

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, November 8, 2012, 3 PM, *Happy Camp, CA*

A) CALL MEETING TO ORDER – PRAYER - ROLL CALL

AA) HEALTH MISSION STATEMENT

The mission of the Karuk Tribal Health Program is to provide quality healthcare for Native Americans, and other people living in the communities we serve as resources allow. Our purpose is to appropriately assess or reassess conditions of illness, disease, or pain, provide culturally appropriate educational, preventative, and therapeutic services in an environment of continuous quality improvement.

CH) APPROVAL OF THE AGENDA

EE) APPROVAL OF THE MINUTES (*October 11, 2012*)

F) GUESTS (*Ten Minutes Each*)

1. Arielle Halpern, Student

H) OLD BUSINESS (*Five Minutes Each*)

- 1.

I) DIRECTOR REPORTS (*Ten Minutes Each*)

1. Carolyn Ash, Dental Director (written report)
2. Annie Smith, Director of Community Services (written report)
3. Lester Alford, TANF Program (written report)
4. Vickie Simmons, Clinical Operations Administrator (written report)
5. Eric Cutright, IT Director (written report)
6. Lessie Aubrey, Executive Director of Health & Human Services
7. Patricia White, RPMS Site Manager (written report)

II) GUESTS: EMPLOYEE / NON HEALTH:

1. Carly Whitecrane, DNR
2. Craig Tucker, DNR

K) REQUESTS (*Five Minutes Each*)

- 1.

M) INFORMATIONAL (*Five Minutes Each*)

- 1.

N) CLOSED SESSION *(Five Minutes Each)*

1. CHS (dinner break)
2. Janelle Jackson
3. Barbara Snider
4. Tribal Council Members

OO) SET DATE FOR NEXT MEETING *(Thursday, December 13, 2012 at 3 PM in Happy Camp)*

P) ADJOURN

**Karuk Tribe – Health Board Meeting
October 11, 2012 - Meeting Minutes**

Buster called the meeting to order at 3:00pm, by Buster Attebery, Chairman

Present:

Russell “Buster” Attebery, Chairman
Michael Thom, Vice-Chairman
Joseph “Jody” Waddell, Secretary / Treasurer
Alvis “Bud” Johnson, Member at Large
Crispen McAllister, Member at Large (late)
Dora Bernal, Member at Large
Amos Tripp, Member at Large
Charron “Sonny” Davis, Member at Large
Wilverna “Verna” Reece, Member at Large

Agenda:

Michael Thom moved and Bud Johnson seconded to approve the agenda, 7 haa, 0 puuhara, 0 pupitihara.

Minutes of September 13, 2012:

Bud Johnson moved and Amos Tripp seconded to approve the minutes of September 13, 2012, 7 haa, 0puuahra, 0 pupitihara.

Michael Thom read the health mission statement aloud for the Council and audience and Sonny Davis completed the prayer.

Guests:

1. Judy Warren, HSU:

Judy is present to discuss community disaster preparedness. She is the regional coordinator for relevant information. She provides CERT training for individuals, individual families, the workforce and neighborhoods. There are trainings offered at the HSU campus. This group was established last year and is servicing the five northwestern communities. She covered several types of isolation incidents regarding such as earthquakes, floods, fires, etc.

Crispen McAllister arrived at 3:08pm.

Regional Training Institute (RTI)’s solution is to provide and partner with organizations by mitigating hazards, reduce injuries, save lives and recovery if an event does happen. She has a number of courses provided that HSU has and there are free classes that are provided and then there are additional classes that are taught on site if the organization would like to train a lot of their staff. She is funded by CalEMA and provides for an introduction to emergency preparedness, which she would like to see the Tribe hold a public meeting regarding, so that it can be provided to several people. Flo announced that she is a national level instructor for CERT. It teaches ordinary citizens to work with others on specific tasks, in an emergency. They are available for partnering with the Tribe to receive training.

Buster inquired about the course times; and it was found that they are provided in each community and the instructors would also be available to train onsite. Flo noted that in Weaverville she will be teaching courses Saturday and Sunday.

The Council thanked Judy for bringing information to the group and for the resource materials she left.

2. Tanya Busby, Pikyav Committee:

Tanya is present to seek approval from the Tribal Council to declare October as Domestic Violence month. Tanya would like approval of the resolution 12-R-112.

Amos Tripp moved and Crispen McAllister seconded to approve resolution 12-R-112 declaring October domestic violence awareness month, 8 haa, 0 puuhara, 0 pupitihara.

Tanya then went on to note that some t-shirts were made and she will be selling additional shirts regarding Domestic Violence month and with each sell, \$1.25 will go back to the program.

Director Reports:

1. Carolyn Ash, Dental Director:

Carolyn is present to provide a verbal report. She sent her written report but it was not provided to the Council. Barbara explained that the requirements of report submittal and it was determined that Dr. Ash sent it to Vickie Walden and it was not forwarded. She went on to highlight her report and provide an update of information on her scheduling to ensure that the facility is open at structured hours. The clinic is operating smoothly and the patients are accessing the facility.

The newly hired Happy Camp dentist was hired to replace Dr. Shook. She was born in New Mexico and moved to California. The audience and Council applauded her and welcomed her.

Michael Thom moved and Sonny Davis seconded to approve Dr. Ash's report, 6 haa, 0 puuhara, 2 pupitihara (Verna and Dora).

2.) Annie Smith, Director of Community Services:

Annie noted that the flu clinic was last Friday and there were several people who received them and even staff. What she discussed with the Council is the vaccine importance, which is protection for families and community members. She reported that vaccines prevent diseases and she is very proactive about them. If there is anyone who would like additional information please contact the clinics, but also advises to please take your vaccines and urge your children and grandchildren to do so. She will also come to Verna's home and provide a flu shot if she missed the clinic.

Annie then provided information on the pregnancy prevention program. It seems to be a lot of work but she anticipates it to work well. The program will work from December to December. She noted that she plans on advertising the program to ensure that the youth is educated.

She has been participating in webinars and the diabetes program is doing well and they are seeing more clients.

