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**MISSION**

Working Together to Achieve Excellent Health

**VISION**

Through Native Self-Determination and Culturally Relevant Health Systems, We Strive to be The Healthiest People.

**VALUES**

Optimism ~ Compassion ~ Pursuit of Excellence  
Personal Growth ~ Importance of Family ~ Trust  
Elder Knowledge

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YKHC administers a comprehensive health care delivery system for 50 rural communities in southwest Alaska.

The system includes community clinics, sub-regional 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 56 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.

### Executive Board
- Walter Jim, Chair
- Patricia Yaska, First Vice Chair
- Patrick Tall, Second Vice Chair
- Darran Cleveland, Secretary
- Philip Peter, Treasurer

### Governing Body
- James Nicol, Chair
- Marvin Deacon, Vice-Chair
- Bonnie Persson, Secretary
- Walter Jim, Treasurer

### Finance Committee
- Philip Peter
- Stanley Hoffman
- Alton Alexie
- Geraldine Beans
- Wesley Pitka
- Dan Winkelman

### By-Law Committee
- James Spary
- Anna Angaiak
- Geraldine Beans
- Michael Hunt
- Philip Peter

### Policy Committee
- Marvin Deacon
- Adolph Lewis
- Darran Cleveland
- Vacant

### Honorary Board Member
- James Charlie Sr., Toksook Bay

### Human Studies
- Chris Larson
- Mary Ayunerak
- Travel Member

### Corp Compliance/Quality Assurance
- Bonnie Persson
- Vacant
- Wesley Pitka
- Alton Alexie
- Walter Jim, Ex-Officio
- Dan Winkelman, Ex-Officio

### Compensation Committee
- Wesley Pitka
- Stanley Hoffman
- Philip Peter
- Alton Alexie
- Geraldine Beans
- Walter Jim, Ex-Officio
- Dan Winkelman, Ex-Officio

### Board Appointments
- ANHB: Patricia Yaska
- Patrick Tall
- ANTHC: Walter Jim
- 1st Philip Peter
- 2nd Marvin Deacon
- LifeMed: Stanley Hoffman
- James Nicol
- Dan Winkelman

### Board Members with President & CEO Dan Winkelman
- (left) and VP of Hospital Services Jim Sweeney, open the new Yukon-Delta Regional Hospital in July 2019.

### Healthy People
- Improve our children's oral health
- Reduce drowning, unintentional injuries and suicides
- Reduce tobacco use

### Care Delivery
- Implement a new model of care
- Successfully complete the Paul John Calricarag Project
- Strengthen village health programs
- Focus on quality
- Improve patient experience

### Corporate Capability & Culture
- Improve recruitment and staffing
- Shape culture to support high reliability
- Develop a strong Alaska Native workforce
- Continue to improve cash flow

### NAPARTET STRATEGIES
As described by our late honorary board member Dr. Paul John, “napartet” is the mast of a boat that led he and his father out to traditional fishing waters. At YKHC, we have used Dr. John's story to inspire our strategic plan to move our region’s health priorities forward.

1. **Healthy Community**
   - Extend and sustain water and sewer projects
   - Advocate for public funding and new projects

2. **Healthy People**
   - Improve our children’s oral health
   - Reduce drowning, unintentional injuries and suicides
   - Reduce tobacco use

3. **Care Delivery**
   - Implement a new model of care
   - Successfully complete the Paul John Calricarag Project
   - Strengthen village health programs
   - Focus on quality
   - Improve patient experience

4. **Corporate Capability & Culture**
   - Improve recruitment and staffing
   - Shape culture to support high reliability
   - Develop a strong Alaska Native workforce
   - Continue to improve cash flow

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YKHC Board Members, with President & CEO Dan Winkelman (left) and VP of Hospital Services Jim Sweeney, open the new Yukon-Delta Regional Hospital in July 2019.

Long time Board Member James Spary of Toksook Bay speaks at the Tribal Gathering in April 2019.

Local artist John Oscar's “All is One” art displayed in the new hospital.
LEADERSHIP REPORT

The past year has been unprecedented in YKHC’s history. We started out very well as we continued to hire more staff at all levels and offer expanded services at the Bethel hospital.

The Paul John Calricaraq Project, which is a new expansion and remodel of the Bethel hospital, is in its fourth year of a five year project. This past year, we finished purchasing $20 million of new hospital equipment for the PJCP. This was in addition to more than $1 million of new capital equipment corporate wide.

The PJCP is on time and on budget. It was looking to be an another great year when a new coronavirus that caused respiratory disease and other serious ailments began spreading in China. The World Health Organization named it COVID-19. COVID-19 began to spread from country to country at the end of 2019, with it finally arriving in the U.S.

YKHC began our COVID-19 readiness response at the end of January 2020. YKHC prepared our staff, facilities and communities for COVID-19 very early. Our staff received education and drilled for treating potential COVID-19 patients.

