Report to the People 2015

YGUNUN PAIVCIMAARKAT

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Report to the People 2015

Mission—Working Together to Achieve Excellent Health Vision—Through Native Self-Determination and Culturally Relevant Health Systems, We Strive...
YKHC administers a comprehensive health care delivery system for 50 rural communities in southwest Alaska.

The system includes community clinics, subregional clinics, a regional hospital, dental services, behavioral health services including substance abuse counseling and treatment, health promotion and disease prevention programs, and environmental health services.

YKHC is a Tribal Organization authorized by each of the 58 federally recognized Tribal councils in its service area to negotiate with the Federal Indian Health Service to provide health care services under Title V of the Indian Self-Determination and Education Assistance Act of 1975.

YKHC, along with 22 other Tribal Organizations, is a co-signer to the Alaska Tribal Health Compact, a consortium which secures annual funding agreements with the federal government to provide health care services to Alaska Natives and Native Americans throughout the state.
Elected by the Tribal Councils of each of the 58 federally recognized Tribes in the YKHC service area, the Board of Directors is the chief policy-making body of the corporation, exercising overall control, management and supervision.
BOARD COMMITTEE APPOINTMENTS

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Gloria Simeon, 1st Vice Chair
Marvin Deacon, 2nd Vice Chair
Patrick Tall, Secretary
Robert Enoch, Treasurer
James Landlord, Sgt.-At-Arms
James Sipary, 1st Additional Member
Maria Friday, 2nd Additional Member
Dan Winkelman, Ex-Officio

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Betty Turner
Joshua Cleveland
Mildred Evan
Stanley Hoffman
Hugh Snyder
James Charlie
Chris Larson
Mary Ayunerak
Michael Hunt
Geraldine Beans
Phillip Peter, Sr.
Maria Friday
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Joshua Cleveland
Betty Turner
Hugh Snyder
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Betty Turner
Patrick Tall
Billy Jean Stewart
Mary Ayunerak
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J. Klejka  J. Dobson
R. Daw  S. Sigmon
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Mildred Evan
Marvin Deacon
Chris Larson
James Landlord
Stanley Hoffman, Sr.
Esai Twitchell, Jr., Ex-Officio
Dan Winkelman, Ex-Officio

ALASKA NATIVE HEALTH BOARD
Marvin Deacon
Dan Winkelman

ANTHC
Esai Twitchell, Jr., 1st Gloria Simeon
2nd Dan Winkelman

LIFEMED
Esai Twitchell, Jr.
Gloria Simeon
Dan Winkelman

SPECIAL COMMITTEES

CORP COMPLIANCE/QUALITY ASSURANCE
Patrick Tall, Chair
Geraldine Beans
Joshua Cleveland
Phillip Peter, Sr.
James Charlie
Esai Twitchell, Jr., Ex-Officio
Dan Winkelman, Ex-Officio

MEDICAL STAFF APPOINTMENTS/PRIVILEGES (MSAPC)
Dan Winkelman

JOINT CONFERENCE COMMITTEE
Betty Turner
Hugh Snyder
Mildred Evan
Board Standing Committees

BOARD APPOINTMENTS

WILLIAM MORGAN LEGEND AWARD
Esai Twitchell, Jr.
Gloria Simeon
Dan Winkelman

President CEO Dan Winkelman and Board representatives with Mountain Village Tribal members.
Waqaa! 2015 was a great year for YKHC. We improved our visibility and engagement, customer experience and financial performance.

**Improved Visibility & Engagement**

We are pleased to announce that in June of 2015 we completed visits to all 50 villages with YKHC facilities which took a little over one year to accomplish. The Board of Directors and the senior leadership team accompanied the President & CEO on many of those trips. It was very important to visit all of our operations and we learned a great deal from our village teammates, customers and communities. Together we answered hundreds of questions, resolved many issues and dialogued on how to improve YKHC. We continue to revisit our member villages and have been to 10 more in the last 6 months.

**Improved Customer Experience**

Over the past year, we improved our customer experience in several ways. We are in the process of developing a new model of care that will integrate various service lines into one comprehensive system of care delivery.

Eventually, behavioral health, pharmacy, diabetes, travel, case management and other service lines will join the primary care teams to become one integrated and coordinated system that treats the whole person.

Currently, there is some integration but not to the extent of our planned model. Integration is a global best practice that will coordinate various service lines to “pull” services to the customer resulting in improved continuity of care and customer satisfaction, reduced costs and higher reliability. We expect to pilot this program in 2016 with small groups of customers and hope to have it fully operational when the Paul John Calricaraq Project (PJCP) is completed.

The PJCP is a partnership with the Indian Health Service (IHS) to renovate the hospital, construct a new primary care clinic and staff housing with its own funds, then the IHS will provide additional funds to YKHC for new staff and operations.

The PJCP will dramatically improve access, quality, customer satisfaction and the health of the residents of Southwest Alaska. We continue to diligently work to finalize an agreement with the IHS and our financiers so that this important project can begin.

We engaged all 50-plus communities in the facility’s planning process to ensure we develop a customer-centered facility that incorporates the region’s Yup’ik, Cup’ik and Athabascan cultures that are part of YKHC’s governance. We also solicited staff and customer input into the facility’s design via survey, staff and community meetings. This outreach to our stakeholders will continue throughout 2016.

The PJCP necessitated the accomplishment of several other milestones in 2015. For example, YKHC needed to gain ownership of the hospital from IHS so we could renovate it. Therefore, in the U.S. Congress, Senate Bill 230 was sponsored by Senators Lisa Murkowski and Dan Sullivan with companion House Resolution 521 sponsored by Representative Don Young. Congress passed the bill, President Barack Obama signed it into law and YKHC now owns the hospital and its land.

