Leadership Tour Reaches Lime and Beyond

Lime Village is one of the smallest and most remote villages in the YK service area. The clinic there has been closed for many years. Last year, as President/CEO Dan Winkelman finished his tour of all 51 villages, he met with local Tribal leaders in Lime Village to see about reopening the clinic and reestablishing regular health care visits there. See Dan’s greeting message on page 2.

The residents and staff at Bautista House and PATC were treated to Slavic celebrations on Saturday, January 9. Local celebrants again came to our facilities and shared the spirit of Slavic.

On behalf of the residents and staff, we would like to thank the good folks who came to our facilities and celebrated the holiday with us.

—Richard Robb, MS LPC
Message from the President/CEO

Keeping You Informed...

I hope everyone had a joyous and safe holiday season!

With the coming of this New Year 2016, one priority for YKHC is to increase visibility to further engage with our customers, staff and member tribes. One way to accomplish this is to publish and deliver our monthly Messenger to all our region’s post office box holders, letting you know what is going on at YKHC. Over the next year, you can also expect informational articles on how you and your family can access our various health programs.

Having travelled to our 51 villages, it became evident that even though YKHC is working hard at health care delivery, we have room to improve, such as ensuring every village has access to a Community Health Aide/Practitioner (CHA/P) and improving the continuity of care between YKHC and other hospitals in Anchorage. We are actively reviewing different provider staffing models on how we can improve health care access in villages that have chronic CHA/P vacancies. These village visits, which included the YKHC Board of Directors, engendered much dialogue with our customers, clinic staff and tribal councils. We also heard that we need to improve our village work environment. In response, we are currently piloting a new nurse triage line in Kipnuk that will enable our CHA/Ps to respond more effectively to late night calls and emergencies. Many issues were resolved, like reestablishing regular health care visits to Lime Village, and others we will continue to work through. After completing all 51 visits early last summer, we have since re-visited eight more. These village visits with customers, staff and tribal leadership will continue as before, but at a more focused pace as they serve an incredibly important purpose—to improve our health care delivery system. Although we were not able to visit every tribal council, our staff let us know that we need to improve our village work environment.

Another YKHC priority you will be hearing about in our Messenger is the project named Dr. Paul John Calricarq Project (PJCP). Although we have not received final approval from the Indian Health Service to begin construction, we have obtained land and, due in part to our successful financial turnaround, we were able to secure a large portion of the project’s necessary funding early. Before we are able to break ground on this large and important project, we anticipate other unforeseen challenges—as is the case with anything complicated and of this magnitude. Regardless of whether or not the PJCP is ultimately approved, a new integrated model of care delivery will be deployed at YKHC over the next several years. The PJCP is so important to our region that you will be provided monthly updates in the Messenger.

I look forward to another year of working with you to build healthier, happier lives for us all—Dan

—Dan Winkelman, President/CEO
NEWS NOTES

Achieving Financial Health—Goal Exceeded

FY15 Collections Goal: $70.7 million
FY15 Collections: $88.4 million

By July of 2015 YKHC had already met our Financial Viability goal of collecting $70.7 million—with several months left in the fiscal year to increase reserves, reserves that will benefit the Dr. Paul John Calicaraq Project (PJCP), building a new primary care clinic and renovating the hospital.

At the close of the fiscal year in September we had collected $88.4 million from third parties, $17.7 million above the annual goal. Part of this was due to collecting on accounts going back to 2013, which had aged due to our Electronic Health Record conversion, the State of Alaska’s Medicaid payment system conversion and other issues.

FY16’s goal has increased to $78.7 million due to the many improved processes, services, and Medicaid Expansion. Year-to-date collections are ahead by over $4 million.

Over the next year YKHC will begin to focus more heavily on our self-pay population. We will be targeting strategies in improving the accuracy and timeliness of statements, implementing policies that will provide discounts, and creating mechanisms to help patients navigate the breadth and depth of financial resources available to them at YKHC and elsewhere. Financial Resource Counselors and Patient Advocates are being trained to assist patients with the questions and concerns they may have, and help connect them with the right resources to best assist them.