The native day festivities were on Saturday, held at KTHA in Yreka. Buster wasn't aware that there was so much going on that day. Clarence was involved and headed up the health education portion for the health program. The planning was done by Housing, and his office is there, so pulling the program in was very nice, since majority of the programs were unaware of the event. He gave away health backpacks. Charles Sarmiento told Buster about a full agenda that KTHA was having. Verna was not aware of the event either and she sits on the KTHA BOC.

Annie noted that the peanut butter and almond butter was distributed to several offices, homes, and elders which was provided to the Tribe as a donation. Flo noted she fielded several calls regarding "recalled" peanut butter but followed up that this shipment was not a part of that, and it is fine to eat.

Michael Thom moved and Sonny Davis seconded to approve Annie's report, 8 haa, 0 puuhara, 0 pupitihara.

3.) Lester Alford, TANF Program Director:

Lester is present to review his report. He noted that the TANF training caused some staff to not like the new changes, but it will be a good move to have in-house review uploaded prior to payments being made.

Current caseloads by site were provided and the report will be a little different, noting active clients. The new application is provided to the Council, which is an upgraded version to what is used now. It is designed for TAS. The application is streamlined to collect the information necessary for the system. Best practices amongst case managers training is being provided and he would like to request the staff attend. The Council will table this, as it was understood not all staff may need to attend, since onsite training was done.

Lester then went on to seek approval of the revised policies that includes one change to the Family Services Manager, which the Tribal TANF Program doesn't have. It is simply a title change and that is all, there were no other changes. Also, this letter is printed from the system so it should match what is being changed. The policies will be tabled to Thursday and the application will be sent to the TANF staff meeting for review by the staff that use the information prior to the Council approving them.

Lester also updated the Health Board on the confidentiality breaches that happen and he has instructed his staff to not speak on cases unless there is a release of information on file. Lester will work with a specific client on the issue addressing any and all the complaints regarding TANF.

Crispen McAllister moved and Michael Thom seconded to approve Lester's report, 8 haa, 0 puuhara, 0 pupitihara.

4. Vickie Simmons, Clinical Operations Coordinator:

Vickie has received complaints recently and there are changes being made so as long as Directors handle their programs as they arise then that would be consistent with best practices.

The Council inquired about the supply line item as reported in Vickie's report. Patty provided an update on the report regarding dental supplies, Yreka clinic's costs are rising. Patty then noted that she isn't sure what the staff is spending, she just provides the report. Buster was unclear on how the reporting is done on the spending. Patty noted that the report is to identify how to lower the cost to the patient, which is a HRSA required report project. The dental exam form part 3 is down 70% to 50%. Patty noted that the section dropped, because the Yreka Dental office did not put the required information in the charting. Of the random selection of charts, that information is brought out and provided to the ACQI Committee, including the needs discussed. Buster then went on question the blood pressure checks. Vickie explained that the low numbers note that there is no documenting and/or non-compliance issue with the b/p checks. Dr. Ash explained that she is doing them and explained the policy for dental b/p checks and referrals to the medical providers but she sees some hesitation from the medical providers and they don't like the dentists in the medical field. However, there are protections that the staff must have in place, such as patients with hypertension and a history of high blood pressure being checked prior to receiving dental care. This is an ongoing project in the health program and they will continue to discuss it to meet the needs of the program and the patients.

Michael Thom moved and Crispen McAllister seconded to approve Vickie's report, 8 haa, 0 puuhara, 0 pupitihara.

5. Eric Cutright, IT Director:

Eric is not present and no report is provided. This discussion will be tabled to the Thursday Planning Meeting.

6. Lessie Aubrey, EDHHS:

Lessie first let Suzanna Hardenburger provide an update to the Council on write-off claims for the billing office.

Michael Thom moved and Crispen McAllister seconded to write off claims of \$10,650.99 from the Tribes billing department, 8 haa, 0 puuhara, 0 pupitihara.

Lessie then went on to provide the break out of the community needs analysis. Verna noted that the graphs do not show what the colors are when they are printed. Lessie provided an explanation of the rates of pap smears. She then noted that there needs to be identification of an after-hours care service. For mental health there was an anonymous survey, but there were identified issues with information being provided by the clients.

Lessie sought approval of the position descriptions. Verna inquired if there if funding in the budget and if they were reviewed as instructed by Human Resources. Lessie commented that she did have Tamara review them for formatting but that was about it, because the changes she would like to include are not needed; Lessie has identified the needs for the Health Program. She also would like the revised GPRA position approved but that was not discussed or finalized with Laura Mayton but upon discussions apparently there is funding in the budgets for the changes that she would like to implement.

The position descriptions were tabled until a clear discussion of both HR and Lessie and Laura finalize the funding, formatting and an organizational chart.

Lessie is concerned over the wood storage for the old KCDC Building. She noted that the program does not have specific funding but she did discuss this with Fred and he can provide a safe storage of the wood for approximately \$500. Laura announced that the funding can come from different programs.

Verna Reece moved and Jody Waddell seconded to approve enclosing the carport to protect the firewood of the Social Services program from program dollars, third party, or discretionary if required, 8 haa, 0 puuhara, 0 pupitihara.

Dora Bernal moved and Crispen McAllister seconded to approve Lessie's report, 8 haa, 0 puuhara, 0 pupitihara.

7. Patricia White, RPMS Site Manager:

Patti is present to provide her report to the Tribe. She is still working with Lessie and Vickie until positions are filled. She is excited to have her former position as the RPMS Site Manger. It is a favorite position of hers and she is looking forward to working in it. She will continue to provide reports for the Council but if there is anything specific they would like to see then they should just let her know.

Bud Johnson moved and Dora Bernal seconded to approve Patti's report, 8 haa, 0 puuhara, 0 pupitihara.

Guests: Non-Health Employees:

1. Laura Mayton, CFO:

Laura explained that the Indirect Cost Rate proposal for FY13. She noted that the staff has to be identified and the costs to the program based on those needs. The rate appears to be 50% of wages and she would like approval to submit her proposal for the Tribe.

