



REPORT

to the people
2014

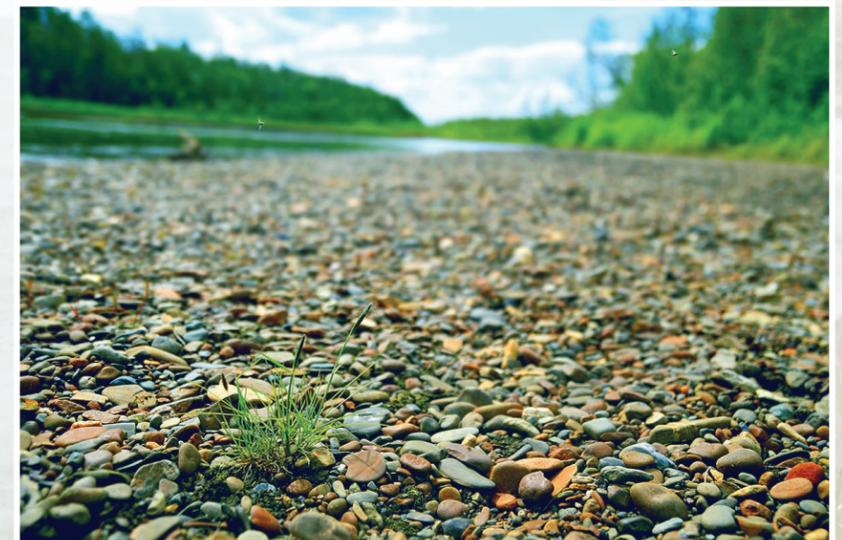
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REPORT TO THE PEOPLE 2014

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Grass pushes through stones on the Kiseralik. Photo by Miranda Johansson.

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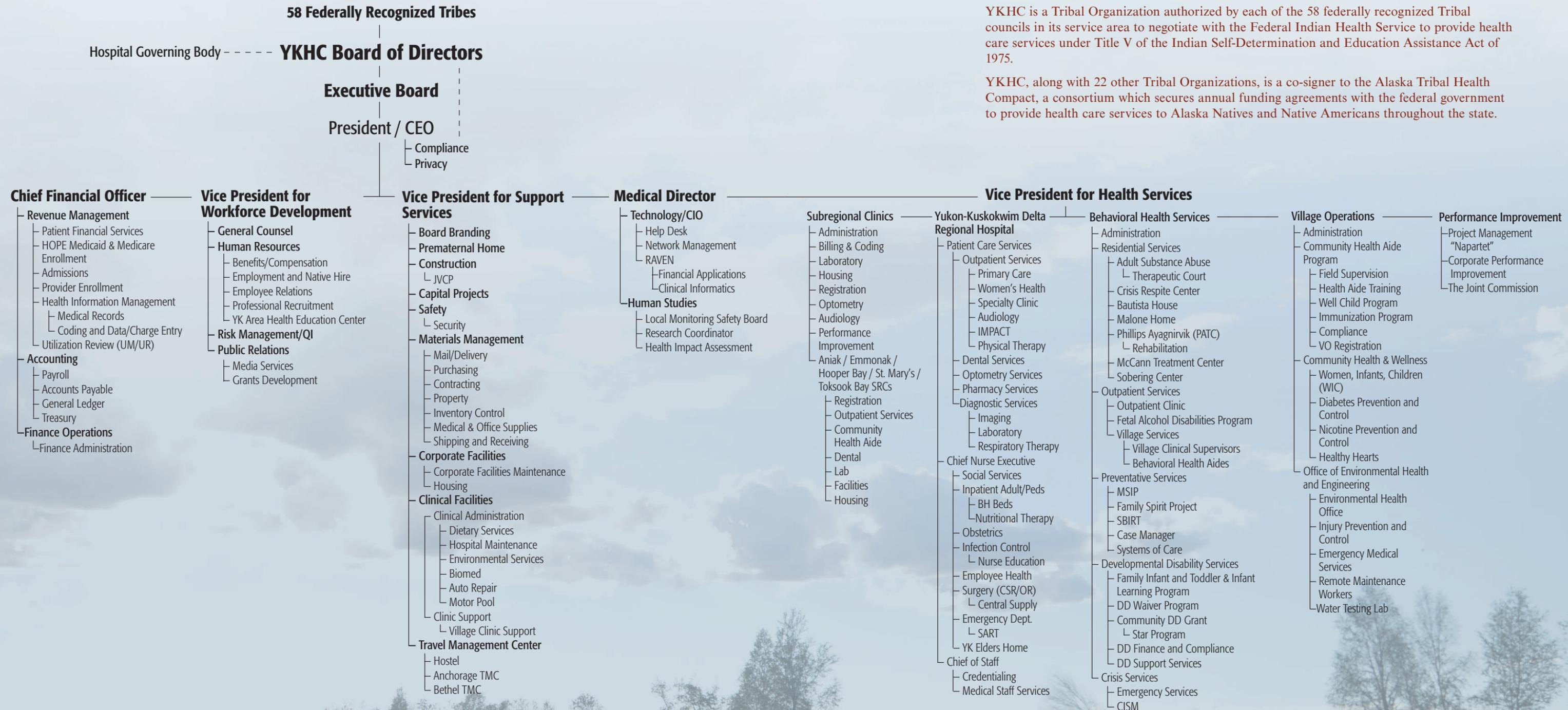
ORGANIZATION

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.

Unit 1



Mary Ayunerak Alakanuk



Michael Hunt, Sr. Kotlik

Unit 3

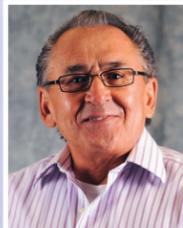


Billy Jean Stewart Kalskag



Betty Turner Lower Kalskag

Unit 5



Stan Hoffman, Sr. Bethel



Gloria Simeon Bethel

Unit 6

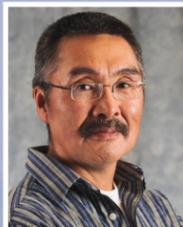


Esai Twitchell, Jr. Kasigluk



Robert Enoch Tuntutuliak

Unit 9



Patrick Tall Chevok



Maria Theresa Friday Hooper Bay

Unit 2



John Matt Joe St. Mary's



James C. Landlord Mtn. Village

Unit 4



James Nicori Kwethluk



Mildred Evan Akiachak

Unit 8



James Charlie, Sr. Toksook Bay



James Sipary Toksook Bay

Unit 10



Joshua Cleveland Quinhagak

Unit 11



Marvin Deacon Grayling

EXECUTIVE BOARD

Esai Twitchell Jr., Chair
 Gloria Simeon, 1st Vice Chair
 Marvin Deacon, 2nd Vice Chair
 Patrick Tall, Secretary
 James Landlord, Treasurer
 Chris Larson, Sgt.-At-Arms
 Joshua Cleveland, 1st Additional Member
 Michael Hunt, 2nd Additional Member
 Dan Winkelman, Ex-Officio
 Paul John, Honorary Member

GOVERNING BODY

James Nicori, Chairperson
 Billy Jean Stewart, Vice Chairperson
 Hugh Snyder, Treasurer
 Stanley Hoffman, Sergeant at Arms
 James Charlie, Secretary
 Betty Turner
 James Landlord
 Maria Friday
 Mildred Evan
 Mary Ayunerak
 James Sipary
 Paul John, Honorary Board Member
 Gloria Simeon, Executive Board Rep.