—James Marks, Director, Revenue Cycle Management

Cervical Cancer Awareness

Cervical cancer is cancer of the cervix, which is part of the female reproductive system. Most cervical cancer is caused by the human papillomavirus (HPV). The good news is that cervical cancer can be prevented by a routine screening called a pap test and follow-up if needed. Sometimes an HPV test is done along with the pap test. In most cases, the presence of HPV and the start of abnormal cervical cells have no symptoms, so the best protection is early detection through routine pap tests.

Who needs pap tests?
Women between the ages of 21-65 need a routine pap test, usually every 3 years or every 5 years.

How do I know if I am due for a pap?
Call Women’s Health at 907-543-6990. We can let you know when you are due for your next pap, and we can schedule you an appointment if needed.

Too expensive to come to Bethel just for a pap?
The Women’s Health Grant provides free travel for eligible patients who need a pap. To qualify for travel through the grant, you only need to answer a few questions that are asked at the time you schedule your appointment. Call 907-543-6990 for more information on Women’s Health Grant travel.

What else can I do to prevent cervical cancer?
Get your kids vaccinated against HPV. HPV is known to cause cervical cancer, but it can also cause other cancers. The HPV vaccine is a three-dose series that can protect against the harms of this virus. If you could provide your child with a cancer-preventing vaccine, why wouldn’t you? For more information, talk with your provider about getting your child vaccinated.

Cervical cancer is preventable. Don’t hesitate to take the steps that are needed to prevent this disease. Do it for yourself. Do it for your family.

—Roxanna Anderson, Director, Women’s Health Grant

On the Move—Natalia Paul-Brannon

Please join me in welcoming Natalia Paul-Brannon to her new position as Executive Assistant to the CEO & Board of Directors. Before last week’s promotion, Natalia worked as Executive Assistant for the VP of Hospital Services, Jim Sweeney.

Natalia is Yup’ik and is from Kipnuk. Natalia
It’s a busy morning, and in her office in the YKHC Administration building Shailee Nelson is scanning her emails, listening to voicemails and preparing for meetings.

“Compliance is a big job and there is a lot to do.” Over the course of the day she will be conducting investigations, monitoring audits, reviewing regulatory changes and working with hospital staff and patients to ensure that the YKHC Compliance program is effective and responsive.

“Compliance is an important part of YKHC, and while I may be the Compliance and Privacy Officer, it is everyone’s job to ensure compliance with laws, regulations and policies. My job is to give people the tools and education they need, be a resource for questions and field investigations when something looks like it might be off.”

In 2010, the Affordable Care Act (ACA) mandated that healthcare providers have a Compliance program in place if they participate in Medicaid and Medicare. The law requires that the programs include all of the core elements that the Office for the Inspector General (OIG) outlines:

1. Implement written compliance policies, procedures, and standards of conduct.
2. Designate a compliance officer and compliance committee, who will be responsible for monitoring compliance efforts and enforcing practice standards.
3. Conduct effective training and education on the compliance policies, procedures, and standards of conduct.
4. Develop effective lines of communication to facilitate communication with staff and allow anonymous reporting mechanisms.
5. Conduct internal monitoring and auditing by performing periodic self-audits.
6. Enforce standards for employees through well-publicized disciplinary guidelines.
7. Respond promptly to detected offenses and develop corrective action plans.

“We have been ahead of the game. Our Compliance program has been in effect for several years, since about 2004” says Nelson. “Even though we are in rural Alaska, it’s been important to YKHC Leadership to ensure that our health system is compliant and has a system in place to monitor everything.”

YKHC uses the OIG’s seven elements to evaluate, improve and monitor the program each year. “Right now, we are working on developing a risk assessment and work plan for 2016 so we have a schedule to work off of for the rest of the year,” says Nelson.

Shailee joined YKHC’s Senior Leadership Team at the urging of CEO Dan Winkelman. “I think it was important for YKHC’s
Executive Leadership to have Compliance at the table; and I
couldn't agree more. At all of the trainings and conferences
I’ve attended, regulators say over and over again that compli-
ance trickles down from the top. Most of my peers do not have
a seat at the table like I do, so I am proud that YKHC is leading
the pack that way.”