We added significantly more beds in the hospital and secured additional facilities through our partners for patients needing care. Please remember to continue social distancing, practicing good personal hygiene and wear a mask when in public.

As a result of COVID-19, our customer census significantly declined in March and the months thereafter. With decreased customers from Bethel and villages, we unfortunately had to furlough and lay off 300 employees in May of 2020. Most of the affected employees were non-provider positions and YKHC continues to advocate for our Congressional delegation to extend unemployment insurance benefits for the duration of COVID-19.

Lastly, we continue to work with LifeMed Alaska, the National Guard, other community and government partners to plan for medevac surge capacity and to prepare external care sites that will be ready, if needed.

We look forward to the day that a COVID-19 vaccine becomes available. When our customers return, we will begin rebuild- ing and hiring more staff to meet our customers’ healthcare needs. Please remember to continue social distancing, practice good personal hygiene and wear a mask when in public places. Only together can we beat COVID-19.

Tribal Council representatives from around the YK Delta met in Bethel April 3 and 4 for the 26th annual Tribal Unity Gathering.

It was an opportunity to provide feedback about YKHC’s healthcare delivery, hear reports on how the corporation is addressing their feedback, and craft priorities for the upcoming year.

Touring the new Paul John Calricaraq Project (PJCP) hospital construction site was a highlight of the event. Among the biggest concerns for the attendees was the high cost and complications of travel associated with getting from home communities to the new hospital for appointments.

YKHC’s health care system is designed to bring care closer to home, with many new village clinics and five sub-regional clinics built in the years since Tribal Gatherings began. YKHC Leadership says more robust staffing that will come with the new hospital project will allow for providers to visit their patients in the villages more often.

Health Status
Every Tribal Gathering since 2005 has included Dr. Joe Klejka’s presentation on the Health Status of the region—much of which relies on data provided by the State Bureau of Vital Statistics. Klejka brings tribal delegates up to date on trends. Cancer remains the leading cause of death, followed by unintentional injuries and heart disease, with the fourth being suicide. Dr. Klejka noted that vaccination rates have been falling, partially because of false information that vaccines cause autism. Vaccinations—especially for infants and children and annual flu shots—are the most effective means for preventing communicable disease.

How can we become the healthiest people? Dr. Klejka says, quit tobacco, reduce alcohol consumption, wear helmets and float coats, get vaccinated, and, importantly, eat a traditional diet based on subsistence foods.

Setting priorities
On the second day of the 2019 Gathering, delegates returned to setting general priorities, breaking into small work groups and selecting areas of concern relating to their villages, to their sub-regional clinics, the Bethel hospital and ANMC. After voting on all priorities, travel issues emerged as a major concern at all levels, along with customer service, more provider visits to local clinics and better communica- tion in general.
In 2019, YKHC celebrated 50 years of operation.

What began as a small group of professionals training health aides has grown to be the largest healthcare provider in the Yukon-Kuskokwim Delta. To celebrate this milestone, YKHC hosted a community picnic in Bethel on August 17, 2019. At the Bethel picnic, YKHC Dietary grilled hot dogs, hamburgers and salmon, served alongside homemade sides of potato and broccoli salads. After the event, four brand new coolers and six grills used only at the picnic were given away as prizes for a local raffle. The great food, coupled with sunny weather, led to a successful and fun event for Board Members, community members and staff.

October 6, 1969: YKHC is incorporated with a $200,000 grant from the Office of Economic Opportunity. Four employees initiated a health aide training program, a community liaison office and dental education.

1970s
• Health Aide program expands, along with dental education, eye care, and community health representatives.
• Passage of the Indian Self-Determination and Education Assistance Act of 1975—PL-93-638, provided more opportunities for Native organizations to take over operation of Indian Health Service programs. YKHC administers dental services, mental health services and more.

1980s
• The Indian Health Service builds a new 50-bed hospital in Bethel. Brought up on a barge and assembled on-site, YK Delta Regional Hospital becomes known as the “Yellow Submarine.”
• YKHC takes on the Women, Infants and Children (WIC) program, Emergency Medical Services training, and Health Aide training.
• Dental Department launches first “Smile Alaska Style” campaign in 1989.
• YKHC continues to grow and develop administrative capacity, but a leadership crisis at the end of the decade forces the Board of Directors to “clean house.”

1990s
• Gene Peltola, then president of AVCP, is brought on board as Executive Director with the mandate to turn the corporation around and assure the IHS that YKHC can successfully manage a contract to operate the Bethel hospital.

October 1, 1991
YKHC signed the contract with the Indian Health Service to operate YKDRH on behalf of 58 regional tribes.