We also gained access to affordable capital through the Alaska Municipal Bond Bank Authority. In the Alaska Legislature, Senate Bill 46 was sponsored by Senator Lyman Hoffman with companion House Bill 101 sponsored by Representative Bob Herron. SB 46 authorized tribal health organizations access to the Alaska Municipal Bond Bank Authority for up to $200 million worth of low interest bonds for capital improvements. SB 46 passed the Legislature and was signed into law by Governor Bill Walker.

We worked closely with the United States Department of Agriculture (USDA) to secure a $165 million low interest loan to YKHC for construction of the PJCP. We are
very excited and thankful to have the USDA as one of our financers on this important public-private partnership. We are currently working on securing additional funds with our other financing partners.

If we are able to build the PJCP, it will drive significant positive change throughout YKHC.

**Improved Financial Performance**

With our staff’s hard work, together we accomplished a financial turnaround. We are making money each month to pay our bills and rebuild our operating cash reserves.

This past fiscal year, we also had the first pay raise in over four years at 2.5% to eligible employees. Additionally, in April of 2015 YKHC made a retirement contribution to eligible employees in the amount of $2.5 million and again in March of 2016 in the amount of $3.9 million.

We had a great 2015 and we look forward to another year of systematic improvements. Throughout YKHC numerous teams achieved great results. We would like to thank several of them: Quyana to the Napartet Goal Team for achieving our 2015 corporate goals, the Revenue Cycle Team for reducing our coding and billing backlogs and then surpassing our 2015 third-party collection goal, the ICD-10 Team that piloted and then launched a new coding initiative, all of our providers for delivering quality health care to our customers, all involved in preparing for the Joint Commission’s visit for reaccreditation, and every single YKHC employee for accomplishing our financial turnaround.

Quyana.

2015 Senior Leadership Team. L–R, Front: Darlene Trenier, VP Workforce Development; Dr. Joe Klejka, Medical Director; Tommy Tompkins, Chief Financial Officer; Rahnia Boyer, VP Village Health; Jim Sweeney, VP Hospital Services. L–R Back Row: Shailee Nelson, Compliance Officer; Patty Smith, Patient Care Services Administrator; Dan Winkelman, President/CEO; Newton Chase, VP Support Services.

Governor Bill Walker, seated, signs SB 46 authorizing tribal organizations to access the Alaska Municipal Bond Bank to finance capital improvements. Standing, L–R: Valerie Davidson, Health and Human Services Commissioner; Dr. Joe Klejka, YKHC Medical Director; Jim Sweeney, VP Hospital Services; YKHC President/CEO Dan Winkelman; Rep. Bob Herron; YKHC Support Services VP Newton Chase; Bob Herron’s daughter Jalene and wife Margaret; Chief Financial Officer Tommy Tompkins; and Workforce Development VP Darlene Trenier.

During the year, Dan Winkelman, Board Members and Senior Leadership members completed visits to more than 50 villages. Board Member James Landlord and Village Health VP Rahnia Boyer join Dan for a visit to the Marshall Health Clinic with Palassa “Pai” Owletuck.

Esai Twitchell, Jr., Board Chair

Dan Winkelman, President/CEO
Traditions and Culture
Central Themes of Gathering

A special evening presentation on March 31 with renowned Native architect Johnpaul Jones set the tone for YKHC’s twenty-second annual Tribal Unity Gathering, emphasizing the continued importance of culture, language and traditions in designing health care programs and services—and also the facilities where people come to access those services.

Mr. Jones, based in Portland, along with Bettisworth North, a Fairbanks architecture firm, are collaborating with YKHC administration and engineers to help guide design work for the proposed Bethel primary care clinic and hospital renovation project.

Johnpaul visited Bethel for the Tribal Gathering to begin listening to people’s suggestions for what’s important in the design of a healthcare facility, and to become better acquainted with the people, the culture and the symbolic themes of the YK region.

One attending delegate said he didn’t care how pretty the place was, he was more interested in access to quality care and the efficiency of the system. Jones acknowledged that quality of care is first and foremost, but design aesthetics that reflect the culture can be there too. “This would be a place where you’ll be able to stand within your culture,” he said. Jones said he liked the YKHC Vision that emphasizes “self-determination and culturally relevant” healthcare systems.

Both of those notions seemed to carry through the two full days of the Gathering. Delegates, mostly village elders and tribal council leaders, particularly appreciated the all-Yup’ik presentation by Rose Domnick of Behavioral Health’s Preventative Services on “Calric-araq,” a community wellness and suicide prevention program based on traditional family values and ways of life. Preserving language and expanding the culturally relevant healthy families model in the villages was voted among the top priorities when the Gathering ended on April 2.
Priorities

Setting health care priorities is the principle purpose of YKHC’s Tribal Gathering. Representatives from all the villages are invited to participate. Those who come hear a day of presentations and updates on the previous year’s progress and current issues. On the second day they review those issues and prioritize the ones they deem to be most important for the future. This direct participation in the direction of the corporation’s services has resulted in a regional healthcare system attuned to the real needs and preferences of the population—exemplifying the corporate vision statement: “Through Native Self-Determination and Culturally Relevant Health Systems, We Strive to be the Healthiest People.”

Becoming the healthiest people was the focus of Dr. Joe Klejka’s opening day presentation on the region’s health status. His update of causes of death listed cancer, injuries and, tragically, teen suicide as most prevalent. He noted some kinds of cancer are decreasing, but others seem to be on the rise. Quitting smoking, staying sober, exercising, and eating a more traditional diet can improve these statistics.

