk. She has worked for the Lower Kuskokwim School District for 18 years and currently works as a language specialist. She is committed to maintaining the Yup’ik language by helping the District’s teachers. We have two young children, Atik and Katherine, who attend Ayaprun Elitnaurvik in the 5th and 2nd grades. Like many of your children, mine were born in the Bethel hospital. We, too, use these services for our own health care.

Turning towards YKHC, Ray and I would like to share with you some of the significant accomplishments this past year and highlight the challenges that lie ahead.

YKHC partnered with Cerner for two years to bring its electronic health record online on January 28, 2013. This successful implementation was accomplished by a core team of 150 employees. As a result of the hard work, dedication and commitment of all YKHC teammates, our Company was awarded the Cerner Consulting Project Excellence Award for a project that met strict operational guidelines and overcame unusual challenges in implementation. Named RAVEN, for Records and Verification Electronic Network, it allows for coordination of care throughout our communities.

In looking at the strength, knowledge and dedication of our workforce and our management, we recognize that the challenges we face are due not to the condition of our staff, but rather to our circumstances. Our mission is to provide health care to our patients and employees and to our villages. This year’s budget performance. However, continued federal and state funding at or above our current levels will be a significant ongoing concern for YKHC and other Tribal organizations. Nevertheless, we expect to dramatically improve our financial performance by year’s end.

Looking back at the past year, we have a lot to be proud of and highlight the challenges that lie ahead.

First, we want to increase the Board of Directors’ and management’s visibility and engagement with our patients, employees and our villages. Increased patient and employee visits by the Senior Leadership Team, as well as more village visits by both the Senior Team and Board of Directors are planned.

Second, improving our patients’ experience is not only needed but necessary. We are collaborating now on how to improve the cleanliness of our facilities, improve access to our outpatient clinic, dental clinic and emergency department; and developing and implementing a new strategic planning process with the Board of Directors.

Lastly, we need to dramatically improve our financial viability. Our Company’s performance regarding our yearly budget is currently poor. We are projecting a substantial loss of $7.3 million by year’s end which is approximately 13 percent of our budget. To put this into perspective, last year at this time we were projecting a substantially smaller loss of $2.9 million or five percent of our total budget. Although we expect the projected loss to decrease slightly due to additional monies from the U.S. Indian Health Service, the projected loss is significant and unprecedented in YKHC’s history.

The major factors for the projected loss are:

• Last year’s federal sequester by the U.S. Congress which resulted in mandatory spending cuts to defense and domestic spending that decreased the Indian Health Service’s budget by 5.1%;
• Last October’s unfortunate personnel layoff did not result in enough savings;
• Lack of expected revenues;
• Increase in unanticipated expenses; and
• Operational expenses for our new Elder’s Home.

We are currently developing a plan that will improve this year’s budget performance. However, continued federal and state funding at or above our current levels will be a significant ongoing concern for YKHC and other Tribal organizations. Nevertheless, we expect to dramatically improve our financial performance by year’s end.

As our Road to Excellence, Napartet identifies five pillars essential for the success of our mission:

• Patient Centered Excellence
• Alaska Native Workforce Development
• Employee Focus
• Community & Partner Satisfaction
• Financial Viability

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

Reports on the following pages summarize these efforts.
Alaska Native Workforce Development

2013 Goals: Initiate YKHC Native ‘Management Training’ program by May 1, 2013 and complete initial cohort by September 30, 2013

In 2012, YKHC’s Board of Directors stressed the need for professional development opportunities geared specifically for our Alaska Native employees. This board directed the guided collaborative efforts over several months in creating Compass.

The Compass program, based on the five Napartet Pillars, was designed to increase knowledge in core management competencies including Customer Focus, Leadership Management, Productivity & Evaluation, Human Resource & Workforce Planning, and Financial Acumen. It offers a unique, comprehensive, and culturally relevant advancement opportunity for employees who demonstrate a desire and willingness to develop and learn critical management skills.

Participants include a diverse group of Alaska Native and American Indian employees, all identified as emerging leaders within the corporation. Compass is intended to enhance general management skills and broaden understanding of the functional areas of the corporation.