Amos Tripp moved and Crispen McAllister seconded to approve the Indirect Cost Rate for FY13, 8 haa, 0 puuhara, 0 pupitihara.

Closed Session:

Verna Reece moved and Michael Thom seconded to approve the transition of employee #2304 to a position in Finance as Controller and post the vacancy immediately, 8 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Michael Thom seconded to approve providing a support letter to Tribal Member #1071 to view and access the Smithsonian toward to obtain her master's degree, 8 haa, 0 puuhara, 0 pupitihara. The Council would also like a copy.

Informational: to obtain a copy of the recent NBS special regarding salmon and dam removal. Discussion of the comments by employee #8628 in recent meeting forum were noted.

Crispen McAllister moved and Amos Tripp seconded to approve providing up to \$50 in People's Center merchandise for the Junction Elementary Booster Club Annual Halloween Carnival, 8 haa, 0 puuhara, 0 pupitihara.

Consensus: to deny the request from former employee #GC.

Michael Thom moved and Amos Tripp seconded to approve the revised People's Center Coordinator/Tribal Historic preservation Officer position description, 8 haa, 0 puuhara, 0 pupitihara.

Informational: District meetings will begin October 25, 2012 with the Yreka District and also a forthcoming request will be to use the Tribes accounting system for fundraiser run.

Amos Tripp moved and Bud Johnson seconded to send Buster to NCAI Monday and Tuesday, 8 haa, 0 puuhara, 0 pupitihara.

Dora Bernal moved and Crispen McAllister seconded to approve cancelling Jaclyn's travel to San Diego, CA, 8 haa, 0 puuhara, 0 pupitihara.

Bud Johnson moved and Crispen McAllister seconded to adjourn at 7:16pm, 8 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider



Karuk Tribe

Karuk Tribal Health Board Report For Meeting Date November 8, 2012



Dental Yreka Report as of October 31, 2012

1. Our continuing clinic hours of 7:30-5:30 Monday through Friday is working exceptionally well.
2. The support staff (other than the assistants), are joining us at 8:00-5:00 with an hour break for lunch and are enjoying the busyness of the practice. We are continuing to see emergency patients on Tuesdays and Thursdays and we average 12-15 patients seen during our regularly scheduled patients. We have a dedicated operatory for the emergencies and whenever a doctor is available, that emergency patient is seen and either treated, referred to a specialist or asked to call back in several weeks to decrease the scheduling burden. During the month of September both clinics saw 193 new patients and 519 established patients for treatment. In the month of October, both clinics saw 120 new patients and 634 established patients for treatment.
3. The Dentrax System that we launched last month has been wonderful but has had it's own problems with respect to RPMS. Relative to the Dentrax System, we need an interface so that the software from Dentrax can "talk" to the RPMS software. Due to the National Rollout Program barring tribes/IHS clinics from acquiring this interface unless going through this program queue, the Karuk Dentrax acquisition was burdened by not having this interface. Patti White has been working on acquiring an interface that will be of different origin but will save the tribe thousands of dollars and will allow our two systems to communicate so that double entries are not required as has been done in the past (will save hundreds of hours as well).
4. Our position for a full time DA/RDA closed last week and we are in the process of reviewing applications and finalizing interview plans. We will keep you posted regarding any developments in this area.
5. Dr. Veronica Brassae will start work on November 1st to start seeing patients here in Happy Camp. She looks forward to the beauty of Happy Camp with her two sons (12 and 14), and is eager to learn about the Karuk culture. We are enthusiastic about her joining us and are hoping that she will stay with us a very long time!
6. On Oct 31, 2012 Nikki and Vickie will be working with the Happy Camp Family Resource Center at the Happy Camp Elementary Schools Halloween Carnival and parade, from 12:45 PM to 3:pm They will be doing Oral Health Education and giving out oral hygiene supplies.
7. Things have been quiet at Happy Camp Dental since Dr Shook left. The staff there is looking forward to working with Dr. Veronica Brassae and seeing patients again.

8. Hygienist Nikki Hokanson has completed the Karuk Happy Camp Head Start dental screenings and will be working with the Siskiyou County School Nurse to schedule the elementary school dental screenings along the Klamath River corridor.
9. Vickie Walden is working on the last two weeks of September and all of October HC Dental visit entrees.



Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

Board Report: November 11, 2012

Annie Smith PHN

Action Items:

None current

October Activities:

We had Flu Clinics in Happy Camp, Yreka and Orleans. We had excellent turnout in all three clinics. I was thrilled that we had such a significant increase over last year. Many of our patients who refused last year have gotten them this year. Many of our Elders are now immunized. In Orleans, Sammi and I went house to house in the Senior housing. Sammi set it all up in advance and we just moved down the block with my special immunization box.

We have had an abundance of requests for transport s in Happy Camp. I met with Lessie and we talked about priorities and that the Elders are the top priority. I also met with Anna on what is available to our patients such as gas vouchers and bus tickets. I am developing a process that will screen whether the patient can ambulate and go to Yreka by bus or if money for gas is the only problem preventing them from getting to their destination. Any of our Elders or other Karuk Members who cannot ambulate or have family take them we will then transport. Additionally I am personally going to review each request for transport. We will also try to take more than one transport at a time and every attempt to schedule more than one patient at a

time. I know this time of year there are many outside appointments before the bad weather moves in, but lately there have been so many transports that the Elder Program is beginning to suffer.

I explain this is advance because I believe if you all know the situation and if Tribal members have any trouble getting to appointments please direct them to me. Our Team wants to do everything in our power to help our Tribal members, but we also have our Elders as the top priority.

The diabetes grant year has come to an end. The full report on that will come to you when I finish my year-end report for IHS. It took longer than I hoped for my certification due in part to the difficulties of software issues on the UC Berkeley side. They are now receiving my pictures with ease. I am in the midst of training Cindy Hayes in Yreka and Jodi Henderson in Happy Camp. That way we can be assured of all the retinal photos being done immediately upon assessment by a provider.