Among the statistics YKHC tracks, along with alcohol and tobacco use, vaccinations, cancer screening and others, are boils—a big problem in the region, mainly because of the prevalence of steam baths. While most people know to clean steam baths with bleach, Dr. Klejka says the bacteria can survive in the bare wood of steam bath benches and one should always use “a barrier” of some sort in the steam—a piece of cardboard, towel, or plastic lining to prevent contracting a bacterial boil infection that may reside in the pores of wood.

The first morning’s keynote speaker was Diane Kaplan, president of Rasmuson Foundation, which contributes to a great many projects in the YK region and hosts an annual funders visit, bringing philanthropic organizations to Bethel and surrounding villages to witness the region’s needs and challenges firsthand.

Kaplan described the foundation’s recent initiative, “Recover Alaska,” which is a multi-faceted media campaign taking up the battle to address alcohol abuse and post recovery solutions. The initiative recognizes that underlying many of the social “problems” like divorce, homelessness, assault, child abuse, neglect, injuries and crime is the all-too-familiar “alcohol related.” It is estimated alcohol costs Alaska $1.2 billion a year. The Rasmuson Foundation is taking a lesson from the successful campaign against tobacco use and applying it to alcohol—with media outreach, a resource center, supporting advocacy and changing perceptions. Kaplan said, although many young people say other kids drink, the statistics say 78 percent of teens don’t drink.

The information and research shared by Recover Alaska can reinforce the choice for sobriety as well as influence responsible legislation or changes in state statutes to improve unintentional consequences teens may encounter with current laws. A brief video was shared with the delegation providing an example of safety mechanisms in place in the regional hub of Nome, and how harm reduction works with safety patrol teams monitoring the community’s chronic inebriate population.

Other presentations of the day included themes on the importance of prevention on topics such as botulism, sudden infant death syndrome, and vaccinations.

A presentation by CHAP Education Director Rahnia Boyer listed in detail how all the clinics in the region are staffed and how the Health Aide Program employs float Health Aides to try to cover vacancies and vacations. Delegates remembered the report when they added a concern for clinic staffing and health aide support to their list of priorities for improvement, also among the top ranking collective health priorities for 2015.

Delegates offered more than 100 priority suggestions, which leadership and the Board of Directors narrowed down to the “Top Ten:”

1. Increase doctors, physicians, physician assistants
2. Preserve our language/culture
3. Increase Health Aides
4. Expand culturally relevant suicide prevention models at the village level (Calricaraq)
5. Decrease ER wait times
6. Home Care support & Elder abuse prevention
7. Cancer prevention & research
8. Increase Health Aide support
9. Water & Sewer infrastructure
10. Oppose liquor sales in Bethel
**Patient Centered Excellence**

**FY15 Goal**
Increase “Strongly Agree” score by 10% per individual department for question “I feel I received excellent care today.”

**Implemented surveys in the following departments**
- Specialty clinic
- Nurse Clinic
- Physical Therapy
- Obstetrics
- Inpatient
- Emergency Room
- Yukon Clinic
- Kusko Clinic
- Delta Clinic
- Emmonak Clinic
- St Mary Clinic
- Aniak Clinic
- Hooper Bay Clinic
- Toksook Bay Clinic
- Behavioral Health
- Dental
- Optometry
- Centering Pregnancy

**Patient Centered Excellence Tactics**
- Educate Staff and Patients about the surveys
- Post cumulative scores in departments & Napartet News
- Weekly data is sent to department managers to include numbers completed and individual survey scores
- Individual departments complete PDSA to improve scores

**Alaska Native Workforce Development**

**Goal**
Pilot middle manager competency-based skills and abilities program by July 2015 with cohort completion by October 2015.

**Results**
Completed 12 week training with six YK managers.
- Melody Hoffman – Village Health
- Larry Howard – RAVEN
- Jerrol Jones – Registration
- Jean Simon – Village Health
- Diane Wasuli-Dock – Medical Staff Office
- Serena Solesbee – Behavioral Health

Four hours a week classroom training / Crucial Conversations certification. Four hours a week mentor/mentee.

**Employee Focus**

**Goal**
Increase Employee Satisfaction with Recognition by 5% of Current Score to 60.2%

**Employee Focus Successes**
- Quyavikamken: I am thankful to you—Designed and Implemented in August 2015
- Electronic Employee Appreciation—Designed and ready for implementation
- Standardizing farewells—In design

**Employee Satisfaction—Recognition/Performance Management**

**CORPORATE GOALS**

YKHC’s strategic plan for achieving excellence in health care is called Napartet, a Yup’ik word for a ship’s mast, a trail marker or a supporting pillar. Napartet identifies six pillars essential for the success of our mission. Each year, corporate goals are adopted as a measure of our success and a guide to making improvements.

YKHC Customer Satisfaction Survey
Percent strongly agreeing with the question: “I feel I received excellent health care today”

- FY15 Q1: 48%
- FY15 Q2: 48%
- FY15 Q3: 52%
- FY15 Q4: 54%

Excellent performance is recognized at YKHC
My direct manager recognizes my good work
The corporation is doing a good job of recognizing excellent work performance
YKHC has a good employee recognition program in place
Community & Partner Satisfaction

Goal
4,000 employee community volunteer hours completed.

Tactics (Primary Drivers)
- Volunteerism to strengthen cross cultural understanding and interaction between YKHC and communities we serve
- Visibility in all YKHC Communities
- Sharing our successes through “story telling”

Financial Viability

Goal
Collect $70.7 million from Third Party Payers.

Tactics
Payment on Account Factor (“PAF”)
- Reduce the amount written off due to errors
- Collect 100% from Commercial Payers (IHCIA Sec. 206)

A/R Management
- Decrease Processing Times
- Write-Off Unrecoverable Revenues

FY15 Year End Third Party Collections

Year End Goal: $70.7 million
Actual: $88.4 million
Net: $17.7 million

Set timeline, budget & key dates for FY15.