• The first Tribal Unity Gathering was held in 1992, bringing representatives from throughout the region together to set a vision of Native self-determination in health care.
• The Gathering was instituted in 1994 as an annual event for “customer owners” to be informed about the company’s progress and to determine future services. Gathering priorities have continued to guide YKHC’s service delivery ever since.

• The Clara Morgan Sub-Regional Clinic opened in Anvik in 1995, the first of five that would eventually complete the four-tier healthcare system in the region—village clinics, sub-regional clinics, Bethel hospital and ANMC in Anchorage.
• In 1995, YKHC and other Alaska Tribal Health Consortiums negotiated the Alaska Tribal Health Compact and established ANTHC. Under the compact, IHS funds are turned over directly to Tribes to organize and provide health care adapted to the special needs of Native people.
• With increased state and federal funding, YKHC designed and began building new village health clinics, using local hire and built by YKHC’s own construction unit. Over the next decade and a half, 35 clinics would be built.

• YKHC launches its own air ambulance service, Aeromed International, in 1997, along with an in-house travel agency to improve routine and emergency patient travel.

October 1, 2003
YKHC leadership adopted Napartet to guide strategic planning and structure, based on the Malcolm Baldrige National Quality Program framework. Over the next three years, YKHC identified and implemented five pillars vital to improving regional health care: Patient Centered Excellence, Financial Viability, Native Workforce Development, Employee Focus, Community and Partner Satisfaction. A new mission was adopted: Working Together To Achieve Excellent Health.

• Service improvements during the decade included expanded alcohol treatment counselors in villages, home care, rural human services, crisis respite, village immunization, alcohol residential treatment (PATC), nicotine cessation and diabetes services.
• The Corporation acquired land beyond the airport for future employee housing and treatment facilities—later named Kasayulie Subdivision.

• Qavartivik Hostel opened in 1999. Services and programs that had occupied seven different Bethel locations were consolidated into the Community Health Services Building—Corporate headquarters.
• A computer network infrastructure was completed, linking all YKHC departments and village clinics.

2000s
• Sub-regional clinics opened in St. Mary’s and Emmonak in 2001. One of the nation’s first inhalant abuse treatment facilities—The McCaan Treatment Center and Tundra Swan Academy—opened in Kasayulie Subdivision.
• The Dental Health Aide Therapist (DHAT) program began with a training program in partnership with Yuut Eltunuaivut.
• In 2003, YKHC leadership adopted Napartet to guide strategic planning and structure, based on the Malcolm Baldrige National Quality Program framework. Over the next three years, YKHC identified and implemented five pillars vital to improving regional health care: Patient Centered Excellence, Financial Viability, Native Workforce Development, Employee Focus, Community and Partner Satisfaction. A new mission was adopted: Working Together To Achieve Excellent Health.
At the State of Alaska’s request, in 2003 and 2004, YKHC, a Native Health organization, took over five previously independent non-profit agencies in the region, saving the state millions in Medicaid reimbursements: Bethel Group Home, Bethel Community Services, KNA Counseling, 4 Rivers Counseling and the Prematernal Home.

In response to continued Tribal Gathering requests, a CT scanner was installed at the hospital in 2008, alleviating the need for patients to travel to Anchorage for tests.

Tooktook Bay and Hooper Bay Sub-regional clinics were completed in 2005 and 2009, respectively. More new village clinics were constructed.

Aeromed merged with Providence’s Life Guard to form LifeMed Alaska, a wholly independent statewide air ambulance service.

With funding from the Indian Health Service and the state’s Village Safe Water program, over half of YK Delta homes had piped water and sewer.

Video teleconferencing and improved communications infrastructure linked all village clinics with the Bethel hospital. Internet service was extended throughout the region.

Health Aides, with state certification, take on immunizations and well-child exams, resulting in vaccination rates higher than the rest of the state.

YKHC was awarded nearly $33 million in the largest judgment ever recovered against the Indian Health Service. YKHC’s Board voted to invest the money in the company’s own “permanent fund” for the future.

2010s

- YKHC opened the Sobering Center, relieving pressure on the ER to treat inebriates and initiating SBIRT: Screening, Brief Intervention, Referral to Treatment.
- Mobile mammography clinics and other cancer screening continued at sub-regional clinics.
- In response to an Affordable Care Act mandate, YKHC partnered with Cerner throughout 2012 to plan RAVEN, YKHC’s electronic health record. Go Live was implemented successfully on schedule January 28, 2013.
- YKHC signed a contract with TriWest Health Care Alliance to provide healthcare services to veterans and other military personnel.
- The Terra Southwest telecommunications project connected the YK Delta to the Outside internet through a combination of microwave and under-sea fiber optics, eliminating the region’s reliance on satellites for communication.
- The YK Elders Home opened in October 2012, realizing a long-held dream of a nursing home facility in Bethel.
- The Compass management training program, initiated in 2013, offered a comprehensive and culturally relevant advancement opportunity for employees to learn the skills necessary for leadership.
- 2014: Gene Peltola retired after 24 years. Dan Winkelman took over as President/CEO and embarked on a “vivid vision” plan to restore financial strength and improve the customer experience.
- A new alcohol treatment facility under construction burned to the ground. Rebuilding began immediately and the new building opened in 2016.