Going forward, the Compass Program will be resumed each year. Program participants (collectively referred to as a cohort) may number up to eight individuals. Selection is highly competitive, involving a qualifications analysis by Alaska Native Workforce Development leadership, and an application process that is subsequently reviewed by a vetting team of YKHC leaders, and an analysis by Alaska Native Workforce Pillar Team members, the Executive Board Members, as well as support managers and colleagues of the program.

The direct result is called “Quliraq: A Compass Story.” The short film features all five graduates and explores the meaning behind the Napartet pillars of excellence through many metaphors in a colorful story filled with humor and elder wisdom. An estimated 60 hours of work went into the film including planning the story/plot, filming, editing, and launching the project.

Employee buy-in was generated by leaders’ participation in division meetings, department huddles, brown bag luncheons, and other opportunities as they arose. Posters and fliers were created to generate awareness, and the program’s successes were broadcast through our internal newsletter. Compass became a talking point, we gave it a consistent presence, and the employees involved worked diligently to integrate this program into our corporate culture.

Graduation and Achievements

As part of the Compass commencement course expectations, the group planned for the launch and completion of a comprehensive video/media project which they shared with the Alaska Native Workforce Development team, the Executive Board Members, as well as support managers and colleagues of the program.

The Compass graduate Miriam Ohman.

Successes

- 11 Mentors trained - 6 mentors assigned
- 31 nominated candidates for the program, 6 employees selected to participate
- 13 internal guest speaker presentations, 6 departments committed to rotations
- 5 completed participants: Bonnie Johnson, DHAT; Susan Charles, HR Generalist; Arnold Dull, Remote Maintenance Worker; Miriam Ohman, Registration Technician; Jessa Pete, Behavioral Health Secretary
- 45% knowledge gain in management competencies
- 2 members of the cohort have taken manager roles: Miriam Ohman, Registration and Quality Manager, Village Operations; Jessa Pete, Pharmacy Office Manager, Patient Care Services

Opportunities for Improvement

- Publicize and communicate nominations and selection process well in advance for candidates and managers
- Skills testing prior to program acceptance
- Define and outline department rotation expectations
- Increase cohort size

Fy14 Goal: Complete second expanded Compass cohort and implement sustainable transition to a permanent HR department by September 30, 2014

Dental Pioneers Native Workforce

A lot of great work is being done by a dedicated group of Dental Health Aide Therapists (DHAT) in the villages.

Based in Subregional Clinic villages, DHATs are making trips to remote villages and conducting head start exams, sealants and fluoride treatments. They visit schools and promote caries prevention and oral health with the kids. The DHATs have also been focusing on prenatal patients and encouraging women to have screenings and complete their dental treatment plans before they deliver.

Meet Susan Sergie, Yup’ik Dentist

YKHC’s Yup’ik Dentist, Susan Sergie, is originally from Alaska. She was inspired to consider a career in dentistry at the age of 8 when a traveling dentist visited her village and fixed her “dirty buck teeth.” She and her six siblings grew up in several different villages, living the Native subsistence lifestyle. After high school and a year or so of study outside, she found work in Tokiaq and again heard the call of dentistry. She trained as a dental assistant and by 2003 decided to go to school to become a dentist. Family tragedy intervened, but she eventually finished her schooling and is now a dentist at YKHC. “I stayed strong through the love and support of family and friends and by focusing on the positive rather than the negative. Through this experience, I believe there are two types of people in this world, those who dwell on the problems they face and those that look for solutions to their problems.

“There is a great need for Native dentists in the rural communities of Alaska. I want to be a role model for my people. I hope that through my example, my people will see and know that with support, persistence and determination, we all can be successful!”

Susan Sergie, Dental.
Patient Centered Excellence

2013 Goal: Increase screening for colorectal, breast, and cervical cancer by 2% in order to meet or exceed 2020 Healthy People Goals by the year 2020

For the past few years, the Patient Centered Excellence team has worked on improving cancer screening rates for colorectal cancer and breast and cervical cancer. To address the FY 13 goal of increasing screenings by two percent, a new screening schedule was implemented in the subregional clinics and YKHC sponsored charter flights from nearby villages to the SRCs so patients could be screened.

YKHC also covered the cost of some colonoscopies and mammograms, increased the number of colonoscopies done in Bethel and adopted a more flexible schedule.