Coordination of Opportunities.
- Build on successes, Tribal Member Satisfaction survey results & volunteer efforts to date
- Highlight volunteers, opportunities & upcoming events
- Budget for broadcasting, incentives & rewards
- Quarterly communication with Tribes, assessing their needs on village/SRC level where YKHC can help
- Finalize metrics utilizing S.M.A.R.T. on tactics of where we need to be to reach our goal

Marketing & Communications.
- Broadcast events via social media, Messenger, and via Volunteer Cache to expand reach.
- The more we publish/recognize = more improved results

FY16 Napartet Goals

Alaska Native Workforce Development
12 middle manager competency-based skills and abilities program graduates by September 30, 2016

Patient Centered Excellence
Increase patient satisfaction as measured by “I received excellent care today” by 10%

Community & Partner Satisfaction
By September 30, 2016, we will engage with all 58 tribes on the PJCP to ensure it represents the region’s cultures and identities.

Employee Focus
Develop and deploy a performance management system that provides clear expectations by September 30, 2016.

Financial Viability
2. Achieve a 4.5% margin by September 30, 2016.

Healthy People
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.
Healthy People

Reducing the Use of Tobacco
Improving the Oral Health of Our Children

Current Efforts

• Establish Committee and Subcommittees
• Identify which tactics subcommittees will pursue

Tobacco Use—Current Problem

More Alaskans die annually from the direct effects of tobacco use than from suicide, motor vehicle crashes, chronic liver disease and cirrhosis, homicide, HIV/AIDS and influenza combined.

Oral Health—Current Problem

YK Delta regions has four times the rate of decay in children ages 0-5. 75 to 80 percent of children are referred to the OR for full mouth restoration before the age of 5 years.

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.

The Joint Venture is a partnership in which a Tribe pays for the construction of a health facility and IHS agrees to request funding for 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.

As planning got underway, President/CEO Dan Winkelman stipulated three guiding principles:

1. Represent the Y-K region's Culture & Identity
2. Promote Customer Centered Care
3. Affordable Cost & Sustainable Operations

Cultural Design

To represent the region’s culture, the planning team engaged cultural architect Johnpaul Jones, known for his contributions to the design on the Smithsonian’s National Museum of the American Indian in Washington, DC. He also worked on the design of the recently opened Chief Andrew Isaac Health Center, the new hospital building in Fairbanks operated by the Tanana Chiefs Conference.

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. Whiteboard “talking walls” were put up in village clinics to gather comments and suggestions, along with a phone message line and email address.

**Model of Care**

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.

A key to that goal is YKHC’s Preventative Services’ **Calricaraq** program—Living in Purity—a curriculum for family and cultural healing based on traditional teaching and encompassing the cycle of life from a Yup’ik perspective.

The stories and teachings of Dr. Paul John, one of YKHC’s founding board members and a revered teacher of traditional values who passed away in the spring, also 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—PJCP.

**Financing**

As preliminary design work progressed throughout the year, other components were falling into place—namely, financing. With a $275-plus million price tag, YKHC looked to state and federal sources—Alaska’s municipal bond bank and the US Dept. of Agriculture, among others.

**High Reliability and a Vivid Vision**

The PJCP presents an opportunity to improve the quality of health care delivery by modernizing facilities and addressing limitations in staff resources, but more importantly it’s about achieving wellness for the people of the region. Recognizing that a renewed commitment to this goal is needed, CEO Dan Winkelman is leading a corporate-wide initiative to make YKHC a High Reliability organization. High reliability organizations like the airline industry and the nuclear power industry must aim for zero errors, enforce stringent safety standards and be constantly driven to improve the efficiency of their workflows and business practices.

Throughout the coming year, YKHC will be adapting the high reliability concept to its hospital and primary care services and at all levels of support and management.
Women’s Health –
Centering Pregnancy

In March of 2015, YKHC opened a new building next to the Pre-Maternal Home called the Women’s Care & Support Center. This facility now houses all of the Women’s Health Case Management staff and their assistants, as well as our Centering Pregnancy Group sessions.

Centering Pregnancy patients meet here with their providers and the rest of their group for their prenatal care visits, which are actual prenatal appointments, and not just “support groups.” Women in the Centering Pregnancy program learn about their pregnancy, about preparing for childbirth, newborn care and parenting. We also make time for discussions about family dynamics before and after the birth of a child, domestic violence awareness and how to get help, post partum depression, exercise and stress-relieving techniques.

“I have seen a great need in our population here for more support and education for our women,” said Brenda Lamont, RN, YKHC Centering Pregnancy Coordinator. “Not just from us as their medical providers, but from other women who are in a similar season of their lives.”

This program is also run nationwide, and overall shows a 33 percent reduction in preterm births as well as a higher percentage of prenatal knowledge and readiness for labor and delivery.

Program participants have also been seen to have higher rates of initiation of breastfeeding and higher rates of continued breastfeeding at six months postpartum. All of these things make for healthier pregnancies, babies and families.

Joint Commission Accreditation

Approximately 77 percent of the nation’s hospitals are currently accredited by The Joint Commission, which has been accrediting hospitals for more than 60 years. Accreditation means that the hospital has undergone an in-depth audit of the facility and operating procedures to ensure they meet the best practices.

At some time during the 3-year reaccreditation cycle, Joint Commission representatives may show up unannounced for a survey visit. The survey looks at the entire hospital’s operations ranging from life safety issues concerning the facility to standard operating procedures for staff.

YKHC’s practices are compared to the Joint Commission’s standard elements of performance. Should a discrepancy exist, a “finding” is issued requiring a corrective action plan that must be submitted to remove the deficiency and prevent recurrence of it.