Making the Rounds



YKHC Board Members and Senior Leadership visited clinics, tribal councils, elders and citizens in more than 40 villages during the year.

In a region so large and travel expenses high, opportunities to meet and get to know each other are few. The rounding allows leadership to see and better understand the problems and perspectives of those we serve.



Committee Appointments

MEDICAL STAFF APPOINTMENTS/ PRIVILEGES (MSAPC)

Billy Jean Stewart
 Mildred Evan

JOINT CONFERENCE COMMITTEE

Betty Turner
 Hugh Snyder
 Mildred Evan
 Board Standing Committees

BY-LAW COMMITTEE

Patrick Tall, Chair
 James Sipary
 Chris Larson
 James Nicori
 Mary Ayunerak
 Esai Twitchell, Jr., Ex-Officio
 Dan Winkelman, Ex-Officio

POLICY COMMITTEE

James Charlie, Chair
 Stanley Hoffman, Sr.
 Maria Friday
 Mildred Evan
 Mary Ayunerak
 Esai Twitchell, Jr., Ex-Officio
 Dan Winkelman, Ex-Officio

HUMAN STUDIES

James Nicori
 Gloria Simeon
 Marvin Deacon
 Mildred Evan
 Betty Turner
 Esai Twitchell, Jr., Ex-Officio

FINANCE COMMITTEE

James Landlord, Chair
 Billy Jean Stewart
 Hugh Snyder
 Patrick Tall
 Michael Hunt
 Esai Twitchell, Jr., Ex-Officio
 Dan Winkelman, Ex-Officio

Special Committees:

CORP COMPLIANCE/QUALITY ASSURANCE

Hugh Snyder, Chair
 Maria Friday
 Betty Turner
 Stanley Hoffman, Sr.
 James Sipary
 Esai Twitchell, Jr., Ex-Officio
 Dan Winkelman, Ex-Officio

BOARD BRANDING

Michael Hunt
 Billy Jean Stewart
 James Landlord
 Patrick Tall
 Stanley Hoffman, Sr.
 Paul John
 Esai Twitchell, Jr., Ex-Officio

COMPENSATION COMMITTEE

Gloria Simeon, Chair
 James Charlie
 Mary Ayunerak
 Joshua Cleveland
 Chris Larson
 Esai Twitchell, Jr., Ex-Officio
 Dan Winkelman, Ex-Officio

BOARD APPOINTMENTS

ANHB - Marvin Deacon, Dan Winkelman
ANTHC - Esai Twitchell, Jr., 1st Gloria Simeon, 2nd Dan Winkelman
LifeMed Alaska - Esai Twitchell, Jr., James Nicori, Dan Winkelman

WILLIAM MORGAN LEGEND AWARD

Esai Twitchell, Jr.
 Gloria Simeon
 Dan Winkelman



Priority setting is the foremost work to be done at the Tribal Gathering...



Yup'it Piciryarait Cultural Center
April 8-9 - Bethel, Alaska

More than 60 delegates from most of the villages in the YK Delta region listed sanitation, staffing, and cancer screening among their top health concerns, giving YKHC leadership a set of guidelines for improving health services for the year. Back at the top of the list: Water and Sewer, calling for piped water in every home.

With nearly half the homes in the YK Delta still using honey buckets and funding for sanitation projects drying up, it's not a wish that can be easily granted. But it's important to not give up on the issue. YKHC Medical Director Dr. Joe Klejka says proper sanitation is the most important thing that could be done for the health of the region.

Dr. Klejka's "Health Status Scorecard" presentation looked at what's needed to realize YKHC's vision of "becoming the healthiest people." In addition to sanitation, the list includes prevention of cancer, prevention of injuries and suicide, sobriety, good prenatal care, immunizations, exercise and a return to more traditional foods and activities.

Significantly, delegates included some of these in their priorities, calling for more cancer screening as well as research into the causes of cancer, and more health care staff from Health Aides and Behavioral Health Aides to physicians at subregional clinics. Dele-

gates also asked for reinstatement of home care, a program that had been eliminated due to budget reductions.

YKHC's Board of Directors reviewed the entire priorities list at their annual meeting a few weeks after the gathering to develop an action plan to address concerns consistent with the corporation's overall strategic plan, mission and financial capacity.



Yukon Kuskokwim Elders Home Director Gerald Hodges talks about the new facility.

The annual Gathering always has a two-fold purpose: reports to delegates on the past year's status, progress and accomplishments, and the tribal member priority setting for future improvements. Reports covered improvements in ER wait times, an update of our RAVEN electronic health record system, the new YK Elders Home, Behavioral Health, facilities maintenance and more.

Dr. Rosalyn Singleton, Immunization Coordinator for the Alaska Native Tribal Health Consortium, provided a slideshow on the importance of vaccines and immunizations and Dr. Michael Cooper, MD, the Tuberculosis Controller with the State of Alaska, gave an insightful presentation about the history of TB in Alaska.

YKHC's new President/CEO Dan Winkelman introduced himself to the Gathering, although as a 13-year employee of the corporation (most recently administrative vice president), he is no stranger to most.

During his first few months in the top position, he has been traveling to villages to meet with staff and tribal members personally and plans to visit every village in the next year.

Winkelman also spoke of challenges ahead, mainly dealing with a budget shortfall resulting from the federal "sequester" of funds last year and increasing expenses.

Tribal delegates had a chance to interact with Senators Lisa Murkowski and Mark Begich, who dialed in via video teleconference. State legislators representing southwest Alaska, Bob Herron and Bryce Edgemon, joined the tribal delegation on the second day to provide a legislative update about bills affecting health and public safety. Congressman Don Young also appeared via video teleconference on the second day to greet the tribal delegation.



...Delegates and facilitators take the work seriously.