The attention to cancer screening included developing an OR tracking system, identifying the backlog and scheduling colonoscopies and mammograms for the same patient visit to minimize additional travel to Bethel from the villages.

The budget cuts associated with the federal sequestration curtailed the SRC oncology clinics and other monetary support for the enhanced screening effort. Restored funding along with combating appointment no-shows would help put the screening effort back on track.

The goal for FY14 responds to Tribal Gathering priority for colorectal, breast and cervical cancer screening. To support for the enhanced screening effort. Restored funding along with combating appointment no-shows would help put the screening effort back on track.

The changes were made and implemented and certification the facility had six tags, or items that needed to be changed. The changes were made and implemented and certification is anticipated early in 2014.

Healthcare Reports put all of our office assistants and Health Aides on the same bus, and rather than rely on just a single e-form to mimic our old Patient Encounter Form, the team chose to complete 49 different forms—each with a specific focus—streamlining the data entry process for the Health Aides as they see their patients.”

The benefits of RAVEN are in improving patient care from the village level to the Bethel hospital and beyond. ER providers have experienced the frustration of a patient arriving on a village medevac without complete documentation. Now when a patient has an encounter with a Health Aide in a village, the information resides in RAVEN, and will be there if the patient is referred to a higher level of care, with no time wasted tracking background or medical history.

“Our new RAVEN system saves lives,” says Chief of Staff Dr. Ellen Hodges. “I strongly believe this. I know the build has been stressful and taxing for all involved, but now we have an absolutely invaluable product that will [help] prevent bad outcomes from happening.”

Health Services Vice President Jane Russell said it’s not just about adopting technology, but “how to leverage technology to take you to the next step to make sure everyone in your care is receiving the best care possible.”

Inpatient Unit – Northwing

Northwing (NW) is working on several projects to improve patient care. One is to decrease falls and another is to decrease re-admissions.

If a patient is identified as a high risk for falling, a fall protocol is initiated. This includes a yellow blanket, socks, bracelet, and a magnet sign on the door, and more frequent checks on the patient. The readmission rate has drastically decreased over the past year and a half, therefore improving patient care.

Inrivik Birthing Center

Obstetrics (OB) was very busy in 2013. We are doing Centering Pregnancy in collaboration with the Outpatient Department. OB is also working in collaboration with other facilities across Alaska in a “Baby-Friendly” Hospital initiative.

In addition, the OB Nurse Manager is working with ASHENA to create a sub-specialty nursing initiative with peri-natal residency training, which will encompass perinatal education throughout the state to help with the nursing shortage in the OB area across the state.

New Guidelines for Health Aides

Health Aides and Providers have developed some new clinical guidelines, which will improve the Health Aide’s clinical practice, decrease patient wait times, and cut down on Radio Medical Traffic (RMT). Examples include the ability to use Albuterol nebulizers for patients in respiratory distress before RMT and no longer having to wait 30 minutes before RMT WIC exams if all is normal. As always, Health Aides are required to use their CHAM at all times.

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Employee Focus

FY13 Goal: Increase employee satisfaction with change management by 5% (From 62.32% to 64.54%)

Recognizing that YKHC, as a service organization, relies on the dedication and quality of its workforce, determining and continuing to improve employee satisfaction is key to success at all levels of the company. The Employee Focus team relies on an annual employee satisfaction survey to gauge this. The FY 13 employee focus goal sought to improve responses to survey questions regarding change management.

Approaches to this include better communication between employees and leadership. With this in mind, the Employee Focus team formed a Communications Subcommittee to develop tools and processes that could be implemented company-wide to improve internal communication.

The committee developed meeting minute templates for use in staff “huddles” and corporate committee meetings as well as guidelines on how to use the templates and best practices for conducting meetings. Maintaining meeting documents can be shared among employees, promoting accountability and understanding. They can be saved as a record for future reference and, in the case of formal committees, an official record of business conducted.