YKHC submitted a Joint Venture Construction Program application to the Indian Health Service in 2014 to construct a new outpatient clinic and renovate the hospital.

- The application launched the Paul John Calriciraq Project (PJCP), requiring the acquisition of land, ownership of the hospital and securing more than $250 million in financing. The massive effort also included service delivery restructuring and significantly expanding staffing. The new hospital opened its doors in the summer of 2019. Renovation and final construction will be complete in 2021.
- Between 2016 and 2018, YKHC designed, tested and began implementing a new model of care, which adopts a team-based approach to serve the whole person, instead of one single problem. Teams consist of providers, nurses, care managers, care manager assistants, behavioral health staff and pharmacists.
- In 2018, YKHC adopted a tobacco free campus policy, with no use of tobacco allowed on the grounds of any YKHC properties.

In response to the increased presence of heroin, YKHC launched a new program in 2016 to help those struggling with opioid addiction. It combines traditional substance abuse treatment options with medications, providing what is known as medication-assisted therapy.

The Dental Department achieved full staffing with 12 full time dentists, one part time dentist and one part time orthodontist, which increased appointment availability both in Bethel and across the Delta with more village visits.

After analyzing several years of customer feedback and exploring industry standards, YKHC developed its first ever corporate-wide customer service training program for every employee, regardless of position. Beginning in October 2017, more than 1,700 employees were trained and the curriculum was adopted as part of new employee orientation.

“...in 1969, a group of regional leaders formed YKHC so the 58 tribes of the region could improve healthcare and provide meaningful job opportunities in the Yukon-Kuskokwim Delta. I salute all of our member tribes, former and current Directors of the Board, employees, partners and especially our customers. Without each of you, YKHC would not be what it is today!”

—Dan Winkelman, President & CEO
PAUL JOHN CALRICARAQ PROJECT

2019 was a very exciting and busy year for the Dr. Paul John Calricaraq Project, with the move into the new hospital expansion and continued remodel of the old hospital.

Construction was completed for the new three-story hospital expansion. New and additional paved parking lots for employees and patients were added. Phased renovations in the hospital continue and the construction for the connector between the old hospital and the new section started.

Project Management
The purchase of major medical equipment started in the first quarter of 2019 with a push for summer arrival. Project managers worked with departments throughout the year on all equipment and furniture purchases.

There was extensive planning and coordination done in preparation for the opening of the hospital expansion and moving departments temporarily while the hospital remodel continued. The planning and coordination will continue until the project is completed in 2021.

Construction
The ASKW-Davis construction team completed the three-story hospital expansion in July. Since then they have been focusing on the hospital remodel and the connector that will complete the integration of the hospital and clinic. The connector will be completed during the summer of 2020. It will include a large gathering space with coffee shop and store.

The clinic opened to patients in the summer of 2019. The first floor opened in July with the Outpatient Clinics and Pharmacy, Labor & Delivery, Optometry, Audiology and the new Infusion area. A blessing ceremony took place in August. The second floor opened in November and December with Behavioral Health, Diabetes and Tobacco Prevention, Imaging, Physical Therapy and Dental. The Lab also transitioned into the clinic first floor in December.

The old hospital Inpatient wing was demolished in September. The remodel of the old Outpatient clinics was also completed in September, and the Emergency Department was temporarily relocated there. The old Emergency Room space was demolished in October, and they will move back after the remodel is complete in the summer of 2020.

The hospital remodel will continue with the Surgery, Central Sterile and Dietary seating areas. In addition, the remodel of the hospital south entrance for the Emergency Department will start in Spring of 2020 and is scheduled to be completed by winter 2020.

There will be an official grand opening ceremony after project completion in spring of 2021.

Artwork
In the fall of 2019, YKHC received artwork to be displayed throughout the hospital. The YKHC Cultural Committee ensured all artwork that was selected was reflective of the entire region and people of the Yukon-Kuskokwim Delta. Much of the artwork is already beautifully displayed in the completed areas of the hospital. There are additional art projects scheduled for completion and installation in 2020 and 2021.

WHAT’S NEW AT THE NEW HOSPITAL

OUTPATIENT CLINIC
The new Outpatient Clinic, located on the first floor of the new hospital, has seven halls, named after various fish of the YK region.

DENTAL
With the move to the new hospital, YKHC is integrating Dentistry with the other primary care services so we can better treat the whole person.