Day Two began with nearly 30 health care providers joining the delegates and board members for a buffet breakfast and introductions. Health Aides, Health Aide instructors, dental assistants, DHATs, nurses, nurse practitioners, PAs, mid-levels, physicians, pediatricians, dentists, optometrists, pharmacists, and interns were included.

More than 100 employees were instrumental in participating at all levels for each day of the event, pitching in for set-up, clean-up, facilitating, or working behind the scenes—Travel Management, Materials Management, Finance Administrators, Accounts Payable, and Dietary Services to name a few.

YKHC Public Relations sends a big *Quyana* to all the staff volunteers, community sponsors, ONC, senior leadership, and board members who welcomed our delegates and contributed to another successful and inspiring Gathering. We especially thank the delegates for their time and hard work in helping us become a stronger and more responsive tribal health organization, exemplifying our mission—Working Together to Achieve Excellent Health!

Top Ten Priorities for 2014

1. Piped water and sewer to all homes
2. Improve cancer screening
3. More Behavioral Health Aides
4. Increase number of Health Aides
5. Research cause for cancer
6. More certified doctors
7. Reinstigate Personal Care Assistants
8. ER privacy
9. Improve access to translators at hospital
10. Suicide prevention programs for entire village

What we need to do to become the healthiest people

1. Increase physical activity
2. Decrease store bought food (especially sweets and fats) and increase traditional diet
3. Don't use tobacco
4. Decrease or eliminate alcohol consumption
5. Wear helmets on snowgos and ATV's
6. Wear Seatbelts
7. Wear float coats in boats
8. Obtain cancer screens at appropriate ages
9. Make sure your vaccinations are up to date
10. Start Prenatal Care Early
11. Water fluoridation/Brush teeth regularly
12. Careful and early treatment of boils



YKHC providers are introduced to the delegates and guests.

LEADERSHIP REPORT

Esai Twitchel, Jr., Board Chair

Dan Winkelman, President/CEO

Waqaa. Over the last year, we have been very busy at YKHC working on numerous improvements to our operations. We are excited to provide you an update on the work we have done to help us plan for our future. This includes strategic planning, developing a vivid vision, facilities planning, increasing visibility and engagement, improving our patients experience and improving YKHC's financial performance.

Remembrances

Before we discuss our work though, we would like to offer our condolences to the Paul John and Ray Alstrom families.

On March 6, 2015, Paul passed away after a lengthy illness. Paul was YKHC's honorary director of the board and was also one of YKHC's founding members in 1969.

We will always remember Paul as one of our greatest educators. He often taught fellow directors of the board and others through storytelling. Paul frequently reminded us to stay true to our traditional values and was always optimistic for YKHC's future and for the people of the Yukon-Kuskokwim Delta.

Although Paul will be deeply missed, we are all strengthened for having known him and for the wisdom he shared with us. Quyana to the Paul John family.

Last November, we also lost our former chairman, Ray Alstrom of Marshall. Ray served on the YKHC board of directors since 2000 and was chairman since 2004. Ray believed in improving the lives of Alaskans through his leadership in the health-care and education arenas. Ray also served as former chairman and director of the board for both the Alaska Native Tribal Health Consortium and the Lower Yukon School District.

In all of his leadership roles, Ray was known as a consummate gentleman and led through professionalism. Quyana to the Ray Alstrom family.

"Napartet," Our Strategic Plan, A Paul John Legacy

Over the last several months we embarked on developing a new strategic plan. It is still named Napartet, but it is further refined. Napartet is a Yup'ik word that can mean a post or pillar; a trail marker; or even a mast on a boat. Paul John helped name our strategic plan after telling us a story about how he and his father used napartet to safely sail their commercial fishing boat in Bristol Bay when Alaska was a territory.

Vivid Vision

Our strategic planning involved our board of directors, comments by our patients and tribal leaders and hundreds of comments by our employees. We reviewed the comments and developed a new "vivid vision". A vivid vision is a detailed written expression of our vision coming to life. That is, the vivid vision takes us from where we are now and transports us into the future to state what we want to become five years from now.

Our vivid vision can be divided into three parts, and it is the voice of YKHC's three main stakeholders.

1. The Voice of Patients and Families

YKHC is my partner to live a healthier life. My opinion matters. Everyone listens to me and takes time to answer my questions. I am treated with dignity and respect. The facilities are clean and welcoming places. It is easy to get an appointment that fits my schedule. When I need care, YKHC is where I choose to receive the care that is right for me and my family. When I need specialty care, YKHC helps me make it happen. They understand my culture and way of life. I would rather get the care I need at YKHC than any other place.



Ray Alstrom and Dr. Paul John. They will be greatly missed.

2. The Voice of Tribal Leaders

We are YKHC. We partner to work on improvements. The health of our people is better than it was five years ago. YKHC provides excellent health care services for me and my family that includes our traditional healing practices and respects our culture. It is easy to get the care we need. YKHC manages our finances and facilities well and provides jobs for our people. We are proud of YKHC.

3. The Voice of Employees

I make a difference in the lives of the people of the YK Delta. I am valued and my hard work is appreciated. My voice is heard and respected. Leadership invests in me and I have the tools, support and team I need to do my job well. I am given opportunities to grow and develop. I love working here and hope to stay at YKHC for a very long time.

We have much work to do in order to achieve our vivid vision. Part of our plan is to use our five Napartet Pillars and their corresponding five 2015 Goals to begin the process of achieving our vivid vision.

Planning for our Future

As reported in January 2015, last summer and fall, YKHC submitted to the Indian Health Service a Joint Venture Construction Program application to construct a new outpatient clinic and renovate our hospital. The JVCP is a partnership in which YKHC pays for the construction of a health facility and the IHS agrees to request additional staffing for the facility from Congress once the facility is completed.

Although the IHS rated YKHC's proposal number 1 of 37 applications from across the nation, YKHC still has many challenges to overcome before any construction can begin. For example, securing affordable financing for this remote and large \$250 million project will be difficult. Nevertheless, YKHC is committed to our partnership with the IHS and will continue to work to make this project a reality.

The CEO's One-Year, Three Part Plan

Part of the CEO's one-year plan was to increase visibility and engagement with our employees, patients and tribes. Since February of 2014 we have increased communications and rounded frequently in our Bethel facilities. The Board of Directors and CEO have also traveled to meet our teammates, tribal councils and others in 44 villages. We are planning on visiting our remaining villages very soon: Mountain Village, St. Mary's, Pitka's Point, Nunapitchuk, and Upper Kalskag.

The second part was to improve our patient's experi-

ence. We continue to work on improving our access to our outpatient and dental clinics. Despite our significant physician vacancy rate in outpatient clinics our providers have been able to maintain a steady third next available appointment rate of 11.5 to 15 days. We have expanded our recruitment efforts to aggressively hire additional physicians. We would like to express our heartfelt thanks to our outstanding group of providers for providing excellent patient care in spite of these challenges.