Shailee holds important certifications as well; she is certified
in Healthcare Compliance (CHC) and certified in Healthcare
Privacy Compliance (CHPC) by the Healthcare Compliance
Association, a nationally recognized healthcare compliance
organization.

The newest addition to the team is Carvalena Alexie. Carvalena
joined the team in October 2015 as a Compliance Auditor. She
worked as a professional medical coder for YKHC for several
years and was recruited for the position due to her advanced
coding proficiency and attention to detail.

“A Compliance Auditor’s job is to audit and monitor our
current practices and ensure things are being done correctly.
Audits can be of medical billing, coding and documentation,
policies, practices and really anything else that needs to be
done a certain way,” she says. Carvalena is a Certified Profes-
sional Coder (CPC) and is currently working on becoming a
Certified Internal Auditor this year.

Audits are not new to YKHC. “We get audited frequently by
CMS, the State of Alaska, and other entities. It’s not a bad
thing to be audited; it’s very important to ensure that we were
paid correctly and that we bill for services correctly. Without
checks and balances, there is potential for waste or fraud,”
Shailee says. “But our new internal audit program will give us
the chance to catch errors sooner and maximize our revenue
by identifying issues or inefficiencies.”

The phone rings. A manager is calling and has questions about
an employee’s actions at work. Shailee listens and asks a few
questions. After deliberating with the manager, she directs the
manager to a few policies and a section in the YKHC Code of
Conduct. The manager thanks her and they both wish each
other a good day.

“A lot of people think that my job is to get people in trouble;
and it’s really not. Most of what I do is to direct people to
policies we already have in our Code of Conduct—which is a
document that outlines what is ethically and legally expected
of all employees at YKHC, such as always making the right
decision. If an employee has a performance issue, I refer the
issue to HR. But if there is an issue where it looks like a policy,
rule or regulation has been infringed upon, I take a look at it
with a manager and talk through options and assess the situa-
tion. Often times, we can mitigate the issue with training and
reinforcement of our policies and procedures.”

“We get audited frequently... It’s not a bad
thing to be audited; it’s very important to
ensure that we were paid correctly and that
we bill for services correctly. Without checks
and balances, there is potential for waste or fraud.”

The YKHC Code of Conduct has been around since 2002 and
was written with the help of the YKHC Board of Directors. All
employees are required to read it at least once per year and
the Code of Conduct is also discussed during New Employee
Orientation. In fact, all employees go through one hour of
Compliance and Privacy training when first hired. “We dis-
cuss things like laws that everyone should know about—like
HIPAA polices—and also things like how to report concerns to
our Compliance Hotline,” says Shailee. “It’s a good way to let
everyone know that we take this seriously right off the bat.”

Any occurrences that look like a law or regulation was vio-
lated are investigated immediately. “Often I will interview the
employee involved, other staff and anyone else I think may be
helpful to talk with. Then, I research the regulation and work
with our Legal Counsel to ensure that we are OK. If something
needs to be corrected, I notify the proper regulator and we fix
the issue immediately,” she says. “I usually handle anywhere
from one to six investigations a month. All reports of concern
are investigated; it doesn’t matter if a report came from a
patient, an employee or even if it was done anonymously. I
look into everything!” says Nelson.

It has been a busy day at the office for both Shailee and Car-
valena. After numerous meetings, investigative interviews
and phone calls both women look ready to go home for the
day. They catch up on what happened during the day, plan a
time to meet later during the week to review a few things, and
share a laugh over a story from the weekend. “Compliance is
hard work. The world is always changing and there is always
an area we can improve on. But the important thing is to just
keep going. No hospital or health system will ever be perfect
or without incident, but having something in place for when
it does is key. And having a program in place to try to prevent
incidents is important as well. All we can do is just make it
better and better.”

To report a concern to YKHC’s Compliance Hotline,
call 1-800-829-8523.
Early in the year, YKHC was notified by the Indian Health Service that its application for a Joint Venture Construction Project to build a new primary care clinic and renovate the hospital was rated number one out of the 37 applications IHS received from across the United States.