The new assistance program for in-home support is working very well. I am very happy these Elders are able to stay in their homes but still receive direct care. There is quite a bit of paperwork at first but the work is worth it. Thanks to Bob Attebery for his great assistance with this.

Our pregnancy Prevention Program is moving forward. It seems like daily I receive more curriculum to read in preparation for teaching the classes we have planned. When you see any of our youth with red sweatshirts with the BART written on the back, (Becoming a Responsible Teen) please give them encouragement. I will be required to go down to Sacramento next month for additional training for this project before the classes actually begin.

Trainings:

Webinar from IHS: *GPRA flu forecasting and tracking 10/10/2012*

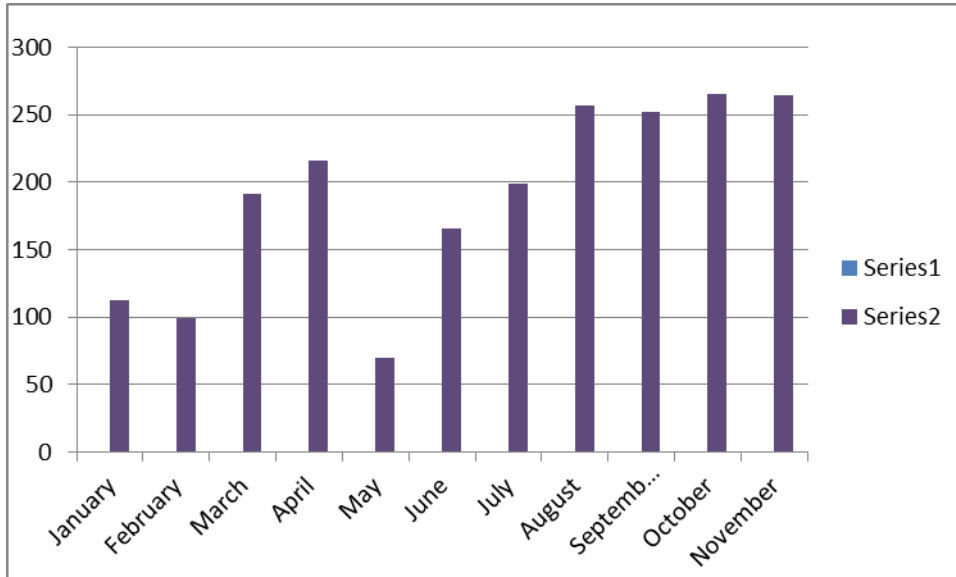
Webinar: *SDPI's role for improvement part 110/10/2012*

Webinar: *Can-Do call for RN's and Public Health Nurses for Diabetes Programs.10/17/2012*

Webinar: *Mandatory Tribal Prep Training (Pregnancy Prevention Program) 10/26/2012*

Webinar: *EyePACS Learning Community - Your Role in Blindness Prevention in the Local, National, and Global Community 10/29/2012*

Workload reports:



Finance Report:

The servers have been down so I will run my reports on my accounts as soon as they come back up and will hand them to you at the Board meeting. Suffice it to say I am under budget and have great help and patience from Laura Ollvas in spending appropriately.

KARUK TRIBE

Karuk Tribal TANF Program
October 2012 Monthly Report

November 1, 2012

Program Report Summary

Sites:

Active Clients (Program Totals) Report: (See attachment (A)) – KTCP-Active Cases as of 10/31/2012)

Work Participation Rate Report: (See attachment (B)) – KTCP – WPR – Monthly Summary for 9/2012)

Staffing/Training:

Current staffing shortages include – Program Service Manager

Currently reviewing staffing and case load

TAS training for Staff- Individual Site Training on individual TAS modules

TANF Form(s):

TANF Application for the TAS software – Requesting approval of the TANF application implemented (see attachment)

Appeals, Complaints, and Grievances – Minor complaints

Case Management –


A 100% audit (in progress).

All cases will be audited to ensure the case file is complete.

Projects – Hired a new Cultural Coordinator – Phil Albers. He is currently working on review past activities and coming up to speed in what we have provided.

Up-Coming TANF Events –

Submitted By:


Lester Lee Alford, Jr.
TANF Executive Director

Karuk Tribal TANF Program
Active Cases as of
10/31/2012

Orleans TANF Office

Total number of Child Only/Non-Needy families	3
Total number of One Parent families	6
Total number of Two Parent families	1
Total number of cases is	10

Happy Camp TANF Office

Total number of Child Only/Non-Needy families	1
Total number of One Parent families	8
Total number of Two Parent families	1
Total number of cases is	10

Yreka TANF Office

Total number of Child Only/Non-Needy families	10
Total number of One Parent families	28
Total number of Two Parent families	18
Total number of cases is	56

Total number of Child only cases program wide is	14
Total number of 1-Parent cases program wide is	42
Total number of 2-Parent cases program wide is	20

Total number of cases program wide is **76**

Karuk Tribal TANF Program

WPR - Monthly Summary for 9 / 2012

10/31/2012

Type of Family for Work Participation

One parent families	31
Two parent families	12
Child Only Family	17
Total Cases Reported for this Period	60

Current Case Load by Site

Humboldt	2
Siskiyou	58
*Total Cases: 60	

Work Participation for All Families

Cases that did the hours required	15
Cases required to work	39
Work Participation Rate	38.46 %
2012 Work Participation Rate is 25%	

Current Case Load by Staff

CHOSTLER	5
IMIRANDA	21
KKING	1
LAUBREY	8
MCHARLES	22

Client TANF Payments

Total Payments	\$39,553.00
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Number of Clients Participating by Activity Type

049 - Unsubsidized employment	3
050 - Subsidized Private Sector Employment	0
051 - Subsidized Public Sector Employment	0
052 - Work Experience	2
053 - On-the-Job-Training	0
054 - Job Search - Job Readiness	1
055 - Community Service Programs	0
056 - Vocational Education Training	0
057 - Job Skills Training Directly Related to Employment	2
058 - Education Directly Related to Employment - No HSD/GED	1
059 - Satisfactory School Attendance For Individuals - No HSD/GED	0
060 - Providing Child Care to TANF Clients participating in a Community Service program	1
062 - Other Work Activities	12