As the “successes” graph indicates, improvements in some areas pertaining to change management and employee support were made between FY12 and FY13. More survey responders agreed that YKHC management handles change well. Support for education and career advancements have been increased, and communications about those changes pretty informing employees about those changes pretty well. The Financial Viability Team has identified departmental goals related to performance, measured in the number of days it takes to correct the error for DFNB, and achieved an average of 16.8. The team set a target of 6 days or less in longer “DNFB” times. The team set a target of 6 days or less. To address some of those factors, the Financial Viability Team focused on shortening the time between a patient’s discharge and billing for the service, referred to as “DNFB”—Discharged, Not Final Bill—DFNB. This move was made to reduce the cost of providing care in rural Alaska. In order to “break even” YKHC is obliged to bill what we refer to as “third party payers.” These include Medicaid and Medicare, private health insurance, Veterans Administration and any other entities or agencies that could potentially reimburse us for services provided.

The Financial Viability team therefore typically sets a reasonable goal for annual third party collections. During FY13, the corporation achieved collections of $52.1 million, 90 percent of the $58 million goal.

Factors affecting revenue collection are not always within the control of the financial departments responsible for billing and coding. To address some of these factors, the Financial Viability Team focused on one, on shortening the time between a patient’s discharge and billing for the service, referred to as “DNFB”—Discharged, Not Final Bill—and, two, reducing the coding errors that result in longer “DNFB” times. The team set a target of 6 days or less for DFNB, and achieved an average of 16.8. The target for coding errors, measured in the number days it takes to correct the error was 15 days. By the end of the fiscal year, a low of 12–14 days was achieved.

The Financial Viability Team has identified departmental dashboards and the development of divisional teams as areas to focus on next for improving collections.

FY 14 Goal: Collect $67.3 million in net patient care revenue.

Years of Service

30 Years
Elena Nelson-Rothchild
Brenda Slats

25 Years
Balanza Larson
Ninna Steven
Laurenra Weston-O’Brien

20 Years
Michael Foulsham
Hubert Angaak
Debra Samson
Pamela Connick
Josephine Andrew

15 Years
Julia Street
Tiana Peltola
Melody Beacons
Carrie Dock
Jill Seaman
Susan Lee
Dennis Jimmie
Mary Andrews

10 Years
Wesley Chaffoteau
Gail Daniel
Robert Samsherff,
Linnea Sine

5 Years
Nellie Tave
Nathaniel David
Gary Holmes
Lucy Patrick
Karen McIntyre
Becky Francis
Alexandra Peterson

Years of Service

A western theme and fancy fries greeted more than 600 employees who came to the Employee Appreciation Picnic in August.

Survey results suggest that better management support and training, and better planning when implementing changes will improve employee satisfaction.

Changes at YHC are usually handled smoothly
The corporation does an adequate job of addressing post-work performance
YHC provides economic support for degree job improvement
Changes are usually handled smoothly among my department
I am informed of any change to my management

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<td>59.77%</td>
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<tr>
<td>67.14%</td>
<td>65.99%</td>
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<tr>
<td>63.81%</td>
<td>63.73%</td>
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The corporation is doing a good job recognizing excellent work performance
When appropriate, I am included when changes are being considered in my department
YHC has good employee recognition programs in place

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<th>FY12</th>
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The Financial Viability Team has identified departmental dashboards and the development of divisional teams as areas to focus on next for improving collections.

FY 14 Goal: Collect $67.3 million in net patient care revenue.

Financial Viability

FY 13 Goal: Collect $58 million from third party payers

Collections: $52.1 million. (90% of FY Goal $58 million)

Although YKHC receives federal funding from the Indian Health Service to provide health care for the region’s Native population, it’s not enough to cover the high cost of providing care in rural Alaska. In order to “break even” YKHC is obliged to bill what we refer to as “third party payers.” These include Medicaid and Medicare, private health insurance, Veterans Administration and any other entities or agencies that could potentially reimburse us for services provided.

The Financial Viability team therefore typically sets a reasonable goal for annual third party collections. During FY13, the corporation achieved collections of $52.1 million, 90 percent of the $58 million goal.

Factors affecting revenue collection are not always within the control of the financial departments responsible for billing and coding. To address some of these factors, the Financial Viability Team focused on one, on shortening the time between a patient’s discharge and billing for the service, referred to as “DNFB”—Discharged, Not Final Bill—and, two, reducing the coding errors that result in longer “DNFB” times. The team set a target of 6 days or less for DFNB, and achieved an average of 16.8. The target for coding errors, measured in the number days it takes to correct the error was 15 days. By the end of the fiscal year, a low of 12–14 days was achieved.