Rates for cavities in our region are among the highest in the country—in both adults and children. Rates are also among the highest in the country for the consumption of sugary drinks. Our population is growing quickly and we have not been able to keep up with the cavity epidemic. This increased staffing and clinical space allows us the flexibility to take on these challenges in new and creative ways.

LABOR AND DELIVERY
The new Iruvik, or Obstetrics Department, is located on the third floor of the Hospital. Six new rooms are designed to be LDRP’s (Labor, Delivery, Recovery, Postpar- tum) which means that our customers are able to stay in the same room during their entire visit at the hospital.

The rooms are almost double the size of our old rooms, so there is plenty of space for family or friends and staff.

Dental Health Aide Therapist Janette Ulak in one of the new dental operatories.

Megan Nicholas of Kasigluk gave birth to Sofia Sara Mall’aq Nicholas on Aug. 10, 2019. Sofia was the first baby born in the new Labor & Delivery unit at the new hospital.

EARLY SAVINGS
Early in the design phase of the Paul John Calricaraq Project, we engaged a Lean design consultant to help analyze the steps involved during a patient visit and look at ways to streamline the process.

Staff considered different clinic layout options and mapped out in great detail the processes and travel distances for the patient, staff, and services. This gave the architects and engineers a better understanding of the needs of our customers and how to locate rooms near essential services so that patients and staff could travel more efficiently, decrease waiting times, and eliminate unnecessary trips.

Not only is the space different, individualized care is transformed as well. Staff are now located in interdisciplinary team rooms, where they consult with your personal care manager about your upcoming visit.

If you are coming in from one of our communities, you will be able to make multiple appointments in a single trip. In addition, we are working to bring as many services as we can to you in the patient exam room to decrease the need for you to walk through the building.

Outpatient clinic, located on the first floor of the new hospital, has seven halls, named after various fish of the YK region.
They also have large windows so there is a lot of natural light and beautiful tundra views to the east. Our expectant mothers will be able to enjoy spa-like features with larger bathrooms and new tubs.

Irnivik has its own dedicated C-Section operating room, a nursery, three patient rooms, and triage room with space for two beds. Each room also has two-way supply cabinets so customers will not be disturbed when staff are restocking supplies.

QLESS FOR PATIENT SATISFACTION

In addition to the improved rooms, YKHC is updating the technology used to better serve our customers. In 2019, we implemented a “QLess” system that sends a Patient Satisfaction Survey link to customers on their smart phones to allow them to provide instant feedback on the service they just received. When you take the survey, we can respond to your suggestions or concerns quickly. The QLess system is designed to enable departments to improve patient flow through their appointments.

PHARMACY

The pharmacy is implementing an Interactive Voice Response (IVR) system so patients can enter their prescription refill number by phone, find out if it can be refilled, and, if so, choose whether they want to pick it up or have it mailed.

Patients can request their medications any time of day and receive immediate confirmation that their request was received. This system can also send a text message or automated phone call when a prescription is ready. Of course, patients can always choose to speak with an operator who is available between 9 a.m. and 6 p.m. if they prefer.

The pharmacy staff has also been working with outpatient clinic staff to develop a communication workflow so the pharmacy knows when a patient is waiting for medications that were prescribed during a clinic visit. This helps the pharmacy staff prioritize their work and decrease the time it takes for patients to get their prescriptions.

THERAPY SERVICES

Physical Therapy is excited about our new area in the hospital, which is more than five bigger than our previous space! It also brings us closer to other medical services, making it easier for patients to access multiple services in one visit. With this move, we are also expanding to include occupational therapy and speech therapy. This is the first time YKHC will have these services offered through the hospital and our department will now be called “Therapy Services.”

Physical therapy is the treatment of the effects of disease, injury, and disability by using exercise, manual therapy, education, and therapeutic activity. Physical therapists help patients improve their movement and function, and also reduce pain. In addition, physical therapists provide treatment for a variety of wounds including burns, frostbite, abscesses, diabetic ulcers and other skin conditions.

Occupational Therapists work with people who’ve had illnesses, injuries, and disabilities that prevent them from participating in their normal daily activities. This might be a child with a disability and struggling to participate in school and social situations or it might be an adult who has experienced physical and/or cognitive changes after an injury or a stroke.

Speech-language pathologists work to improve a patient’s ability to communicate and/or swallow. They can work on many aspects of communication with patients, including speech production, fluency (stuttering), language, cognition, voice, resonance, and hearing.

The Wellness Center includes an activity room that can be reserved as a conference room, a classroom with kitchen facilities, and an exercise area. The classroom is intended for patient instruction where Diabetes Prevention & Control has been giving cooking lessons to help patients learn how to make simple yet healthy meals.

DIAGNOSTIC IMAGING—CT SCANNING

The first completed room for Diagnostic Imaging went fully operational near the Emergency Room in January. The Siemens Somatom Perspective CT scanner brings modern hardware and software to the YK Delta. Improvements in imagery and data are resulting in more consistent and proper diagnosis and shorter turnaround time for patients. Another imaging center opened on the second floor of the new primary care building.