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting

November 8, 2012

Vickie Simmons

ACTION ITEMS:

None

OCTOBER ACTIVITIES:

1. I submitted my Health Board Report on October 4th, my monthly immunization report on October 4th and my ACQI report on October 8th.
2. On October 21st I submitted four immunization reports; the 3-27 month, the two year old, the adolescent and the adult.
3. I attended the ACQI meeting on the 10th and the health board meeting on the 11th.
4. I worked extensively on the locum tenens paperwork, lodging arrangements and orientation for the two physicians who are/have temporarily replaced Dr. Burns.
5. I have been working with credentialing and privileging paperwork for our new dentist Dr. Veronica Brassea.
6. I counseled with several employees who called me about the firing of Dr. Burns. The employees were concerned about their futures and what this firing would mean to their jobs. Other personnel issues this month were handled by Lessie, Tracie Lima and I.
7. I worked on patient concerns, complaints and requests. I also filed incident reports.

OCTOBER CONFERENCE CALLS/WebEx'S/TRAININGS:

October 12 – GPRAMA Webinar

October 17 – eRx Call

October 17 – CanDo Call with California Area

October 19 – RPMS Package Version 8.5 Patch 3

ACQI COMMITTEE MEETING:

The ACQI meeting agenda, performance improvement projects, and reports for October are attached. August minutes are attached. September minutes are not yet available.

BUDGETS:

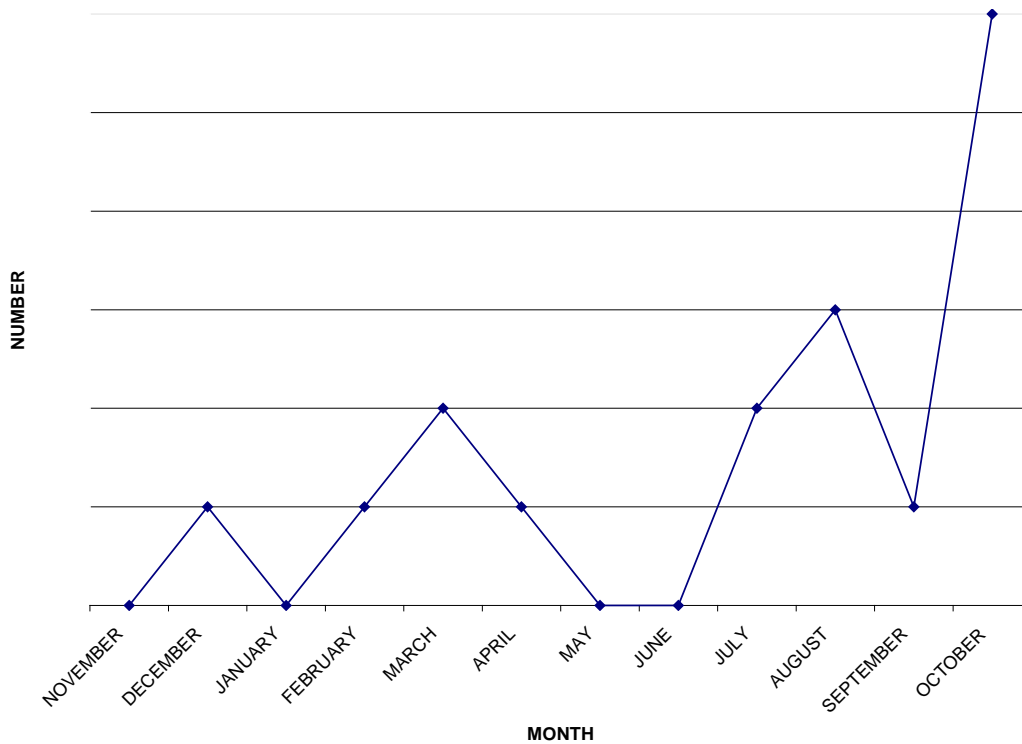
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Program	CQI
Budget Code	300002
Program Year	2012-2013
Expenses to Date	\$
Balance	\$
Percent Used	%

WRITTEN COMPLAINTS:

Complaints 2011-12	Provider	Employee	Services
November	0	0	0
December	1	0	0
January	0	0	0
February	1	0	0
March	1	1	0
April	1	0	0
May	0	0	0
June	0	0	0
July	2	0	0
August	1	1 1/2	1/2
September	1	0	0
October	1	1	4