We are also proud of the changes that have occurred in the emergency department this past year with real time patient satisfaction surveys that show 85 percent of our patients feel that the care they received in the emergency department was excellent. In addition, the emergency department continues to work on improving its cycle and wait times. Over the last year and a half the average time in the emergency department has decreased from six hours to three hours. Currently the average time from registration to triage is just over 20 minutes.

The third part of the CEO plan was to improve our financial performance. Expenses and revenues have improved due to aggressive actions taken over the last 14 months. As you will recall, for fiscal year 2013, we had a year-end operating loss of \$11.7 million. In January 2014, we had an actual year-to-date loss of \$7.3 million. Our financial turnaround began in May of 2014. Since then we have had 10 months in a row of significant positive monthly gains, a company first.

The actions we took last spring and throughout last summer have resulted in a preliminary year-end positive margin for 2014. We cut our operating losses for 2014 by half to approximately \$6 million. We are projecting no operating loss for 2015. Because of our improved financial performance, the \$8 million advance from the State of Alaska to YKHC in 2013 was repaid in its entirety. This has made our remaining budget for fiscal year 2015 very tight.

Quyana to our employees and to our Board for the improved results of 2014. Every employee can take pride in knowing they participated in and are responsible for our improved performance and financial turnaround. We have much to be thankful for and with continued hard work and dedication by all employees, we can expect further improvements for 2015.

Respectfully,

Esai Twitchel Jr.
Esai Twitchell
Chairman of the Board

Respectfully,

Dan Winkelman
Dan Winkelman
President & CEO

FINANCIAL VIABILITY

Goal: Collect \$67.3 million
Year End Actual: \$67.3 million

YKHC's financial picture was bleak at the beginning of the year, with a projected loss of \$7.3 million by year's end—following the FY13 loss of \$11.7 million. This situation was the result of

- Not achieving revenue collection goals since late 2012,
- New expenses for the Elder's Home that opened in 2013,
- New employees and contract support expenses for "RAVEN," our electronic health record,
- Increases in temporary duty physicians and employee health insurance costs,
- The federal sequester by the U.S. Congress that decreased the Indian Health Service's budget,
- No meaningful decrease in expenses.

CEO Dan Winkelman and executive leadership initiated a two-part program to increase revenue and decrease expenses. The former required intense scrutiny and restructuring of billing, coding and error-reduction processes. The latter required a painful reduction-in-force of 110 positions as well as other serious cost-control procedures.

By the third quarter of the fiscal year, things were improving. Five straight months of positive cash flow between May and September kept the company from slipping further into the red.

Financial Viability Goal Team

The Financial Viability Goal Team's tactic for FY14 was to increase corporate awareness, knowledge, and financial decision-making within service departments by creating a dashboard toolkit. The dashboard was sent out to managers with budgeting tools from the finance administrators with instructions for how to use each measure.

The first measure is "Patient Volumes by Revenue Department" – This measure will help managers better project future revenues and indicate any potential revenue leakage.

Monthly Collections



The second measure is "Chart Deficiencies" – A Chart deficiency is some vital component of the electronic chart that is missing that prevents billing. Tracking and trending chart deficiencies indicate opportunities for additional education across the corporation.

The third measure is "Clinical Denials." These are denials on claims from third party payers. We have filtered the denials to only show those denials that are caused or can be corrected by health services team members, the target audience of this tool.

Areas of Success

- More Quality Information to make Better Business Decisions
- Corporate Financial Education
- Increased Focus on Financial Viability

There were a great many successes, the first being the availability of more meaningful data at the fingertips of our service managers, empowering them to take ownership over the financial viability of their programs. One of the more profound, and hidden successes of this exercise was the knowledge sharing that came out of it among everyone on the team. Providers, service department administrators, and financial leadership engaged in candid dialogue over the measures and what they actually meant. The combination of knowledge-sharing and this knowledge tool will continue to provide increased focus from a corporate perspective on our financial viability.

Opportunities for Improvement

- More Actionable Data
- Additional Measures
- Interactive Online Dashboard

With any initiative there are always opportunities for improvement. For the Financial Viability Dashboard it amounts to two items: Content and Delivery Method.

With respect to Content: The tool as it stands now has limited metrics that can grow in depth and complexity over time. We have identified two additional measures that we are planning for FY15 to include tracking and trending the success of HOPE (Medicaid/Medicare) referrals, and trending average revenue per diagnosis, per visit, per clinic.

Our second major opportunity is our Delivery Method. The dashboard is currently an interactive Excel document, but a true financial dashboard would be well served as an interactive analytics Business Intelligence tool available online, bringing insights and better decisions to our entire corporation.

Data Center Move

Have you ever had to set up your home TV, DVD, Video Game equipment, stereo and personal computer all in half a day? Imagine all of the necessary wiring components and multiply that by a hundred, or even thousand. And you still have to do it in half a day.

This scenario is what 30 of YKHC's dedicated IT staff prepared for and spent doing on Saturday June 7 as part of our data center upgrade.

The major hardware behind YKHC's data—RAVEN, Email, intranet, server systems, finance, purchasing and more, had become outdated and vulnerable to breakdown. It was time to pull it apart and put it back together right.

It also provided an opportunity opportunity to simulate a network-wide disaster drill and and further identify areas to improve. All of YKHC was prepared for the "down time." It began at 8 a.m. and was completed successfully and on time at 7:58 p.m. According to Chief Information Officer Karl Powers, "everything went extremely well with the move and there were no complaints by any of the workforce who had to work with paper charts or other back-up methods during



RAVEN, YKHC's electronic health record system turned 1 year old in January. The system is gradually paying for itself with improved efficiency, better tracking and billing, and streamlined patient service.

Surplus Sales

YKHC's Support Services held two surplus auction sales events during the summer. It was an opportunity to move out some unneeded building materials, office furniture, vehicles, appliances, tools and miscellaneous equipment—and raise some revenue. At the first event some 400 people came to look over the merchandise and more than 150 placed bids to purchase items.

Staff from throughout the corporation collaborated on planning, advertising and managing the events. Well over \$50,000 was raised, and many square feet of storage space was cleared.



Technology Department staff spent a Saturday sorting a spaghetti bowl of wiring to reconfigure the company's vital cyber infrastructure.

the down time. I want to thank the entire IT team for executing this necessary task."

This cross-divisional exercise took a tremendous amount of time and dedication, and YKHC's electronic infrastructure is more secure as a result.