Preventing undue exposure to radiation is important. With the new CT, exposure is decreased by at least 30 percent. The software also speeds up the acquisition and transfer of the images from the CT into the console, where the technologist can determine that the correct anatomy is in the image, and that the quality is good enough for correct diagnosis at the time of the exam.

We are now able to offer more types of exams, some of which have not previously been available, giving us the capability to identify certain conditions and illnesses locally, without having to send patients outside the region.

HOSPITALITY SERVICES

A new department was created to provide special services for patients. Due to the size of the new facility and the distance between one department and another, as well as the implementation of an integrated model of care, the need for a Hospitality Services Department became apparent.

Hospitality Services will employ greeters to meet and escort patients to their appointments and help them find their way around. Staff will also be doing specimen transport for the lab, patient transport, patient observation as needed, and other services that previously were part of several different departments.

BEHAVIORAL HEALTH

Behavioral Health Outpatient Clinic, Administrative Offices, Uqisquin, and Prevention Department have all moved into the new hospital and are located on the second floor.

We have expanded the Outpatient Clinic from five Master’s level clinicians to 15, with more to come in the years ahead. In addition, we are adding two new administrative assistants, two crisis response technicians and an emergency services case manager. It is our plan to offer more services in a timely manner in the very near future. We continue to provide services at our other locations, including Ayagnirik Healing Center, McCann Treatment Center, Crisis Respite Center, Sobering Center, and our group homes.

CT Technicians Ronald Fern and Nicholas Sanders with the new Siemens Somatom Perspective CT scanner.

Greeters, translators and security services can be accessed at the front desk in the new hospital lobby.
COMMUNITY HEALTH

18 HEALTH AIDE OF THE YEAR

Chester Mark, a former YKHC health aide training instructor, established the CHAP Emergency Fund to help current and former Health Aides with a family or personal emergency. The fund has helped 20 health aides in its first year. The fund is administered by the Bethel Community Services Foundation.

To be eligible for the funds, the emergency must impact the Health Aide or a direct family member, and the applicant must have worked at least two years as a Health Aide. YKHC Supervisor Instructors (SI) screen applicants and approve the awards.

Mark says, “I want to honor the many Health Aides who have served their communities selflessly, this fund is one way to reward and recognize them for their service.” If you are a Health Aide with an emergency and need financial assistance, contact an SI for more information and an application.

COMMUNITY HEALTH AIDE GRADUATES

Four students completed their training to become Community Health Practitioners (CHP) in May, 2019. These students have also earned a certificate in Community Health from the University of Alaska Fairbanks.

Katherine Evon is originally from Akiachak and now lives in Bethel. She has been a health aide for five years. “My interest was always in health care, and becoming a health aide was one of the ways I could help the people of this region.”

Pauline Mann, Hooper Bay. She has been a health aide since October, 2011. “When I first started working I didn’t think I would last very long. Today, I love serving my community.”

Joanna Nicholai is originally from Napakiak. Since November, 2008, she has been a health aide “on and off,” in Atmautluak, and Iltutuulik. “There were times I wanted to give up, but [instructors] encouraged me that I am doing good job as a health aide.”

Agnes Nicoli has lived in Aniak all her life. She has been a health aide for nearly seven years. “I was interested in the medical field after being on the dragon slayers since I was 13 years old.”

2018 HEALTH AIDE OF THE YEAR

Melody Kruger, CHP from Grayling, center, received the Health Aide of the Year award at the 2019 Tribal Gathering. With Dan Winkelman, President & CEO; Katherine Evon, Field Supervision Coordinator; Rahnia Boyer, VP of Village Health & Workforce Development; Asela Calhoun, CHAP Director. Melody logged more than 6,000 hours of on-call and covered many other villages as well as her own. Melody is the “go-to person” for on-call coverage, because she seems to thrive when she is busy. She cares deeply for the people of our region and it continues to show in her work.

CHAP EMERGENCY FUND

CHAP ITINERANT PROVIDER PROGRAM

The CHAP Itinerant Advanced Provider Program is increasing access to care close to home for our patients. It is also reducing unnecessary travel from remote villages to Bethel for routine care. One provider was able to cover more than 30 villages in the first year.

The program has 12 providers making an average of 12 village visits per week, sometimes offering evening and weekend clinic hours to serve our customers who work or have children in school.

This program complements village travel by Bethel-based providers as well as sub-regional clinic providers who travel several times a year to villages assigned to them. It also supports the model of team-based care at YKHC and continuity of care through provider collaboration.