Acting IHS Director Yvette Roubideaux said, “The IHS JVCP is a partnership in which a Tribe pays for the construction of a health facility and IHS agrees to request additional staffing for the facility from Congress once the facility is completed.”

This launched a major planning effort to win approval for a three-story 130,000 sq. ft. primary care clinic in Bethel and a major renovation of the 1980s-era YK Delta Regional Hospital—along with up to 200 additional staff and a vivid vision of a model of care with the patient in the center, surrounded by the familiarity of their own regional culture.

Cultural Design

The 22nd Tribal Gathering held in April included an intriguing presentation by renowned architect JohnPaul Jones, introducing the idea of cultural architecture—that a facility could hold and reflect the culture of the people it serves.

Jones, in partnership with Bettisworth North Architects of Fairbanks and ZFG, a Portland firm specializing in hospital design, made repeated visits to YK Delta villages in the summer and fall to meet people and ask how they would like to see their culture represented in these facilities. Results of these meetings and workshops—and the whiteboard “talking walls” put up in village clinics to gather comments—are summarized in Jones’ draft Cultural Report, now nearing its final form. A few highlights are included in the monthly update flyer on the facing page. The update will be a regular feature of the monthly Messenger.

New buildings and more staff, however, is just a means for making the real purpose of the project possible: better health care for the people of the region, based on traditional healing practices, with understanding and respect for cultural values and teachings.

An inspiring presentation at that same Tribal Gathering by Preventative Services Coordinator Rose Domnick revealed a way to imbue the model of care with culture—Calricaraq, Living in Purity, based on traditional teaching, is a curriculum for family and cultural healing encompassing the cycle of life from a Yup’ik perspective.

Dr. Paul John, one of YKHC’s founding board members and a revered teacher of traditional values, passed away shortly before the Gathering. His stories and teachings as well generated a foundation for visualizing the model of care and the facilities that would allow it to flourish. YKHC’s Board of Directors named the initiative the Dr. Paul John Calricaraq Project.

As preliminary design work progressed throughout the year, other components were falling into place—namely, financing. With a $225 million price tag, YKHC sought state and federal sources—Alaska’s municipal bond bank and the US Dept. of Agriculture, among others. Agreements are in place, awaiting, as is launching actual construction, on final approval of the overall plan by the Indian Health Service. If the final “go-ahead” is granted soon, pilings can be ordered and site preparation can begin for a projected completion date of 2021.
Dr. Paul John Calricaraq Project

Guiding Principles: Represent the Y-K region’s Culture & Identity | Promote Customer Centered Care | Affordable Cost & Sustainable Operations

Project Status: IHS signs property transfer

YKHC received news Jan 7 that the warranty deed transferring the hospital and the land it’s on was signed by Indian Health Service headquarters. Alaska Area Realty Management Officer Paula Poncho said, “Congratulations, you are now the new owner of a hospital!”

YKHC President/CEO Dan Winkelman said, “This is fantastic news and it was truly a team effort! A little over a year ago, we began working with the Alaska congressional delegation and IHS on the idea to transfer the hospital and its land to YKHC. Sen. Lisa Murkowski, Rep. Don Young, IHS Dir. Robert McSwain, IHS leadership Chris Mandregan and Paula Poncho all deserve special recognition for their herculean efforts. Although we have many more hurdles to clear, we are one step closer towards breaking ground on the PJCP.

Whether site preparation and actual construction starts this year or next is still dependent on getting IHS approval on all the requirements of the Joint Venture Construction Project the PJCP is based on. YKHC is hopeful that will happen this month.

Architects present cultural design recommendations

Cultural Architects Jones and Jones have submitted a first draft of their “Cultural Report” – describing ways to bring the diverse cultures of the YK region into the design of the new clinic and hospital renovation part of the Dr. Paul John Calricaraq Project. The elements are based on visits, interviews, and input from people in the region held over the past several months.

Lead architect John Paul Jones is a Cherokee-Choctow Native and a principle designer of the Smithsonian’s National Museum of the American Indian. Jones says, “In the perspective of Native People, the Four Worlds—the Natural World, Animal World, Human World and Spirit World—defines Native experience and beliefs.” Regional art and symbolism often reflects this in the motif of a circle divided into four parts.