PATIENT CENTERED EXCELLENCE



Goal: Design and Implement a real time patient satisfaction survey tool hospital wide by the end of FY 2014

Goal was met

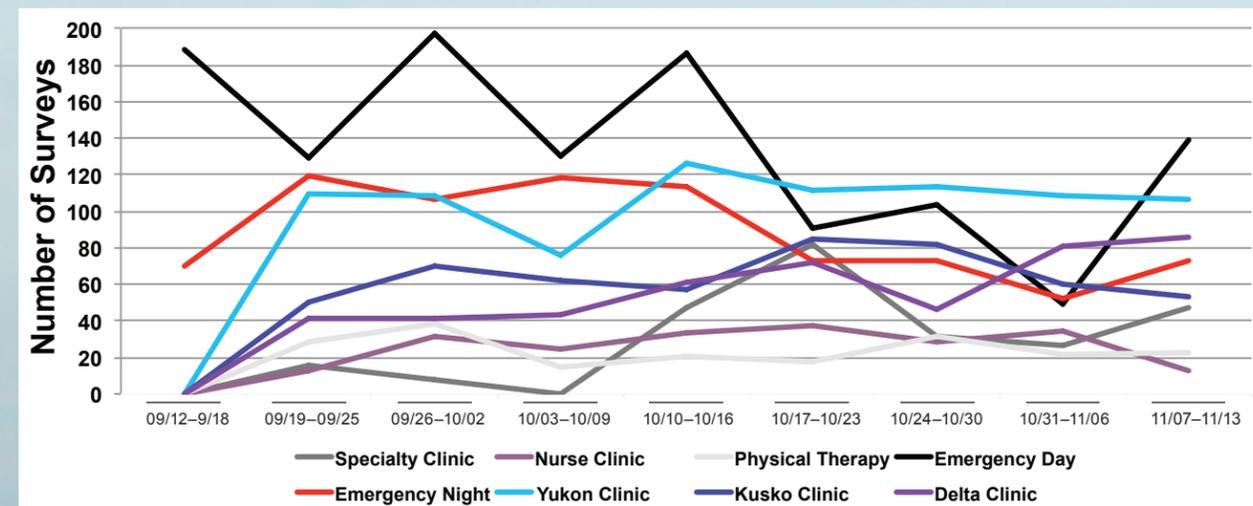
Tactics

- Designed survey and rolled out in ER in January of 2014
- Designed survey and rolled out in Northwing, OB, and SRCs in April, 2014
- Designed survey and rolled out in Dental, Optometry, and Outpatient Services in September, 2014

Lessons Learned

- Due to HCAHPS we cannot survey people discharged from inpatient departments – cannot influence them in any way

- Changed the format for Inpatient and OB patients to one question – “How could we improve the care you received?”
- Needed to create an enterprise for the survey
- Created our own enterprise to limit access to the results of the surveys
- Performance Improvement owns the results and sends out results weekly to managers
- Realized the need for additional tablets
- Added a refusal button
- Placed an “alert task” on EHR
- Discovered that more than 90 percent of people responding agree or strongly agree to the question “I feel I received excellent care today.”



Audits and Site Visits — Quality Improvement

Behavioral Health Residential Services had its annual licensing audit in August. McCann Center scored a perfect audit with zero findings. This is a great credit to the McCann Team led by Jaimie Kassman, Kevin Tressler, and Kathy Nenneman. Richard Robb, Director of Residential Services, said, “In my tenure at YKHC this is an unprecedented success.”

Bautista House passed the audit with only three minor findings. This is a great improvement over previous audits. The Bautista House team, led by Bethel Adiele and Ida Kernak, has made great strides in program, facility, clinical, and HR compliance.

Malone Home had only three minor findings. Again, this is a great improvement over past audits. Thanks to recently retired coordinator Evelyn Day and our new coordinator Naomi Chikoyak, we are continuing to make great strides in improving consumer services.

Subregional Clinics

The SRCs also completed a week-long operational site visit in August from the Health Resources Service Administration (HRSA) with zero findings.

In order to comply with HRSA grant fund administration, the SRCs must meet 19 program requirements covering clinical, finance, administration and governance. A team of four reviewers visited the Aniak and Hooper Bay SRCs to interview staff and review clinical operations. They also spent time in Bethel meeting with people from finance, senior leadership, infection control, performance improvement, human resources, medical staff, human resources, credentialing, and board members as well as conducting an extensive document review.

This was a great example of “Working Together To Achieve Excellent Health.” We wouldn’t have been able to achieve this level of success without the hard work and collaboration between the SRC staff and Bethel. The SRCs are the first dual-funded (HRSA and IHS) organization to complete the review process with zero findings!

Mass Casualty Exercise

A mock mass casualty exercise was held July 31 as part of YKHC’s compliance with operating as a licensed Level IV Trauma Certification hospital by the State of Alaska. The drill scenario was a small plane crash with 10 casualties. All medical personnel, including volunteer EMTs representing the National Guard, State Troopers, LifeMed and City of Bethel Fire Department were alerted and the YKHC Emergency Incident Command center went into effect.

Jeff Clark, RN, served as a planner and evaluator with the intent of placing extra pressure on the Emergency Department and our health care delivery system. There was a great response by YKHC staff from all of our health care departments who demonstrated quick and timely response to the patients. There were even real patients in the ER who remarked that they thought the exercise “was real.”

During the post-exercise debriefing, also known as a “hot wash,” many areas were identified where improvements could be made in the event of a true disaster.

myYKHealth Goes Live

In July, YKHC began enrolling patients in myYKHealth — a secure online portal to personal health information.



With myYKHealth patients can securely message with case managers, providing the convenience to ask questions when they arise instead of waiting for an office visit. Encrypted messages ensure that patients’ health information is private. People can request prescription refills without picking up the phone. Lab test reports and health records can be viewed online as well.

MRSA & Antibiotic Resistance

If not used properly, antibiotics begin to lose their power. This is called resistance.

The YK Delta has a high rate of bacteria that’s resistant to antibiotics. One we are concerned about is Methicillin-resistant Staphylococcus aureus, or MRSA (pronounced “mur-sa”). Because of its resistance, this type of infection is very hard to cure. Nationally, about 10 percent of Staph infections are caused by MRSA. However, in 2013, over 60 percent of Staph infections seen here were caused by MRSA.

Our antibiotics are still working well to treat MRSA, but if our resistance keeps going up, they will become less effective. Eventually, we will be faced with a “superbug” that nothing will treat.

Last winter, a team of providers and specialists formed what we’re calling an “antibiotic stewardship committee.” This committee, in partnership with statewide programs, is looking at how we use antibiotics, and developing standard guidelines.