The itinerants provide follow-up and acute care visits, include well child exams, immunizations, well woman exams, annual physicals, management of hypertension, management of diabetes, and refill of most medications. Itinerants are also on-call when Health Aides are not available and support Health Aides in any emergency that occurs while they are in the villages.

TOKSOOK BAY SRC STAFF LEARN BASIC LIFE SUPPORT

The Toksook Bay Sub-Regional Clinic team, working to strengthen the village health program, focus on quality, and improve patient experience, all trained to become certified in Basic Life Support (BLS).

BLS is patient care that first responders, healthcare providers and public safety professionals provide to anyone who is experiencing cardiac arrest, respiratory distress or an obstructed airway.

Lucy Therchik, Patient Registration Technician, said she took the class, “Because one day, if I am alone at work and someone collapses, I wouldn’t know what to do. Some days I am alone. It was a good training for me. The class let me learn more so I would know what to do.”

Students practice delivering breaths to an infant using a bag-mask device. From left: Elsie Chanar, Lucy Therchik, Sierra Charlie, Andrea Huey-Fahas.

Students practice high-performing CPR drills and learn the importance of teams in multi-rescuer resuscitation. From left: Elsie Chanar, Lucy Therchik, Byron Nicholai, Elsie Chanar, BLS Instructor Bill O’Brien.

DENTAL HEALTH AIDE THERAPISTS

DHATs have become an integral part of the dental care we provide for our patients. When selecting candidates to sponsor for the program, we look for people who are from our area and understand first-hand the culture in which they will be working.

Candidates attend a two-year intensive training program and then continue their training during a six month to one year-long preceptorship working under the direct supervision of a licensed dentist.

This professional and culturally competent care includes patient and community based preventive dental services, fillings and uncomplicated extractions. DHATs, mostly based in our sub-regional clinics, are able to diagnose, plan treatment, provide needed treatment and recognize treatment that needs to be referred to a dentist.

Students practice high-performing CPR drills and learn the importance of teams in multi-rescuer resuscitation. From left: Elsie Chanar, Lucy Therchik, Byron Nicholai, Elsie Chanar, BLS Instructor Bill O’Brien.

Joining our nine certified DHATs are three new graduates: Katherine Levi Tamji Woods and Ruby Oktikun, and Ruben Oktikun.
ACHIEVING SUSTAINABILITY

COMPASS LEADERSHIP & MANAGEMENT DEVELOPMENT

In 2019, YKHC’s Compass program celebrated seven years of providing culturally-relevant leadership and management skills for our Alaska Native employees.

The Compass program is a blend of traditional storytelling, hands-on experiences, project-based learning, focused self-reflection, mentorship, and classroom-style training.

This development program helps aspiring leaders gain skills in areas such as effective communication, emotional intelligence, goal-setting, leading and managing, project development, financial acumen, performance management, LEAN process improvement, and teamwork.

Over four months, the Compass participants spent more than 200 classroom hours learning management and leadership skills from various internal and external experts. In addition to their time in the classroom, they also had the opportunity to spend a full day in several departments across YKHC’s campus, learning about the corporation while gaining hands-on management experience.

With a goal of continuous improvement, each participant researched and presented on topics relevant to their career aspirations, team goals, and departmental growth. As a group, they also studied how (as an organization) we can improve our customer and patient experience.

In the seventh year of this important Alaska Native development program, we applaud the work of many across the organization. Most notably, the 64 employees who have successfully completed Compass, the 13 graduates who have gone on to become mentors in the program, the 17 who have enrolled in school or certificate programs, and the success of over 50 percent of graduates advancing into higher level positions.

CUSTOMER SERVICE TRAINING

2019 marked a five-year milestone on our Customer Service improvement journey, an accomplishment that supports our Naparet Strategy by improving the patient experience and drives to achieve a corporate culture of excellence.

After two years of research, development, testing, and evaluation, we launched YKHC’s first-ever standardized customer service training in 2017. During that year, all employees completed this full-day training. In 2018, customer service training was added to YKHC’s new employee orientation, ensuring all employees start their first day knowing our customers are central to all we do.

In 2019, we expanded our customer service training to include a communications skills course for our Emergency Department staff and a monthly customer service tip published in our employee newsletter. Additionally, in 2019, YKHC launched a new online safety and quality portal that enables us to more efficiently gather and analyze feedback from our customers (such as complaints, suggestions, and questions).

YKHC’s customer service training focuses on the full customer experience—from the moment an employee picks up the phone to the amount of time our patients wait to be seen, how clean our buildings are or if we have warm or cold coffee in the cafeteria.

A DECADE OF GROWTH

With the turn to a new decade, it is a good time to look back and reflect on the growth and changes that YKHC has seen through that time.

During the past decade, YKHC has grown in revenues by over $90 million annually. Ten years ago, the majority of YKHC’s funding came from the Indian Health Service. Today, more than 15 percent of our revenue comes from third-party collections, primarily Medicaid.