Culturally identifiable elements throughout the facility will likely include imagery and wall graphics, Native art/sculpture, Native craft objects, Native wood crafted screen elements - and display cases that correspond to the Four Worlds concept.

- Exam room and clinic identification system using Arctic animal images and Native language names to reference exam rooms and clinic areas
- Circle of Life display at the entry area
- Photo images of details from Natural World
- Cultural objects and display cases
- Wood craft screens (such as wood work in fish traps, snow shoes, sleds)
- Quotes using Native Languages
- Native art inside and outside, small to large
- Sacred Space (defined room) for multiple uses including family grieving.
- Large photo images of traditional foods at cafeteria, daily/seasonal life activities, village and community group events, historic and current family groups
- Small Wood Member Divider Walls at check-in/check-out
- View screens with cultural programming

There will be spaces for craft selling, celebrations and ceremonies, potlucks, traditional drumming and dancing, elder story-telling. And, in response to several requests, play or day-care area for children and a quiet resting area for elders.

Talking Wall Question of the Month:
What type of art or display would you recommend to represent all of the communities YKHC serves?

Write on the Wall, or call into our suggestion line: 907-543-6600 or send an email to ykhcproject@ykhc.org.
Healthy People is a new Napartet Pillar adopted last year in response to public health problems that stand in the way of our People becoming the Healthiest People. This year the focus is on children’s dental health and tobacco use. This month we consider the dental goal and what’s being done to address it.

**Dental Goal:** Improve oral health for children ages 0-8 by 10%.

**Tobacco Goal:** 50% of individuals referred to the tobacco department will be enrolled into the YKHC tobacco cessation program.

**What is the current situation?**

Alaska Native children suffer from cavities at a rate 2.5 times higher than the US average. Cavities are a disease than can be prevented. In extreme cases, cavities in early childhood and their treatment can lead to serious disability and even death.

**The Impact of Poor Oral Health**

Four-year-old Sam had many issues when he arrived at Head Start. He was thin and never ate well at meal times. He had speaking problems and behavioral issues such as being quiet, keeping his eyes downward, not wanting to play with others and unexpectedly striking out at other children. It wasn’t until someone looked in his mouth that the problem was found. Sam had many teeth with cavities and multiple infections. When asked if his mouth hurt, his answer was always “no.” He considered pain to be normal. After getting his teeth fixed, Sam got better. He gained four pounds, plays well with others, speaks well and shows good learning skills. Most of all, he is happy, plays with his classmates and there are smiles on his face every day.

**Why is our goal important?**

To prevent this disease from happening and spreading, we have to start seeing children before they already have the disease. Good mouth cleaning and healthy diet choices should start at birth and children should have regular dental visits starting as soon as their first tooth can be seen.

**What has YKHC done to help reach this goal?**

Dental Health Aide Therapists (DHATs) provide community level cavity prevention and fillings – like a dentist.

YKHC has at least one DHAT stationed in every subregional clinic (SRC) who travels to surrounding villages providing care. YKHC is hoping to expand the DHAT program to start including some of the villages not cared for by a SRC.

Through improving access to care and focusing on getting children in to the clinic early for preventive care (not just emergency care), we hope to improve the overall health of the entire community over time.

**What can you do to help?**

It is important that children start going to see a dental provider (DHAT or dentist) as soon as their first tooth comes in.

It is important that people in the community understand that bringing their kids to see their dental provider on a regular basis – even if they are not having any problems – will help with the prevention of this terrible disease.

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**Quit Smoking with YKHC and the Smoke Free App**

One of the most often made New Year’s resolutions is to quit smoking, but it’s not so easy to pull this one off.

With the help of YKHC’s Tobacco Cessation Program and the Smoke Free App, you can get motivated by seeing how much money you have saved since quitting, how many cigarettes you’ve kept away from, and how many hours of your life you could potentially win back by quitting smoking.

Smoke Free doesn’t cost anything to download here http://smokefreeapp.com/ but there are in-app purchases to unlock daily missions and other features to help improve your chances of quitting smoking.