YKHC is accredited both for the Hospital and Behavioral Health. Consequently, each area undergoes this process. On October 13–16, 2015, four surveyors arrived to conduct YKHC’s reaccreditation survey. One of the four was dedicated to Behavioral Health, the other three reviewed the hospital. Several findings were noted. The findings were varied with the majority of them being facility oriented. All of the findings were corrected by December 30.

Periodically, the Center for Medicare and Medicaid Services (CMS) conducts a validation survey after the Joint Commission has completed its survey. This is to ensure that the Joint Commission process is functioning correctly. On December 17, YKHC was visited by CMS to conduct a
BEHAVIORAL HEALTH SERVICES

McCann Tundra Swan Academy: Stand-Out Community Volunteers

The students at the McCann Treatment Center’s Tundra Swan Academy contribute more than 2,500 volunteer hours of community service to the YK Delta region each year.

These students go above and beyond by working with many community groups such as the Bethel Lion’s Club, AVCP, K-300, Clean-Up Green Up, Friends of the NRA, Veteran’s Memorial Park, and more.

The Tundra Swan Academy is an accredited school within the McCann Treatment Center, which provides clinical psychiatric and substance abuse services for Alaskan youth ages 10 to 18. The youth typically stay in the program about a year. The Center served 29 youth during 2015.

School is five days a week, year-round. In summer they participate in subsistence and commercial fishing. This includes camping at a fish camp, practicing marine safety, fishing with nets, cutting the fish, and drying and smoking it in the traditional Native way. In the fall youth go berry picking and gather firewood. In the winter they trap for fox and beaver. Youth are taught to skin, flesh, and dry the furs. They can earn money by trapping and commercial fishing. These skills are transferable to village life and give appreciation for Native culture.

McCann facility director Jaimie Kassmann says, “Their efforts in the community give the students a sense of belonging and raise their self-esteem. I have seen kids get involved in community volunteer efforts after they graduate our program and that is inspiring to our staff to know that these efforts leave a lasting impression.”

Sobering Center Update

The Sobering Center Program was designed to reduce wait time and improve the customer experience in the Hospital Emergency Department. The 671 individuals served at the Sobering Center during just the last quarter of 2015 would have been triaged and cared for in the ER before the Sobering Center opened in 2010.

Sobering Center staff offers SBIRT (Screening, Brief Intervention and Referral To Treatment) to sober clients as they leave the facility. The SBIRT screening has shown nationally that individuals who have participated reduce binge drinking by 40 percent at six month follow-up appointments. 466 participated in SBIRT, resulting in 21 referrals to Behavioral Health and further services.

Provider Orientation Website

“Guide to YKHC Medical Practices,” our “wiki”-style provider orientation website, went live online at the end of the year. The internet address is simply yk-health.org.

The site has a wealth of information for potential new staff recruits, new regular hires, locums as well as experienced providers. It provides interesting information and quick access to clinical resources for our clinical and nursing staff. It is a public website; health care professionals as well as the general public are welcome.

The site includes updated sections for SRC, Outpatient Clinics, Behavioral Health, Women’s Health, Domestic Violence, Pediatrics, Medevac and Transport, forms, protocols and references.

ER, OR and Specialty Clinics/Referral sections will be completed in the near future along with Dental, Optometry and CHAP. It has been two years in the making and will always be an ongoing work in progress.
ICD-9 to ICD-10 Conversion

ICD stands for the International Classification of Disease. Every time you or a family member has an appointment with your provider or Health Aide, they assign a diagnosis to your condition. Every health care organization in the United States that is required to follow HIPAA regulations (hospitals, clinics, insurance companies, CMS, etc.) was required to change from ICD-9 to ICD-10 on the night of September 30, 2015. The ICD-10 coding system, created by the World Health Organization (WHO), is much more specific and considered more accurate than version 9. The objective is improved patient outcomes and safety with better data for analysis and research, better management of chronic diseases, more reliable documentation and billing for services.

YKHC prepared for the transition for more than two years, working with Cerner to adapt RAVEN, (Records And Verification Electronic Network, YKHC’s electronic health record system) to the new system requirements, testing and more testing with Medicaid/Medicare and other agencies, intensive training and certification of coders, and, most importantly, making sure providers were on board and ready for the change.

As the changeover date neared, the implementation team put the carefully worked out plan into play.

September 29, 2015
The RAVEN team stays late to address issues related to future orders not showing up on the future orders report.

Health Aides work long into the day to finish up documentation. Their Supervisor Instructors are on hand to assist them. Providers also stay late ensuring ICD-9 documentation was complete prior to conversion.

September 30, 2015
Gerald January completes last minute changes. Just before midnight, he identifies an issue with discharge. His quick thinking and hard work resulted in zero problems.

October 1, 2015 at 00:00
The team completes the cutover steps necessary to “turn on” ICD-10. They follow instructions that had been painstakingly laid out over the last two years. When the cutover is complete, they remain in the office validating the system to ensure the conversion is flawless, finishing up with the process around four in the morning.

October 1, 2015 at 8 a.m.
Mona Whiteside and Vickie Miller field calls from end users with help from Jay Lee. Although there are minor issues, none are related to the cutover steps the team had completed during the night.

Signing Up for Safety

The community response to the fire that destroyed the old Kilbuck school in Bethel impressed Safety Director Corbin Ford with how well the community banded together to meet and cope with the loss. “It reminded me of how alert our community is and how well we can prevent before the loss. Situational awareness, safe practices and compliance with rules and regulations are by far a better way to a unified community.”

With that in mind, Corbin called for volunteers to become Deputy Safety Officers and keep a sharp eye out for safety hazards—Odd smells or sounds, unapproved appliances, faulty or non-compliant wiring, trash and dust, obstacles that could be tripped over, precarious piles that could fall...