This change to being a stronger organization with more diverse revenue sources, which could rely on our third-party collections, is what has allowed YKHC to be able to build the new facility in Bethel and expand programs throughout the region.

The increased collections allowed YKHC to save money for the down payment on the Dr. Paul John Calricaraq Project, support on-going operating expenses and show lenders that we would be able to repay a loan in the future. Being in a strong financial position allowed YKHC to negotiate favorable loan terms by securing a strong bond rating.

As part of the PJCP, YKHC made the agreement with the IHS to provide the facility. The IHS would then provide a portion of the operating expenses to staff that facility and expanded regional programs.

YKHC saw another record year for revenue in 2019. With the completion of Phase I of the Dr. Paul John Calricaraq Project, YKHC received the first portion of the Joint Venture Agreement funds from IHS. These funds will help to pay a portion of the increased staff expense for YKHC as part of the Joint Venture Program. Fiscal Year 2020 will bring the completion of Phases II and III of the project that will complete our agreement with IHS for funding of the Joint Venture. The completion of the project will bring an additional $90 million annually to pay a portion of the operating expenses to the organization to use for payroll and operations.

Shown in the chart at the right is a breakdown of the most recent years’ total revenues. In addition to the increased funding from IHS in 2019, third party collections increased by $18 million over the previous year. These funds are very important to YKHC’s operations as third party collections are unrestricted dollars that we are able to use for loan repayment and other programs that IHS does not fund, such as the YK Elder’s Home. Grant funds remain steady year over year.

Other revenues are comprised mainly from residential rentals and cafeteria food sales.
We continually look for ways to improve the health care we provide to our customers. Obtaining and maintaining our Joint Commission Accreditation is an example of this, another is obtaining a Level IV Trauma certification for our Emergency Department.

There are five levels of trauma centers:

**Level I** is the highest and is capable of providing total care for every aspect of injury—from prevention through rehabilitation.

**Level II Trauma Centers** provide 24-hour immediate coverage by general surgeons as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care. Both ANMC and Providence Hospital are level 2 centers.

A **Level III Trauma Center** provides prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations, with 24-hour immediate coverage by emergency medicine physicians and the prompt availability of general surgeons and anesthesiologists.

A **Level IV Trauma Center** has demonstrated an ability to provide advanced trauma life support (ATLS) prior to transfer of patients to a higher level trauma center. It provides evaluation, stabilization, and diagnostic capabilities for injured patients.

A **Level V Trauma Center** provides initial evaluation, stabilization and diagnostic capabilities and prepares patients for transfer to higher levels of care.

**YKHC is a level IV trauma center.** All of our medical providers who take care of patients in the Emergency Department are certified in Advanced Trauma Life Support, a certification course to train providers in prompt evaluation and transfer of trauma patients. All of the nurses are certified in Trauma Nursing Core Curriculum (TNCC), a course that provides a similar level of training for our nurses. We work closely with ANMC and Providence to ensure that patients requiring transfer to a higher level of care receive the best care possible.

To maintain this certification, YKHC undergoes an annual review from the State of Alaska using the standards of the American College of Surgeons to ensure that all of the requirements are maintained. This results in improved emergency care for our patients.

**CUSTOMER FEEDBACK — OUR KEY TO IMPROVING SERVICE**

Using YKHC’s Customer Feedback process, customers can offer verbal or written comments, complaints, suggestions, or compliments about the services they’ve received. Verbal comments are handled as close to the point of service as possible. Written comments are responded to within three working days. Our goal is to deliver excellent customer service, especially when responding to suggestions and complaints.

**What’s New?**

We expanded Customer Feedback to include “grievances,” a written or verbal complaint concerning patient care that is not resolved by staff present at the time a complaint is made. The complaint may be about a patient’s care, abuse or neglect—or issues related to the hospital’s compliance with the Center for Medicare and Medicaid Services (CMS) Conditions of Participation.

The grievance process requires an investigation by an entity designated by the Hospital Governing Body. The Hospital Services Team was designated to be the Grievance Committee, which must be a group of interdisciplinary professionals willing to remain impartial.

A letter must be sent to the grievant within seven days of receipt, explaining the findings of the investigation, or alerting the grievant that additional days are needed to fully investigate the grievance.

We have developed a new Customer Feedback Form that includes contact numbers in the event that the grievant is not satisfied with YKHC’s resolution. The form can be downloaded from our website at www.ykhc.org—scroll to the bottom of any page on the website and click the “Submit a Comment” link in the lower right corner.

**Why the Changes?**

The Joint Commission (JCI) and the CMS believe that health-care organizations need to have a special process to investigate and resolve customer complaints that are actually grievances concerning care, abuse, neglect, and/or CMS Conditions of Participation; and that the grievant needs to be contacted via letter with the results of the investigation.