The Financial Viability Team has identified departmental dashboards and the development of divisional teams as areas to focus on next for improving collections.

FY 14 Goal: Collect $67.3 million in net patient care revenue.
Community & Partner Satisfaction

FY 13 Goal: 5,000 employee community volunteer hours completed

2,528 employee volunteer hours were reported, reaching 50.5% of the goal, a decrease from hours in 2012 (2,965).

Significantly, nearly 75 percent of hours reported by the YKHC workforce took place outside of the regular work hours, showing that volunteering is part of the corporate culture. Employees are participating in events in the community such as the Bethel Community Health Fair, the Blood Drive, Camai Festival, K300 Sled Dog Race, and numerous other community events.

In addition to volunteering, the YKHC workforce conducts outreach to our Tribal Councils to share meaningful information as well as obtain feedback every time an employee travels to a village. YKHC distributes Quarterly Talking Points among our workforce to inform employees about YKHC’s key initiatives or health-related topics of interest. This also serves as a way for our tribes to inform us how we’re doing.

YKHC’s key initiatives or health-related topics of interest. This also serves as a way for our tribes to inform us how we’re doing.

In cooperation with the CPS goal team, YKHC Public Relations conducts a Tribal Satisfaction feedback survey at the annual Tribal Gathering. According to the 2013 survey, 88 percent of participating in events in the community such as the Bethel Community Health Fair, the Blood Drive, Camai Festival, K300 Sled Dog Race, and numerous other community events.

As a Tribal organization, YKHC’s success depends on maintaining and strengthening our relationships with our communities and partners. The continuing challenge of obtaining federal, state, and private funding in an environment of increased competition means that YKHC must support and enhance existing partnerships, actively develop new partnerships, and strive to be an excellent corporate citizen in order to be successful in the future.

CPS FY14 Opportunities to Improve

- Provide meaningful Talking Points to engage our Community Partners.
- Align all survey opportunities with Tribal priorities revealed during Tribal Gatherings.
- Get meaningful feedback by asking more people, more often. Opportunities include:
  - Tribal Gathering Survey
  - Follow-Up Tribal Satisfaction Survey
  - Identify and Survey Community Regional Partners
  - Capture 2,600 hours of employee volunteerism
  - Enhance incentives to encourage reporting.

FY 14 Goal: 2,600 employee community volunteer hours completed

YKHC employees took part in community events such as the Walk for Life in support of suicide prevention.

OEHE and Partners Bring Spay/Neuter Clinics to Villages

Between 2007 and 2013, there were 783 reported animal bite incidents in the Delta. More than 50 percent involved children under 10. There has never been any access to veterinary care in villages outside of Bethel. This has lead to too many unwanted, unkept animals in our villages and an ongoing emergency situation that is both a major threat to public health and animal welfare.

The Office of Environmental Health (OEH) has partnered with several non-profits in Alaska dedicated to providing low-cost or free spays/neuters for animals in villages. The first year of this effort has been successful:

- In July, OEHE teamed up with the Alaska Native Rural Veterinary Inc. (ANRV) to provide free spay and neuters in the villages of Napaskiak, Kwehluk and Akiak. In seven days, 44 dogs were spayed/neutered and 145 were vaccinated against rabies, parvovirus, etc.
- In September, OEHE teamed up with Alaska Rural Veterinary Outreach Inc. to provide veterinary care to St. Mary’s and the surrounding villages. In four days, 13 animals were spayed/neutered and over 25 received wellness checks and the full range of vaccinations.
- In late October, the Christian Veterinary Mission made it out to Hooper Bay, Chevak and Scammon Bay providing first time services to over 100 animals.

Diabetes Prevention & Control Hosts Senior Day

YKHC’s Diabetes Prevention and Control Department hosted a “Senior Day” Wednesday, May 29th, at the Log Cabin. The Senior Day allowed Elders to receive health screenings, wellness checks and the full range of vaccinations.

They also walked around Pinky’s Park for exercise. Each of the elders who participated were given a bag that read “2013 National Senior Health & Fitness Day,” a nice size water bottle and a lanyard. The 2013 Senior day was a great success.