YKHC’s Tobacco Cessation program can also help you stay committed to your goal – just call them at 907-543-6312 or 1-800-478-3321 ext 6312.
Stay Healthy — Stay Active

LET THERE BE LIGHT! We’ve officially passed the longest night of the year, and Alaska is now getting more and more sunshine. HURRAH!

Here are some tips on how to stay physically active throughout the winter and into the increasing light of the New Year!

Why stay physically active all year round?
Physical activity:
• Improves balance
• Increases strength
• Helps control blood sugars
• Decreases cholesterol
• Decreases blood pressure
• Improves mood
• Helps you keep a healthy weight

How can I stay physically active this winter?
Twenty-nine percent of Healthy Hearts participants reported they were physically active. It is recommended that adults be physically active for at least 150 minutes/week at a moderate intensity.

Here are some ways to incorporate more activity into your day:
• Eskimo dance
• Use canned goods as weights!
• Snow shoe
• Dog mush
• Do floor stretches
• Take the stairs
• Chop wood
• Ice skate

If you are new to exercise or haven’t been active in awhile, talk to your primary care provider before starting. Remember, start slow, and the goal is to just move more!

Nicotine Team at K300

Nicotine Control staff had a great time getting the message out at the K300 race start. The team handed out free coffee mugs, Frisbees and water bottles with Tobacco Cessation information attached and had a great time sharing the message of tobacco prevention with all of the fans. Mushing—another great way to stay active.

RECIPE of the MONTH

Another way to think ‘light’ is to make healthy food choices! Eating light can be as simple as staying away from added sugar in your favorite dishes. Try this quick and savory recipe for a breakfast packed with protein and fiber!

[Recipe image from www.alaskafromscratch.com]

1 whole grain bagel, halved and toasted
2 ounces light cream cheese (Neufchatel works well!)
2 ounces smoked salmon, flaked
2 green onions, sliced
Lemon wedges

Spread light cream cheese on toasted bagel, top with salmon and onions, add lemon to taste. Enjoy!

We want to spotlight your healthy choices!

Send your healthy traditional recipes to:
Fax: 907-543-6104
Email: Diabetes_Program@ykhc.org
Mail: Attn: Diabetes, PO BOX 528, Bethel, AK, 99559

Toll Free 1-877-543-6133 Direct line 907-543-6133
Diabetes_Program@ykhc.org
January 28 Marks Third Anniversary of RAVEN GO LIVE

An Interview with Karl Powers, Chief Information Officer and RAVEN Project Coordinator

How did it all start?

In the fall of 2010 YKHC made a request for proposals (RFP) to move toward building an Electronic Health Record (HER). Three vendors made the cut: CPSI, MediTech, and Cerner. A group of YK staff met with three health care systems that used each of the products. Then each company did a two-day site visit in Bethel.

Fifty-eight YK staff participated in the two-day site visits. Each person sat in on one day of each of the vendors’ presentations. They had to score each of the vendors. If a YK staff person scored only 1 or 2 of the vendors, but not the 3rd their votes were discarded. Cerner and MediTech made the final round cuts.

There were two more site visits to health care facilities and in May 2011 Cerner was chosen. Between May and September, 2011, YK negotiated with Cerner on contract details.

Was it a close race between the vendors?

It was a close race with MediTech, but Cerner edged them out. There was a 90-minute 2-hour deliberation period in which YK staff involved made the final vote. Karl didn’t vote.

What made this project so successful?

Commitment to the project and Senior Leadership’s expectation. There was no getting off the bus once you got on due to the magnitude of this project.

Cerner recommended a 12 month timeline to complete the project. We went for a sprint, not a marathon due to Cerner’s recommendation and YKHC’s unique staffing challenges. We had to get a team on the court, go for the win, and get off the court. There was no bench and even if there was, we couldn’t switch out players when someone got tired. The knowledge of each person selected to be on the team was invaluable.

Is YKHC as unique as it appears?

Cerner associates were known for saying that all of their clients claim to be unique. Working with YKHC proved that we in fact are. Between the hospital’s location, the Health Aide program, and the remoteness of the facility, YKHC not only proved true to the ‘unique’ factor, but Cerner now uses our hospital to define unique when other clients claim to be.