The response was immediate, with suggestions, emails, pictures, stories and comments flooding Corbin’s inbox. “Our employees believe in safety; they band together. They believe in each other and their abilities as a team.”
SUBREGIONAL CLINICS

Subregional clinics now have seven Dental Health Aide Therapists (DHAT) living and working in our region—two in Aniak, two in Toksook Bay, two in Emmonak, one in Hooper Bay, one in St Mary’s and one in Mountain Village. DHATs do the most village travel of all professionals working for YKHC. Currently they focus on seeing children 0-8 years old to do comprehensive exams and complete all treatment. It is very important to have children see the DHAT early in life to prevent cavities and promote good oral health. Below is how we are currently doing.

**Emergency Trauma Classes in Hooper Bay**

Steven Bertrand, PA-C, a provider in Hooper Bay, became certified to teach Emergency Trauma Technician and has held three classes there. The classes are open to the community of Hooper Bay and all YKHC staff. Steve is increasing the number of people trained to respond to emergencies within their community. We thank Steve very much for working to make Hooper Bay better prepared for emergencies.

**Flu Season**

During flu season the subregional clinics responded in a variety of ways to promote and give flu vaccines. Hooper Bay staff dressed up in costumes at Halloween time and offered a flu vaccine and treats to anyone that showed up at the clinic. St Mary’s staff went to the Halloween carnival at the school and gave vaccines to anyone that stopped at the table along with health education. The Aniak clinic went to the AC grocery store and offered flu shots to everyone that came in to do their shopping. Toksook Bay clinic went to the school to vaccinate all students after they contacted the parents for permission. One site even went to bingo to give vaccines to all bingo players. Great job to all the Clinics for their creativity in connecting with clients to promote flu vaccines!

**Aniak SRC Blood Pressure Initiative**

The Aniak Subregional Clinic joined a quality improvement initiative to work with patients to maintain and control hypertension (high blood pressure). All staff have worked closely together to greatly improve the rate of controlled hypertension, thus helping to improve the health of our people. The staff will now start rolling this model out to other subregional clinics so staff there can benefit from what has been learned in Aniak.
COMMUNITY HEALTH AIDE PROGRAM

The table to the right shows the number of average patient encounters per day for each clinic during FY15. It also shows the number of Community Health Aide positions budgeted for the clinic and then the approximate number of Community Health Aides/Practitioners working out of the clinic during this time period (please note: this number fluctuates throughout the year).

On average, a patient encounter with a Community Health Aide/Practitioner lasts about 45–120 minutes depending on the type of visit. In a 6-hour clinic day, a Health Aide should be able to see approximately four patients per day.

Village clinic staffing is determined by an analysis of current village population, annual patient encounter census and ideal patient load per Community Health Aide/Practitioner and is reviewed at least once a year to address any challenges that come up.

In order to become a Health Aide, a candidate applies, takes the test for Adult Basic Education, is interviewed and, if hired, goes through a series of trainings. To see patients, the trainee must wait (sometimes for a long time) for a Session I seat to become available. Health Aide training is a challenge across the state with a large amount of vacancies and not enough training seats. Because of this, YKHC often waits until a Session I is coming up to open new positions.

Being a Community Health Aide/Practitioner is a very rewarding yet challenging position. They are their community’s medical providers caring for the sick and injured, sometimes saving lives. But they must also be away from home for periods of time for training and floating, be on-call after working regular clinic hours during the week, sometimes are the only Health Aide working in the clinic and being on-call, and must try to remain calm, professional and strong when dealing with emergencies. It’s important that they receive support from family, friends and community and that we celebrate and honor their dedication and care.

### CHAP 2015 Highlights

- 58 Community Health Aides completed training
- 10 Community Health Aides completed the first online SIV training
- Basic Training Instructors completed 15 village trips for CHA/P Preceptorships, re-entries, and recertifications
- 24,129 immunizations were administered by YKHC employees
- 5,164 Well Child exams were completed by YKHC employees
- Community Health Aides/Practitioners completed 74,062 patient encounters in village clinics in FY 2015 (October 2014 – September 2015)
- Community Health Aides/Practitioners completed 5,384 after hour/urgent patient encounters in village clinics in FY 2015 (October 2014-September 2015)
- Field Supervision completed 140 village trips for supervisory responsibilities
- Village clinics received 364 weeks of village clinic “float” coverage