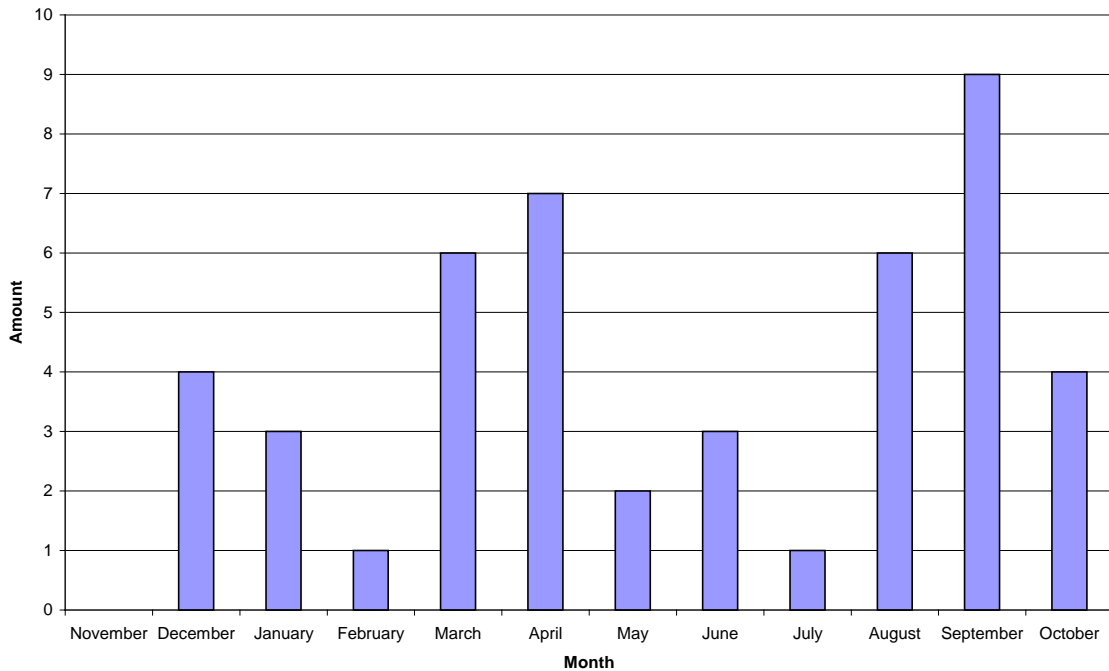
COMPLAINTS 2011-2012



INCIDENTS/OCCURRENCES:

2011-2012	Miscellaneous
November	0
December	4
January	3
February	1
March	6
April	7
May	2
June	3
July	1
August	6
September	9
October	4

Incidents/Occurrences 2011-2012



Respectfully Submitted,

Vickie Simmons
Clinical Operations Administrator

**Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
October 10, 2012
8:15 am-10:00 am**



1. Call Meeting to Order - Vickie Simmons
2. Roll Call/Sign In – Vickie Simmons
3. Approve Agenda – Vickie Simmons
4. Approve Minutes of August 8, 2012 and September 12, 2012
5. Performance Improvement Reports-Based on July, August & September 2012 Data
 - 5.1 GPRA Report -Vickie Simmons
 - 5.2 Increase number of patients seen- Lessie Aubrey/Vickie Walden
 - 5.3 HIV Report-Amy Coapman
 - 5.4 Flu Vaccine Report (if data available)-Jodi Henderson
 - 5.5 HC Dental Report – Cheryl Tims
6. New Business
 - 6.1 _____
 - 6.2 _____
7. Old Business
 - 7.1 _____
 - 7.2 _____
8. Complaints/Incidents/Suggestions –Vickie Simmons
9. Policy Approvals:
10. Next Meeting November 7, 2012 at 9 am- Reports Due based on 3rd Quarter 2012-July to Sept. 2012 : KCHC Medical Audit – Carrie Davis, Orleans Medical Records – Isha Goodwin, Yreka Medical Records – Charleen Deala, Increase Pap Smears Project-Vickie Simmons, Dental Project 2012-Vickie Walden, HTN Project-Fabian Alvarado
11. Adjourn



Karuk Tribal Health Program
August 8, 2012 ACQI Meeting
Meeting Minutes

1. Call Meeting to Order - Vickie Simmons at 8:15 AM
2. Roll Call/Sign in – Patti White- in Happy Camp: Vickie Simmons, Patti White, Pat Hobbs, and Vickie Walden. In Yreka: Dr Milton, Mike Lynch, Charleen Deala and Amy Coapman.
3. Approve Agenda – Vickie Simmons Agenda approved with changes, with a motion made by Patti White and seconded by Vickie Walden, motion carries with no abstentions or objections
4. Approve Minutes of May 9, 2012, and July 11, 2012- minutes of May 9 and July 11. 2012 were approved with a motion made by Patti White with corrections, no abstentions or objections.

5. Performance Improvement Reports-Based on April May and June 2012 Data
 - 5.1 Dental Project 2012-Vickie Walden
 - 5.1.1 Vickie asked that this be tabled due to data not available in the RPMS system yet.
 - 5.2 KCHC Medial Records Audit-Carrie Davis-Repot was read into the record by Patti White.
 - 5.2.1 Purpose: Identify areas for improvement in the Electronic Health Records Management and documentation processes
 - 5.2.2 Goals: Find Problems and find ways to improve them.
 - 5.2.3 Data: for April May and June a random selection of 5 female, 5 males and 5 pediatric patient records from each provider were reviewed. They found documentation in the following areas needs to improve.
 - 5.2.3.1 No orders in EHR but shot given; only record of shot was in chart note.
 - 5.2.3.2 Orders not being signed off.
 - 5.2.3.3 Sports Questionnaire recorded in chart as Health Questionnaire
 - 5.2.3.4 Health Questionnaires out of date or in chart and not documented in E.H.R.
 - 5.2.3.5 In E.H.R. it looked like two notes in same day, but when printed it showed date of visit as the day before, but both visits were documented on the same day.
 - 5.2.3.6 Also attached to the project report included detailed graphed data for each provider: These graphs showed that providers or nurse/medical assistants did not verify some of the orders, an injection was not documented correctly; some Immunizations were not documented correctly; and some Health Questionnaire reviews were not documented correctly.
 - 5.3 Yreka Medical Records Audit-Charleen Deala
 - 5.3.1 Charleen said the Yreka Report findings were very similar to Happy Camp.
 - 5.3.2 Purpose: Identify areas for improvement in the Electronic Health Records Management and documentation processes
 - 5.3.3 Goals: Identify problems in the EHR.
 - 5.3.4 Data: That a collection of 5 females, 5 males and 5 Pediatric Patients were chosen randomly in the Electronic Health Record.
 - 5.3.5 Problems: The biggest problem found was: with the Health Questionnaires (there nine not done correctly); some documentation in immunizations; and they fell way down the documentation of height and weight in the vitals area.
 - 5.3.6 Discussion: There discussion on the report findings than included: why documentation is not getting done; is there some part of our current process that we changed to ensure we are getting the documentation correct. Dr Milton stated that when the provider misses the health questionnaire they go back to the front and are not always returned back to the provider for review and initials. Decision: From now the providers will initial the health questionnaires and Medical Records Clerk will return any unsigned health questionnaires back to the providers for them to review and initial. Once the health questionnaire is reviewed and initialed, the provider has a place in E.H.R to document their review of the health questionnaire.
 - 5.4 Medical Records Data Question: Vickie Simmons- When a woman puts on her health questionnaire that she has had a hysterectomy, who is entering that information into their health record? There was some

discussion and the conclusion was it is not getting done at this time. Vickie S. said that once this information is entered in the electronic health record, the patient no longer be flagged as due for a PAP. Amy said that there is a place in E.H.R for the providers to enter this historical data and she will do a refresher with the providers that want one. Also it can be entered in the problem list but it has to be coded correctly to be picked up for GPRA. Vickie S said if she sees the information in the provider's visit notes, she's been entering it in the RPMS women health section. Amy said that she will show Vickie S. an easier way for her to enter the information into E.H.R.