If you could do it all over again…would you?

Absolutely. I have no regrets. By building and implementing RAVEN we have: better patient care, real time data, and a data rich agency.

What do you mean by a “data rich agency”?

We’re learning to mine the data netted in our EHR to capture it for forward thinking use.

And with that “forward thinking” what do you see as the future of RAVEN?

Future goals include: building a data warehouse that will allow us to shape programs around what the data tell us. We’ll continue to identify workflow problems and find solutions to them. I also see e-visits and home monitoring tools in our future at some point. Bandwidth in the villages is going to continue to change healthcare and Dr. Hodges has the foresight to see the need for continued EHR growth and enhancement to allow YKHC to be part of that change.
NEWS NOTES continued from p. 3

has many years of experience at YKHC in a variety of roles. Her first position was in 1982 as an office assistant in the then-named “Otitis Media” department. Thereafter, Natalia worked in the Nutrition, Administration, Community Services and Health Services departments performing a variety of assistant duties.

In her spare time, Natalia enjoys sewing and making traditional crafts.

I am very excited to have Natalia coming on board!

— Dan Winkelman, President & CEO

CMS Surveyors Visit

On December 14 three surveyors from the Center for Medicare and Medicaid Services (CMS) arrived at YKHC to perform an unannounced validation survey. These surveys are conducted as a follow-up to the Joint Commission (JC) visit in some cases. The purpose is to confirm that the JC process is aligned with CMS.

The surveyors take a different approach than the JC in that they walk around the facility without any escort, talking to patients and staff and observing our facility and processes. Additionally, while the JC has developed a series of standards that incorporate regulations from several agencies, CMS focuses only on their requirements.

The survey went well and we did have some issues. However, there were no conditional findings, which would have been much more serious. The surveyors will report back to CMS; they will review and issue a final report in 2016.

My thanks to everyone involved, the surveyors mentioned several times that both staff and patients were open, friendly and cooperative with their efforts.

— James Sweeney, MBA, VP of Hospital Services

Betty Guy Memorial Nursing Home Fund

YKHC was honored to receive a check award of $4,528.02 from the Betty Guy Memorial Nursing Home Fund at Bethel Community Services Foundation.

Three Bethel community members started this fund—Elias Gray, Gladys Jung, and Nora Guinn. From 2015 forward, this fund will continue to make grants each year to the nursing home. Elias Gray handed the check over to James Sweeney, YKHC VP of Hospital Services. Janet Gray, Elias’ daughter, and family members Darrel Garrison and Robert V Lindsey were present for the award ceremony.

EXCITING OPPORTUNITY!

DENTAL HEALTH AIDE THERAPIST PROGRAM

Do you like working closely with people?
Travel? Village Life?
Interested in a full-time indoor job?
Are you skilled with your hands?
Would you like a key role in building a
better future for our children?

ONE full scholarship will be awarded by YKHC for the two-year DHAT education program beginning July 2016.

Apply online at ykhc.org/careers
Application Deadline: March 4, 2016
Visit ykhc.org/DHAT or email Judith_Burks@ykhc.org for more information.

Qualifications:

High School Diploma or Equivalent
Interest in Working with Children
Hard Working and Ambitious
Tuition, stipend and housing offered.
4-year payback obligation applies.
SAVE THE DATE for YKHC's 2016 Tribal Unity Gathering

This year’s Tribal Gathering, "Building Wellness Together," will take place in Bethel at the Piciryarait Cultural Center April 6&7. For more than two decades we have come together to address ways to improve our health care services and access to care for patients in the YK Delta. Because of the direction our tribes have given during our Tribal Gathering conferences over the years, YKHC’s services have grown and improved.

Tribal Councils: At your next Tribal Council meeting, please select two tribal member delegates to attend the 2016 Tribal Unity Gathering in Bethel April 6–7. Registration is open now to all online at www.ykhc.org/tribalgathering. The DEADLINE to register is March 10, 2016.

This year’s Gathering is a two-day conference. We will start on day one to review the region’s overall Health Status Report Card, as well as updates about important health program services and initiatives. We will finish our conference by establishing health care priorities for 2016/2017.