Bethel Blood Drive

Overall, 142 donors registered to give blood at the Bethel Blood Drive Sept. 10–12. A total of 90 pints was collected—that’s a potential of up to 270 lives saved.

Out of the 142 donors registered to give blood, the 2013 Bethel Community Blood Drive added 96 new blood donors to help hospital patients throughout Alaska.

Napakiak Clinic Grand Opening

Weather delayed the planned opening of Napakiak’s new Ella B. Willie Memorial clinic until after the first of the year, but staff and the community were still happy to celebrate with the traditional cake, ribbon cutting and clinic tours.

Locals in the community helped shuffle YKHC staff and other visitors from the airport to the clinic site as well as the community bingo hall where about 150 people gathered for a lovely potluck.

Mt. Village Kindergarten Class Visits Clinic

Liz Lee gives Michael Wassillee a flu shot at the Incident Command Structure (ICS)-based Mass Dispensing Exercise December 7. Partners including YKHC, Public Health Nursing, University of Alaska Anchorage Nursing Program, and the Lower Kuskokwim School District tested the community’s emergency response system by providing seasonal flu shots to residents.

The annual exercise provides an opportunity to identify resources that may be needed in the event of an actual pandemic.
Toward Excellent Health

Behavioral Health looks forward to new alcohol treatment center

The Phillips Ayyagrivik Treatment team and administration have been instrumental in the design of the new PATC facility. Included in the design is an indoor gymnasium, which will allow patients to have daily exercise and healthy walks. The PATC building will have separate wings for men and women and have a training room for Behavioral Health staff. It will also include a family counseling room to accommodate families who choose to participate in treatment with their loved ones. YKHC would like to thank Senator Lyman Hoffman and Representative Bob Herron for their support on securing the capital funding for the project.

PATC has added a cultural group to its schedule to educate patients on cultural values and beliefs central to the region. It is the belief that cultural activities with guidance can enhance recovery and ultimately a healthy lifestyle without alcohol or drugs.

Patients at PATC are allowed outside activities to include fishing, digging for clams, berry picking, Camai Dance Festival, Fourth of July festivities, YKHC Tribal Gathering and AVCP annual convention when topics include behavioral health presentations that patients could relate to and participate in.

During the calendar year, PATC has patients from all regions of the State by request including Nome, Juneau, Anchorage, Dillingham, Kenai, White Mountain, Fairbanks and Kotzebue. This is reflective of the program’s cultural sensitivity toward Alaska Natives and staff who are bilingual.

Chevak Receives Funding for Health Clinic

Thanks to a $600,000 grant made available through a HUD/Indian Community Development Block grant and additional funds from the Denali Commission, the residents of Chevak will be getting a new health clinic.

“It’s all about increasing access to healthcare,” explained Greg McIntyre, Vice President for Support Services. This clinic has been in the works for some time, but due to national budget cuts, funding for the project was denied twice. However, this did not discourage YKHC Capital Projects and Grant Writer staff from applying again.

The 3,480 sq. ft. primary health center will see about 1918 patient encounters annually, starting as early as 2015.

Working Together… Achieving

Mammography Program Earns Recertification

Congratulations to the Diagnostic Imaging Department, Mammographers and Mammography program for passing their annual FDA/MQA inspection in March.

The Mammography Program has also received its triennial certification from the American College of Radiology. Without those important certifications we would not be able to provide a mammography program. Thank you to Margo Firestack, our Lead Mammographer, and Rena Stansell, our Staff Mammographer, for their service to YKHC and the women of the YK Delta.

DTCA Earns Paving the Way Award 2013

The Delta Tobacco Control Alliance (DTCA) was recognized with an award at the recent 2013 Alaska Tobacco Control Alliance (ATCA) summit in Kodiak.

DTCA got the “Organizing Makes Us Stronger” award for the work the coalition is doing in tobacco prevention in our region. The award is given to individuals and organizations paving the way and working towards a tobacco free and healthier Alaska.

March of Dimes Honors YKHC Health Aide Instructor

YKHC’s Rita Kalistook was named Distinguished Nurse of the Year at the annual March of Dimes banquet in Anchorage. The award goes to nurses who have demonstrated leadership and expertise throughout their careers and is exemplified in the care, service, and advocacy they have provided.