<table>
<thead>
<tr>
<th>Village Clinic</th>
<th>FY15 Average Daily Encounters</th>
<th>Health Aides Budgeted</th>
<th>Health Aides Working</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akiachak</td>
<td>13.0</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Akiak</td>
<td>7.0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Alakanuk</td>
<td>9.3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Anvik</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Atmautluak</td>
<td>7.4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Chefornak</td>
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<tr>
<td>Chuathbaluk</td>
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<tr>
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<td>1</td>
</tr>
<tr>
<td>Eek</td>
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<td>2</td>
</tr>
<tr>
<td>Grayling</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Holy Cross</td>
<td>2.7</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Kasigluk</td>
<td>11.9</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Kipnuk</td>
<td>14.7</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Kongiganak</td>
<td>6.9</td>
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<td>2</td>
</tr>
<tr>
<td>Kotlik</td>
<td>12.6</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Kwethluk</td>
<td>16.5</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Kwigillingok</td>
<td>7.5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Lower Kalskag</td>
<td>4.3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
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<td>6.6</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Mekoryuk</td>
<td>6.4</td>
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<td>2</td>
</tr>
<tr>
<td>Mountain Village</td>
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</tr>
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</tr>
<tr>
<td>Napaskiak</td>
<td>6.1</td>
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<td>Newtonk</td>
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<tr>
<td>Nightmute</td>
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<td>2</td>
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<tr>
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<tr>
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<tr>
<td>Oscarville</td>
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<td>0</td>
</tr>
<tr>
<td>Pilot Station</td>
<td>11.5</td>
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</tr>
<tr>
<td>Pitka’s Point</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Quinhagak</td>
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<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Russian Mission</td>
<td>5.4</td>
<td>2</td>
<td>1–2</td>
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<tr>
<td>Scammon Bay</td>
<td>14.7</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Shageluk</td>
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<td>1</td>
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<tr>
<td>Sleemtune</td>
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<td>1</td>
<td>0</td>
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<td>Stony River</td>
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<td>1</td>
</tr>
<tr>
<td>Tulusak</td>
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</tr>
<tr>
<td>Tunutuliak</td>
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<td>3</td>
</tr>
<tr>
<td>Tununak</td>
<td>4.2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Upper Kalskag</td>
<td>3.1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Each month the Community Health Aide Program honors one of its clinic staff as the Health Aide of the Month. The award recognizes outstanding performance under difficult circumstances—like the unexpected delivery of a baby or arranging a medevac for a sick child—but also commends the health aide whose steady hand, level head and attention to detail keeps the clinic running smoothly whether the days are routine or hectic.

Program administrators, supervisors, local board representatives and community members all come to the village clinic for a visit to celebrate with a luncheon and cake for the Health Aide of the Month.

### Health Aides Get Their Preceptorships!

For several weeks during the year, CHAP instructors fly to different villages to complete preceptorships for Health Aides. The preceptorship is the final stage of the Health Aide’s education—after their Basic Training and several years of working in a village clinic. The Health Aide and the instructor work together at least 30 hours side-by-side and see a minimum of 15 patients. Completion of preceptorship means the Health Aide becomes a “Certified Health Practitioner.” (CHP)

The completion of preceptorship is a major accomplishment for Health Aides. It is the culmination of Basic and Emergency Training in Bethel, many years of dedicated patient care, endless hours at night and weekends taking care of emergencies, and a commitment to the health of their people.

<table>
<thead>
<tr>
<th>Month</th>
<th>Aide Name</th>
<th>Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Christy Ticknor, CHP</td>
<td>Anvik</td>
</tr>
<tr>
<td>February</td>
<td>Marlene Ayunerak CHP</td>
<td>Alakanuk</td>
</tr>
<tr>
<td>March</td>
<td>Martha Napoka CHP</td>
<td>Tuluksak</td>
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<tr>
<td>April</td>
<td>Virginia Lozano CHP</td>
<td>Kongiganak</td>
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<tr>
<td>May</td>
<td>Earlene Wise CHP</td>
<td>Kalskag</td>
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<td>Norma Evan CHP</td>
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<td>July</td>
<td>Jacob Isaac CHA II</td>
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<td>August</td>
<td>Candace Nelson CHP</td>
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<td>September</td>
<td>Annette Nick CHP II</td>
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<tr>
<td>December</td>
<td>Richard Lincoln III CHP</td>
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</tr>
</tbody>
</table>
OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING

Greywater Recycling Project

Thousands of families in rural Alaska are still living without running water. What if there was a way to make hauled water last longer in these homes? Most of the water used in the home is gently used water from washing and laundry, not toilets. This is called greywater. There is a movement across the US and internationally to recycle, re-treat, and re-use greywater.

The Office of Environmental Health & Engineering (OEHE) launched a one-month “Dump the Bucket” Indiegogo campaign to raise funds to build and test a greywater recycling system design. They received tremendous support for the project, and raised $8,235.

“We are very excited about the level of interest and support obtained through our campaign, said OEH Director Brian Lefferts. “This support allowed us to leverage additional funding from numerous organizations.”

Testing began on four different greywater treatment technologies with the goal of identifying a system that could be successfully operated in an Alaskan village home.

Design loading and system loading is occurring throughout the testing period to see how these systems function in an arctic environment. The recycled water undergoes extensive lab testing, and power use and operational costs are being monitored.

New Utility Management Program

In October, OEHE launched a new program to help villages operate water and sewer utilities. Four villages joined the one-year program and are receiving on-site technical assistance with utility management. Tom Bob joined the OEHE team as the Utility Manager.

Bird Sampling for Avian Influenza

Working in partnership with USGS, OEHE worked with independent contractors in ten villages to collect samples of subsistence-harvested birds to be tested for avian influenza. Approximately 1,200 samples were collected during spring and summer. None of the samples contained highly pathogenic strains of the virus.

Assisting with Fire Evacuation Center

OEHE staff assisted with the evacuation of medically sensitive individuals from several upriver villages due to the smoke and fires during the summer. They worked collaboratively with villages, AVCP, National Guard, the Red Cross, and others to provide for the evacuees.
COMMUNITY HEALTH & WELLNESS

Diabetes

Family Fun Day

During the Alaska Area Special Diabetes Program for Indians (SDPI) Coordinators Meeting in May, the YKHC Diabetes Program was treated to a “Family Fun Day” simulation with various “at-will” healthy activities for participants like yoga, a strongest human competition, pedometer challenge, and health food twister.

Nutritionally, there was micro green planting and traditional plants/tea tasting with Alaska’s natural resources. Participants could pick and choose which activities would be beneficial for them and in doing so, the idea that healthy activity can be and is a fun and family friendly lifestyle to strive for.

Taking this ideal to heart, the Diabetes Program hosted its own Family Fun Day in August at the YK Fitness Center using the SDPI simulation as a guideline, adding traditional dancing and the second annual 5K Zombie Fun Run. Zumba and yoga classes at the YK Fitness Center were offered free of charge for Family Fun Day.