5.5 Orleans Medical Records Audit-Isha Goodwin- The committee tried but was unable to connect to Orleans so Vickie S. will read Isha's Orleans Medical Records Report into the record.

5.5.1 Vickie said that the report shows that Orleans missed only one Health Questionnaire and everything else was done correctly and they found no other problems at this in this quarter. There is data and graphs attached to her report.

5.6 Increase number of Pap Smears-Vickie Simmons

5.6.1 Vickie S. asked that the group go to page 2, section IV of her report and they will see: The Comparison of Current Performance Against Performance Goal- the UDS Report on 8/2/12 shows our PAP rate was 44.6%. Vickie said that we are on our way to meet and maybe excel our goal for the UDS Report. Vickie said we need to collect the information on patients that get their PAP done at other clinics and enter the when and where it was done into E. H R. as past procedures/historical data in order for them to count as being done, in our GPRA report and the UDS Report.

5.7 HTN Project-Fabian Alvarado- **Tabled**

5.8 Flu Vaccine Project-Jodi Henderson

5.8.1 Vickie S said that Jody said her report only needs to be done every three months, but truly the flu season begins (to be able to pull a GPRA report) Sept 1 to March 31 and the report she turned in last time was for the end of the flu season, so we will not see another report from Jody until the next flu season. There was some discussion on having a flu clinic at the High School or contact the Public Health to let them know we missed them last year and would like them to do a flu clinic in Happy Camp if Possible this year. The conclusion was that we would have Annie in contact the Public Health Program regarding their schedule and if they were not coming to Happy Camp we could plan on having a flu clinic.

5.9 Increase Number of Patients Seen-Lessie Aubrey/Vickie Walden- **Tabled** Lessie is on travel and Vickie said that they are having a problem collecting the correct data from our current RPMS that shows "unduplicated patients", which is needed in order for them to do this report. There was some discussion and Patti White said she will check and see if we can do the report using visits instead of "unduplicated patients". That she thinks there is a misunderstanding as to what HRSA wants.

5.10 Eligibility Report-Sharon Denz (Yreka-) (Tabled in June based on Jan Feb March 2012 Data)-**Tabled**

6. New Business

6.1 Performance Improvement Projects for HRSA – Patti White

6.1.1 Patti said that in the HRSA new application they added three new projects. Patti said thanks to Amy they were able to run some reports. They found that the new projects are related to the Meaningful Use Reports.

6.1.1.1 Patients with a diagnosis of coronary artery disease prescribed a drug lipid lowering therapy. From the data that Patti ran yesterday for 2012 year January to date, shows we are at 23%. In response to a question from Vickie Simmons, Patti stated that this means that 23% of our patients with CAD (coronary artery disease) are on a lipid lowering therapy program. There was more discussion on this subject, because there were questions from the group about the numbers being correct (i.e. due to prescriptions refills not being entered and counted in our current system) in the Patti ran. After much discussion it was decided that for this performance improvement project our restrictive factor is; individual treatment does not always indicate a lipid therapy, a factor that contributes is that our providers will do medication reconciliation for each patient at each visit (as part of the medication reconciliation patients will be given the Wellness Handout) and our target goal will be 2% per year. During this discussion Vickie S. asked Amy about when we are going to get e-prescribing. Amy said we are ready and it should

be soon. Vickie commented, once we are e-prescribing it will take care of our current issues with the refills being entered and counted.

6.1.1.2 Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA), or who had a diagnosis of Ischemic Vascular Disease (IVD) and who had documentation of use of aspirin or another antithrombotic during the measurement year. Patti white said that our numbers for now show that we are at 31% (last year we were at 30%). Amy said this would include patients on antiplatelet therapy. There was discussion on how we might capture patients' information on the patients that are buying over the counter aspirin: on E.H. R reminders for aspirin therapy, Amy said we do have a reminder just for diabetics. Amy looked up the reminders for aspirin therapy and there are three, one that she has not deployed yet. They are for adult diabetic females, males and the one not deployed yet, is aspirin therapy for diabetics with known cardiac disease. It was decided that our target goal is 2% and Patti said that she would come up with the key factors and restrictive factors.

6.1.1.3 Colorectal Cancer Screening- Percentage of adults 50 to 75 years of age who had appropriate screening for colorectal cancer (includes colonoscopy \leq 10 years, flexible sigmoidoscopy \leq 5 years, or annual fecal occult blood test). Patti said that were in the 30% range last year and are in the 30% this year. Vickie S. said that it did not sound right, that that is a GPRA Target and she thought we were doing better than 30%. Patti mentioned that we were did a PI Project on this and let it drop because we were doing ok. After a short discussion it was decided that we would send out the GPRA, Diabetic, and the New HRSA Measures out to the providers. One of our restricting factors is patient's compliance, a contributing factor is our E.H.R reminders and it was decided our target goal will be 2% (we will re-evaluate the project and may change our target goal during the grant years.)