March of Dimes says, “This is a nurse who gives back to the profession in diverse ways, setting a positive example for current and future nurses.”

As a Health Aide Instructor, Rita Kalistook always puts the patient and the Health Aide’s needs first, and raises questions of how a policy or procedure will affect the Health Aide’s ability to provide the best care possible. Having lived in Bethel since 1983, she understands the realities facing Health Aides living and working in remote Alaskan villages.
Health Aides of the Month for 2013

Theresa Twitchell, CHA II, Kasigluk:
“Talented CHAs like Theresa are great to have in our clinics, they can save lives working with our providers and following their training skills and CHAM.”—Martha Attie, SI

Lena Stewart, CHA II, Upper Kalskag
“If it wasn’t for her caring for him and insistence on getting this boy into Bethel through strong advisement to the boy’s father and the RMT provider ASAP, he probably would not have made it.”—Melanie Boyer, Basic Training Instructor

Gwendolyn Evan, CHA I, Kongiganak
“...professional, easy going, straightforward, and fully completes her patient care in the new Electronic Health Record, RAVEN.”—Martha Attie, SI

Jorian Hamilton, CHA III, Grayling
“He’s been a big help, enjoys traveling to busier clinics and has been on call 24-7 even when he floats to those busy clinics.”—Adeline Mael, SI

Melody Deacon-Kruger, Anvik, Grayling, Shageluk
“Everyone in Anvik, Grayling and Shageluk are fortunate to have Melody as an EPSDT (well child) provider for they will have longer, brighter and healthier lives.”—Balassa Larson

Alexandra Kerr, Float CHA
“She travels to villages needing float coverage and hardly ever complains about which village she’s going to. She listens and communicates well.”—Martha Attie, SI

Daniel Clark Sr, CHP, Kwigillingok
“This summer, even with his subsistence fishing and gathering, Daniel has amazed me and went above and beyond with doing Well Childs.”—Helena Brink-Walters, SI

Joseph Okitkun, CHA-II, Kotlik
“He works tirelessly at his clinic, even wants to float out to other villages when there is a float working at his Clinic.”—Anna Tinker, SI

Adeline Wiseman, CHA II, Chefornak
“When she is given tasks she works on them right away without any hesitation, even when her schedule is full or when she is alone at the clinic.”—Anna Tinker, SI

Lucy Inkak, CHA III, Tununak
Lucy is competent, dedicated, reliable, dependable, has excellent emergency skills, displays demeanor and confident behavior even during stressful and emergency situations.”—Balassa Larson, SI

Rosemary John, CHP, Newtok
“I like how she works together with the (clinic) team and that she always has a smile and respects others and herself.”—Adeline Mael, SI

Krystal Dobkins, Nunam Iqua
“Nunam Iqua is fortunate to have a very brave person to respond for them in the village. She was willing to put her safety at risk for the patient.”—Agnes Changsak

2013 By the Numbers

Bethel Outpatient Services
Total Patient Visits .................. 34,981

ER
Total Patients Seen .................... 23,068
Non-Urgent ............................ 3,877
Less Urgent ............................. 15,676
Urgent .................................. 8,346
Emergent ................................. 359
Resuscitation ........................... 39
Average Wait Time ............ 1 hr. 9 min.
Average Lenth of Stay ......... 3 hr. 26 min.

OB
Deliveries ................................. 353

Women’s Health
Pap Tests ................................ 1,138
Mammograms ........................... 739

Pharmacy Prescriptions filled
In-House .................................. 205,979
Mailed Out ............................... 109,673

Physical Therapy
Total Patients Seen: .............. 3,009
In SRCs ................................. 279

Subregional Clinics
Aniak SRC ............................. 5,359
Emmonak SRC ......................... 8,425
Hooper Bay SRC ...................... 9,743
St. Mary’s SRC ......................... 6,899
Toksook Bay SRC ..................... 6,970
Total Patient Visits ............... 37,396

Village Operations
Total Village Clinic Patient Encounters ................. 65,153

Dental Dept.
Total patients ......................... 12,052
Referred to the OR .................... 599

Bethel Elders join Deanna Latham and Board Chair Ray Alstrom in officially opening the Yukon Kuskokwim Elders Home.