In the future, the Diabetes Program would like to sponsor and assist with Family Fun Days in our village communities.

Other Diabetes Highlights

• Awarded FY 2016 SDPI Competitive Grant for $300,000 more than what was requested.
• Screened more than 500 patients for diabetes throughout the YK Delta.
• Instituted first ever “diabetes specialty clinics” focused on comprehensive patient care both in villages and in Bethel with YKHC providers and clinical diabetes staff.
• Traveled to 15 villages for outreach and clinical services.

Women, Infants & Children (WIC)

• Facilitated the National Nutrition Month Celebration at AC Store in March.
• Hosted a USDA site visit in June.
• Served as a preceptor to two UAA Dietetic Interns.
• Participated in the 4th of July parade.
• Outreach event held at the Log Cabin in August.
• Travelled to 40 villages and certified a total of 491 participants during the fiscal year.
• Was awarded a General Infrastructure Grant by the USDA Food and Nutrition Service in the amount of $18,958 for office renovation.

Tobacco Prevention

• More than 75 percent of YKHC village Tribal Councils and/or communities have a signed Tribal tobacco-free resolution.
• Two new cessation counselors have been added to increase commitment of YKHC to help patients quit tobacco.
• Due to recent RAVEN changes and enhanced outpatient and inpatient workflows around client-focused care, tobacco cessation referrals and brief cessation interventions have increased by 900 percent since September of 2015.
Employee of the Quarter Luncheon

On August 18, YKHC Board Members and the Senior Leadership Team gathered to celebrate Quyavikamken, the Employee of the Quarter Luncheon.

Quyavikamken is our new employee appreciation program developed as part of the Employee Focus Napartet Goal. It will be an ongoing opportunity for the leadership of YKHC to thank their employees who have shown excellent skills and work ethic.

Each vice president chooses one employee from their own division through nominations from managers and directors. Every employee at YKHC is eligible to be nominated by their managers for the employee of the quarter, Quyavikamken celebration.

The employees that were celebrated at the first quarterly luncheon were David Flores, Inventory Control Analyst; Serena Solesbee, DD Program Coordinator; Jessa Pete, Finance Administrator; Alyssa Condon, RA VEN Clinical Informatics; Kimberly Nolan, Dental Assistant Supervisor; Sammijo Smith, Human Resources Generalist; and Robert White, Remote Maintenance Worker. Quyana for the work you do for YKHC, quyavikamken – we appreciate you.

Compass 2015

Six individuals from YKHC were selected for the third annual Compass Cohort.

Compass is a management development training program that is based on the pillar goals of YKHC. In this program the cohort learned about customer focus, leadership management, financial acumen, human resources & workforce planning, and productivity & program evaluation.

The program includes both hands-on and classroom learning. The cohort was able to interact with departments and programs of YKHC to gain understand for functionality of the organization as a whole, as well as spend time in a classroom setting to learn about organizational structure.

A part of the program included working on a project. Through this project the cohort was able to learn and practice project management. The 2015 Compass Cohort created a video about prioritizing your health care, drawing a comparison to the value and stewardship of a subsistence lifestyle. This video opened up a platform of communication, allowing departments and programs of YKHC to utilize the YKHC channel in the hospital to communicate messages to the public.
Employee Appreciation Party

YKHC Leadership arranged an employee appreciation event on Halloween for YKHC employees and their immediate family members.

At the event there were onsite games with prizes along with hors d’oeuvres. YKHC flew in H3 from Anchorage, a cover band with a unique flair of Hawaiian reggae.

For the YKHC village employees we offered a choice of pizza or Subway that was shipped to their location, along with small gifts.

We also had two virtual games for all of the employees across the YK Delta to participate in. The first game was a Superlatives Contest, where nominations were accepted.


The second contest was the costume contest, and the winners of each category were: Sam Thon, Dental, “Most Scary Costume;” Carvalena Alexie, Compliance, “Most Creative Costume;” Miranda Johansson, Public Relations, “Best Overall Costume.”

The event was a great success with tons of fun. We look forward to the next YKHC Employee Appreciation event.
OTHER HIGHLIGHTS

**Child Abuse Awareness Month Children’s Fair**

On Friday April 24, Tundra Women’s Coalition TWC hosted a kids fair at the Ayaprun Gym (Armory) for the Children’s Advocacy Center (Irniamta Ikayurviat), recognizing April as Child Abuse Awareness Month.

Many agencies and programs were invited and present, including YKHC. About 80 children showed up for the event.

The Tobacco Prevention Program used the opportunity to educate kids about the harmful effects of tobacco. It was interesting to see how much most of the kids already knew of tobacco’s harmful effects and to watch kids teaching their parents about what they learned.

![Image of children at the event](image1.png)

**EMS Day at the Legislature**

Alaska EMS Regional Coordinators & Directors gathered from the seven EMS regions across the state, meeting in Juneau the week of Feb 2–6 to collaboratively work on statewide EMS issues. One of those days was held at the Alaska State Capital Building offering free blood pressure checks, stress dots, training, and health education.

“Participants look forward to the blood pressure checks and eagerly compare their stress dots with each other. This is a great opportunity to give back to the community and stimulate positive EMS awareness,” said Teresa Markham, with YKHC’s EMS/Injury Prevention Dept.

![Image of participants at EMS Day](image2.png)

**PATC Rises Again**

The fire that leveled the new Phillips Ayagnivik Treatment Center in October, 2014, is just a bad memory as the structure began rising again in the summer of 2015. And, like deja-vu, the crew, board members, key staff and leadership autographed the foundation beams with heartfelt good wishes for the renewal and healing the building represents. Reconstruction is expected to be completed by December, 2016.

![Image of PATC construction site](image3.png)