In the future, serious infection or confirmed bacterial infection will still be treated with antibiotics without delay. However, for less serious infections, providers will be more cautious about prescribing antibiotics. They will encourage you to use traditional remedies to help your body’s natural ways of fighting infections.



The disaster drill engaged emergency responders throughout the region.

ALASKA NATIVE WORKFORCE DEVELOPMENT



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

Goal Met

Tactics

- Evaluate Compass 1st Year
- Initiate & Complete Compass 2nd Year
- Implement Compass Business Plan

Progress

- Completed a comprehensive evaluation of the Fy13 Compass program and submitted feedback for enhancing the Fy14 program
- Set timeline for Fy14
- Program launched June 9, 2014
- Program complete October 21, 2014
- 5 of the 6 chosen completed the program

Successes

- Presented 2013 Compass program and project at the Tribal Unity Gathering
- Attended YKHC Manager meetings to discuss opportunities for participation
- Conducted Compass Orientation sessions for Nominees, Mentors, Departments, and Vetting Team
- Mentors Trained/ Rotation Departments Trained/ Lessons Plans Complete
- 5 of 6 completed the program 10/21/14
- 63.6% knowledge gain in management competencies



2014 Compass Cohort: Ray Petersen, CHAP; Sammijo Smith, Human Resources; Melody Hoffman, Village Operations; Sophie King-Moses; Outpatient Clinics; Beverly Wulf, CHAP.

Opportunities for Improvement

- Compass Program Marketing—Employees know what Compass is
- Nomination Process—Employees know how to nominate
- Vetting Process—Consistency in the vetting process
- Mid-Process Changes—Included new managers and stayed with six in the cohort instead of eight
- Final Project—Tighter management of final project/off topic and off timeline
- Testing—Enhance testing throughout program and final exam (Oral/ Essay/ Multiple Choice)

Compass Graduates talk about the program

With Compass, I have been given the opportunity to develop an understanding of how different departments function, both internally and externally. Furthermore, I have been able to build a network of contacts and resources that will not only be beneficial for me but for those I interact with as I pursue my career towards leadership and management. This program is providing the Cohort and myself the necessary tools to become effective leaders and to build a better future for the people of the region.

—Ray Petersen

Compass is a 12-week program that provides the necessary training and education for Native employees to become future managers within YKHC. This program has given me the opportunity to learn the skills and tools to use as a future manager. I thank the many guest speakers who have made time to meet with us during their busy schedule, my mentor Jessica Petersen, who is readily available for me at anytime and Jennifer Nixon, our Professional Trainer, who has been so wonderful and supportive to us. I am very passionate about providing the best patient care service to my community, to my region and to my people. I believe in YKHC's Vision, to be the Healthiest People and that begins with you and me. Qu yana.

—Sophie King-Moses

Attending Compass, I have gained the necessary skills and tools to begin my journey towards management and leadership. I learned effective ways of communicating in a professional environment and also ways to resolve conflicts throughout the workplace through active listening and compassion. Another great outcome is the amount of support I have received from Senior Leadership. I had the opportunity to meet with different managers within YKHC and learned a little something about management from each of them. I strongly encourage anyone that is seeking a future in leadership or management to apply for Compass today. Compass has helped me take a step forward to a brighter and better future for me and my family.

—Melody Hoffman



YKHC sponsored two candidates for the Dental Health Aide Therapist (DHAT) training program. Say hello to Kara Ingram of Dillingham and Ashley Sipary of Tooksook Bay.

Health Aides learn to work with stress

Community Health Aides provide a large range of health care services from immunizations to emergency response. Ten Health Aides completed their Session III training in March. Bethel is one of three training centers along with Anchorage and Nome. Session III training focuses on pre-natal care, labor and delivery, male and female reproductive problems, and well child care, among other topics.

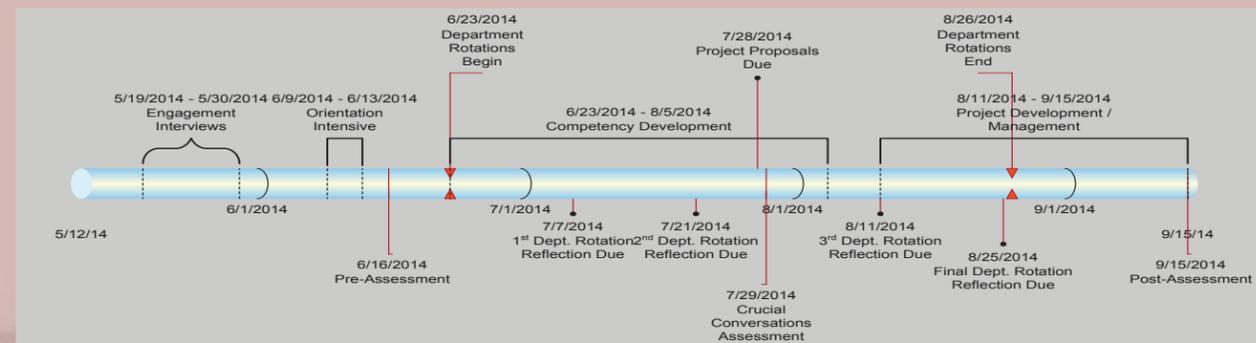


The Session III class examines the medevac team's incubator, used for emergency births in the village.

S3 students are required to spend a night in the hospital's birthing unit to learn how to take care of women and babies before and after delivery. If there's a delivery, they participate in the birth and help care for the mother and the newborn. The experience helps prepare them for a possible emergency delivery in the village.

Besides caring for prenatal patients, other emergencies are also stressful. Post-traumatic Stress Disorder (PTSD) is common for Health Aides. Fortunately, the Community Health Aide Program has a full-time person available for Critical Incident Stress Debriefing, support, and counseling. The Behavioral Health department also assists Health Aides with recovering from PTSD.

Health Aides are the unsung heroes of the Delta. They collectively see almost 100,000 patients a year. "If it weren't for the Community Health Aide Program, the hospital system would be overwhelmed and patients in the villages would not be well cared for," says Al Shear, one of the Basic Training Instructors.



COMMUNITY & PARTNER SATISFACTION

As good corporate citizens, YKHC employees contribute value to their community beyond what they do on the job. We believe YKHC employees volunteer approximately 5,000 hours of their time and talents for charitable, educational, or other worthwhile activities in their community. CPS wants to share information and results about volunteerism & Tribal Member satisfaction results for 2014

- Goals:**
1. Recognize volunteerism as a valued part of the Corporate Culture by achieving 2,600 self-reported volunteer hours by YKHC workforce.
 2. Increase Community Partner & Tribal Member Satisfaction Rate to 90 percent.
- Goal Number One met, revised and exceeded. 3,993 hours reported.*

Volunteer Hours

- We modified way employees self-reported hours to make it easier.
- Many employees engage in volunteer activities which YKHC supports throughout the year

Paid or Working vs. Unpaid or Non-Working

- \$32.36 is the average hourly rate across YKHC.
- Only 939 of 2,965 reported hours were “paid volunteer” or \$30,386.
- 2,027 hours were “un-paid” or \$65,593 donated time.

Opportunities for Improvement

- Improve reporting methods and devise a plan where we address opportunities for improvement
- Recognition and incentives were not prioritized to acknowledge or reward “champions” who volunteer in the community—more hours were reported when updates were given
- Create a S.M.A.R.T. goal for FY15 and beyond (Specific, Measurable, Attainable, Realistic and Timely)



Goal 2 Tribal Member Satisfaction Not Met

Surveys

When surveyed at the Tribal Gathering in April, 56 delegates gave YKHC a 76 percent *Somewhat to Very Satisfied* ranking, falling short of the 90 percent satisfaction goal. Of 91 surveys sent in October to the same demographic, only 17 were returned, showing a decrease in Tribal Satisfaction to the question “Overall, considering all ways in which you have dealings, how satisfied are you with YKHC?” to 67.7 percent.

An all-Tribal Member Survey open to the public occurred Sept.–Oct. 2014. 296 of 341 respondents were Tribal Members. On the 1–5 scale from not satisfied to very satisfied, the results are shown below.

Top Three Average Ratings (where YKHC is doing well)

- Quality of LifeMed (medevac) services 4.06
- Quality of YKHC Health Aides 3.84
- Quality of YKHC Physician Assistants 3.63

Low Three Average Ratings (where YKHC can improve)

- Quality of Scheduling Appts at YKHC 2.85
- People often say good things to me about YKHC 2.94
- Quality of follow up care by YKHC 3.05

Opportunities for Improvement

- The goal team will work to create a communication strategy to share ongoing Tribal Member survey results with programs or departments that may influence positive change (i.e. Appointment Scheduling, Dental, Behavioral Health, etc.)
- Create a dashboard tool using survey results and share information with YKHC and Tribes
- Establish S.M.A.R.T. goal for Tribal Member satisfaction as well to improve our survey data gathered each year, and place into context ways YKHC workforce can utilize the data to measure and improve changes in satisfaction from year-to-year, or survey-to-survey.

Partnerships—How We Work Together



Zombies on the loose! Many local groups participated in the community fitness event.

Blood Drive

YKHC and the Blood Bank of Alaska joined forces to hold a second Bethel Blood Drive September 25–27.



Support included online registration and scheduling, and space at the YK Elders Home for the event. A Saturday session was held this year to accommodate people who would be unable to donate because of work.

Kwethluk Skatepark

The grand opening of the Kwethluk Skate Park was well attended by Kwethluk residents – close to 100 people turned out on August 22. The Diabetes Prevention & Control Department teamed up with the village through a community fitness grant to sponsor the park. Injury Control & EMS contributed safety gear, joined by local businesses and in-kind donations. At the opening event, skateboards were raffled out to kids who earned tickets by volunteering to help community elders. There were also BMX and skateboard demonstrations from Bethel riders.



Spawn of the Dead: A Zombie Fun-Run

The Public Relations department collaborated with the Diabetes Department, Nicotine Control & Prevention, Bethel Fire Department, TWC, Omni Swanson’s, and Injury Control & EMS Department for a big and successful community event.



There were 168 participants—zombies, runners and volunteers. The atmosphere was ecstatic with excitement, and as people were registering, playing games, taking pictures, and mingling they were all along laughing and smiling. It was a beautiful day, and tremendously appreciated by all the people who participated.

Sudan Gala

One of the many beneficiaries of YKHC employee volunteerism is the annual Sudan Gala event, which took place on August 19 at the Moravian Fellowship Hall.



Kelsey Wendland and Alex Rice volunteer to assist with selling of the Sudan Medical Relief merchandise.

The dinner and auction draws a community-wide turnout gala in support of the Cross-Currents International Foundation and Dr. Jill Seaman’s work in the South Sudan community of Old Fangak, where she spends about half her time.



Dr. Jill Seaman serves lentils, as Linda Curda serves rice.

Dr. Seaman, a MacArthur Fellow recipient, spends the other half of her time working at YKHC (and has been with the YK Delta over the past 30 years!). Her work in Africa is spent treating kala-azar, the second largest parasitic killer in the world behind malaria, which attacks the immune system. The deadly tropical disease is spread to humans through the bite of infected female sand flies and can go largely undetected for months before attacking the immune system. The gala event typically raises about \$20,000 for the foundation each year.

Chevak Clinic Ready for Business

Congratulations to the village of Chevak on the completed construction of their new health clinic.

Construction began in October 2013. Staff moved into the new clinic in December and a community grand opening was scheduled for January, 2015.

Funding: Indian Community Development block grant funds were secured in the amount of \$600,000, and the Denali Commission provided \$1.83 million. The Alaska Mental Health Trust provided \$50,000 to support the behavioral health space in the clinic and the Indian Health Service provided \$321,733 for medical equipment from their Tribal Equipment funds.



The new Chevak Health Clinic.

Chevak community and their tribal council advocated to secure funds for their new village community clinic as part of

their community's strategic plan. A letter-writing campaign also supported the effort to replace the old clinic which was undersized and not energy inefficient.

Quyana cakneq to YKHC's construction team for doing a fabulous job in completing the construction on time, within budget, and just in time for winter! YKHC's capital projects team

Atmautluak Health Clinic Opens

The Atmautluak Renovation & Addition project was among the first of its kind in the history of YKHC because of all the pieces that came together to make the project happen.

Village Health Aides had to relocate to a temporary clinic to operate while the existing clinic was being renovated. The partnership, patience, and hard work between



Atmautluak Health Aides Annette Nick and Alexandra Tikiun cut the ribbon opening the new clinic with Moses Pavilla Sr., while YKHC leadership, Board members and community well-wishers look on.

YKHC, Atmautluak Tribal Council (ATC), Atmautluak Moravian Church, and Atmautluak Limited made it possible.

The project began as a response to a failing foundation after heavy rains saturated the ground and the clinic was on the verge of falling off its foundation. In 2011, the ATC and YKHC were able to secure an emergency Imminent Threat ICDBG grant from HUD to lift the clinic onto a piling foundation from its sinking post and pad foundation. The grant was also used to fix the failing stair and ramp to make the clinic handicap accessible again.

The community and YKHC recognized the need for a larger clinic and so \$600,000 was sought from HUD ICDBG for the Clinic Addition. The Indian Health Service was also able to provide \$115,490 for medical equipment for new clinic space and \$50,000 from the Alaska Mental Health Trust Authority for behavioral health addition and video teleconference equipment.

Unfortunately the project lacked funds to renovate the existing clinic. However, With leftover Denali Commission funding from a previously built clinic, YKHC was able to reallocate Denali Commission funding left over from a previous project to cover the deficit. In April, 2014, the Health Aides were able to move into their upgraded facility.

AVCP Honors Health Aides



The 50th Anniversary of the Association of Village Council Presidents (AVCP) annual convention took place in October. The AVCP delegation commended YKHC's Community Health Aide Program and staff with a Special Recognition award and plaque. Many Health Aides, Supervisor Instructors and staff were able to attend and receive the recognition in front of all of AVCP's 56 tribes in attendance.

EMPLOYEE FOCUS

Goal: Increase employee satisfaction with Performance Management by 5% of current score—From 68.8% to 72.7%

FY14 Tactics

Develop and Implement Performance Management Training for Managers

- Deployed through Health Stream-Utilized Harvard Business Review Courses

Develop and Implement Basic Professional Competencies for YKHC Employees

- Standard Developed and Provided to Human Resources for Implementation through New Employee Orientation, Department Checklist, Annual Mandatory Orientation



President/CEO Dan Winkelman visited with Mekoryuk Village Clinic employees to hear concerns and introduce himself. Dani Shavings, Office Assistant; Linda Davis, CHA/P; Anne Willard, FNP; Shara Davis, CHA/P; James Nicori and James Sipary, Board members; Chance Whitman, maintenance.

Opportunities for Improvement

- Consistent Communication of Harvard Business Review Courses
- Defined Due Dates for each Course
- More frequent Brown Bag Luncheon
- Team Expansion to include all areas of operation

2014 Health Aides of the Month

These individuals were nominated by their Supervisor Instructors in recognition of their hard work and dedication to helping the people of their villages stay healthy. Common threads: often working alone without complaint, cheerful and positive attitude, willingness to take on extra duties while keeping up with routine immunizations and exams. In short, "competent, dedicated, reliable and dependable."

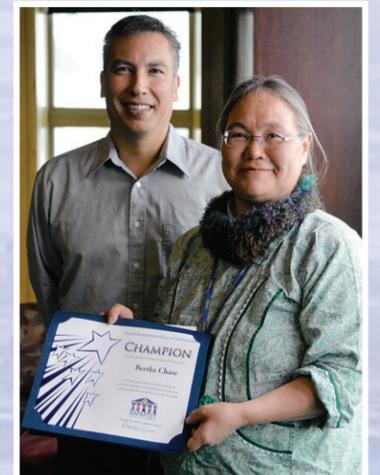
- January:** Arielle Agwiak, CHA III — Mountain Village
- February:** Johanna Edmund, CHA I — Alakanuk
- March:** Bobby Heckman, CHP — Pilot Station
- April:** Sophie Wiseman, CHA III — Chefornak
- May:** Carl Andrew, CHA III — Nunapitchuk
- June:** Janet Clark, CHP — Napaskiak
- July:** Beth Chief, CHP — Mountain Village
- August:** Joseph Okitkun, CHA III — Kotlik
- September:** Alvina Goetz, CHP Float Health Aide working mainly out of Chevak
- October:** Janice John, CHA I — Kipnuk
- November:** Charlene Askoar, CHA II — Russian Mission
- December:** Kimberly Beebe-Hoffman, CHP — Eek

Napartet Champions

On March 26, we celebrated the Napartet Champion Nominees for FY14.

The nominees were Agnes Changsak, CHAP; Bertha Chase, WIC; Brenda Lamont, Women's Health; Archie Morris, SRC; James Sauerwein, Respiratory.

Congratulations to these hard workers and thanks for their dedication and diligence in representing the Vision and Values of the corporation's Napartet pillars.



President/CEO Dan Winkelman congratulates Bertha Chase of WIC, nominated as a Napartet Champion.

Subregional Clinics

YKHC has five subregional clinics serving villages in their respective areas, each offers primary care, dental services, Behavioral Health services, lab, pharmacy and urgent care.

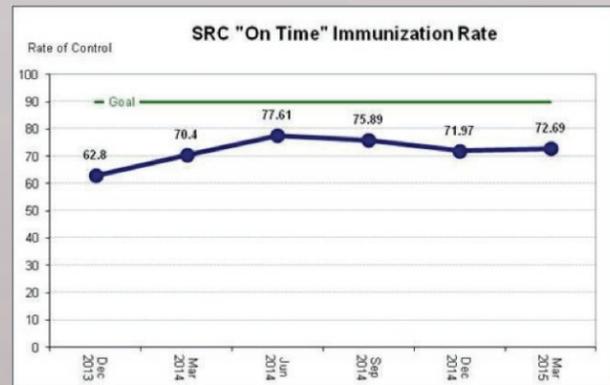
Staff

Mid Level Providers9 full time, 3 locum
DHATS7

Services

Total Visits..... 58,969 (including Dental)
Unique Patients9,637
Hepatitis C screenings49
Well Child exams1,601
Immunizations given8,296
Mammograms139
Dental exams2,238
Eye exams.....599

On Time Immunization Rates



Percentage of children age 0–27 months in the SRC and their surrounding villages that have received vaccines on time according to the CDC recommendations.



Thanks to Nunakauyak Traditional Council, the Toksook Bay Subregional Clinic got a load of gravel in their front lot. This will improve air quality in the community by controlling dust.

Prematernal Home Opens

YKHC began operating the Bethel Prematernal Home ten years ago when it was a stand-alone agency with a 40-year-old dilapidated building for expectant mothers around the Delta to come for their last month of pregnancy.



Although a new building had been high on the region's priority list for years, it was only in 2011 that a \$12.6 million state capital appropriation finally came through—thanks to the diligent work of state legislators Lyman Hoffman and Bob Herron, with the support of Health and Social Services Commissioner Bill Streur and Governor Sean Parnell.

In November, long-time program director Doreen O'Brien (photo above) celebrated the grand opening with YKHC leadership, Board members, the community and a houseful of new mothers, ready to give birth.

Unfinished Facility Destroyed

On the night of October 27 a fire broke out at the construction site of a new alcohol treatment center that was about half-built. The cause of the fire is still unknown, but the structure was insured and it will be rebuilt.



Water truck drivers made countless trips through the night until fire fighters contained the fire around 6 a.m. the next morning. There were no injuries.

The \$12.6 million facility, funded by the state, was being built to replace the aging Phillips Ayagnirvik Treatment Center (PATC) building, which has served the region's need for alcohol and substance abuse treatment since the 1970s.



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