7. Old Business- None
8. AAAHC Update-Vickie Simmons- Vickie S said we're still waiting for the results of our AAHC Survey.
9. Incidents/Suggestions –Vickie Simmons-
 - 9.1 Incident Reports:
 - 9.1.1 For HEP vaccine was not available. Solution-we are in the process of establishing a committee to look at vaccine availability issues.
 - 9.1.2 Sharps Injury- A nurse got a needle stick while disposing of outdated medications. We do have policy and procedures in place and they were followed.
 - 9.1.3 For two lost checks and Mike Lynch is following up on this incident.
 - 9.1.4 For Clinic Front Door left open all night. Solution was to update the procedure, a second person was appointed to check the doors before leaving the clinic.
 - 9.2 Suggestions:
 - 9.2.1 Transportation services for children. Solution: Vickie S wrote a note to the person and let them know that the health program does transportation services available.
 - 9.2.2 Drug testing needed for the Head Start Staff- Vickie S sent this suggestion on the Tribal Chairman Buster Attebery since it did not have anything to with the health program.
 - 9.2.3 Tribal Property at #10 Fourth Street is an overgrown eye sore. Vickie S. sent this on to Chairman Buster Attebery.
 - 9.2.4 To have music in the clinic waiting rooms. Music playing in the waiting room is ok as long as it is easy listening music and not too loud.
 - 9.3 Complaints: Currently working on two complaints
10. Policy Approvals:
 - 10.1 Senior Services No Changes from 2008 - spelling corrections:
 - 10.2 Conflict of Interest Policy – remove annual from the policy, currently we are doing this every two years. Both Policies were reviewed and approved with a motion made by Pat Hobbs and seconded by Vickie Walden, no objections or abstentions motion carries.

11. Next Meeting September 12, 2012 at 8:15am- Reports Due based on April, May, and June 2012 Data: Eligibility Report Happy Camp-Orleans and Yreka-Sharon Denz, Lower total cost per patient-Patti White, Childhood Immunization Rates-Vickie Simmons, Yreka Dental Audit-Susan Beatty, and Happy Camp Dental Audit-Cheryl Tims.

A motion was made by Pat Hobbs to adjourn the meeting, seconded by Vickie Walden and passed with no objections or abstentions.

Meeting minutes are respectfully by Vickie Walden on 10/09/12

Karuk Dashboard

2012 - 4th Qtr.

GPRA Report Unofficial

TO: ACQI Committee

FROM: Vickie Simmons, Clinical Operations Administrator

DATE: October 10, 2012

SUBJECT: GPRA 1st Quarter Report 2013

Please find the **unofficial** 2013 GPRA 1st Quarter Report below.

With the new GPRAMA measures this report may have a new look in the future. We have now entered the second quarter of the 2013 GPRA year.

GY2013 1st Qtr. Dashboard	End of Year Karuk	End of Year National Avg.	End of 1st Qtr. Karuk	GPRA13 Target	Goal 2013	2013 End of 1st Qtr. Results - Karuk
DIABETES						
Diabetes Dx Ever			9.3%			N/A
Documented HbA1c			50.5%			N/A
Poor Glycemic Control >9.5			7.2%			
Ideal Glycemic Control <7			19.8%			
Controlled BP <130/80			22.5%			
LDL Assessed			22.5%			
Nephropathy Assessed			23.4%			
Retinopathy Exam			8.1%			
DENTAL						
Access to Services			16.0%			
Sealants			83			N/A
Topical Fluoride- Patients			123			N/A
IMMUNIZATIONS						
Influenza 65+			24.5%			
Pneumovax 65+			87.7%			
Childhood Izs			24.1%			
PREVENTION						
Pap Smear Rates			41.1%			
Mammogram Rates			33.6%			
Colorectal Cancer Screening			57.4%			
Tobacco Cessation			12.0%			
FAS Prevention			12.8%			
IPV/DV Screen			10.0%			
Depression Screening			17.0%			
Comp. CVD-related Assessment			2.1%			
Prenatal HIV Screening			33.3%			
Childhood Weight Control			22.2%			N/A
						<i>Measures Met =</i> <i>Measures Not Met =</i>

Karuk Tribal Health and Human Services

1. Purpose of this study is to keep accurate data on the influenza vaccine. The current population served current numbers and patients receiving influenza vaccine in our clinics.

A. Audits were run in the past weeks and it was found we have given more flu vaccine in 2011 than years past.

B. We have received this year's allotment of VFC.

Reorder for VFC has been submitted.

All Clinics have received our purchased Influenza Vaccines.

C. We found through the audits that documentation and orders didn't always match and we have implemented changes.

The changes have been in place for several months and we seem to be capturing all documentation. Providers now match their orders to stock and lot numbers are entered into E.H.R. and in the log book. April Spence and Sharon Meager question all orders if nothing is entered into the vaccine package.

2. Identification of the Performance Goals.

A. We are carefully monitoring our CQI through E.H.R., RPMS and documentation. This year all vaccine was delivered to its intended clinic.

Yreka received 500 doses purchased 10 preservative free, from VFC they received 40 doses

Happy Camp Received 500 doses 10 doses preservative free purchased and 40 VFC.

Orleans didn't respond, Melinda is out on leave.

3. Description of Data.

A. All Log sheets, EHR, RPMS information.

4. Evidence of Data collection

A. A request was made to Orleans and the Yreka clinic for log sheets for influenza which were received.

B. We received our new flu year allotment in Sept.2012 so reports from RPMS will not cover this quarter.

Currently Yreka has given 158 immunizations with purchased stock and 22 immunizations with VFC.

Happy Camp has given 112 with purchased product and 24 with VFC

5. Data Analysis.

A. We have been pulling together data from years past as well as present data to be able to accurately track our patients and vaccine.

6. Comparison of current performance against performance goal.

Our goal this year should be based on a percent.

A. percent will be based on committee findings

7. Implementation of corrective action to resolve Identified problem.

A. We now have logs that include the lot number and pts. Health number and have to be manually written in on each pt.

B. Documentation in E.H.R., Training has been done in some of the clinics but not in all of them.

Yreka has received training. Amy has said that she will come to Happy Camp for this training. Scheduling hasn't been arranged yet.

8. Re-measurement.

What are the problems and what we do to change them? We will continue to do random audits and reports to compare them.

A. We are making sure goals are being met we have made the changes necessary to correct problems. We will continue to maintain all records and reevaluate quarterly.

9. Implementation of Additional Corrective actions if Performance goals are not met.

A. If goals are not met corrective actions will be evaluated and remediation if necessary.

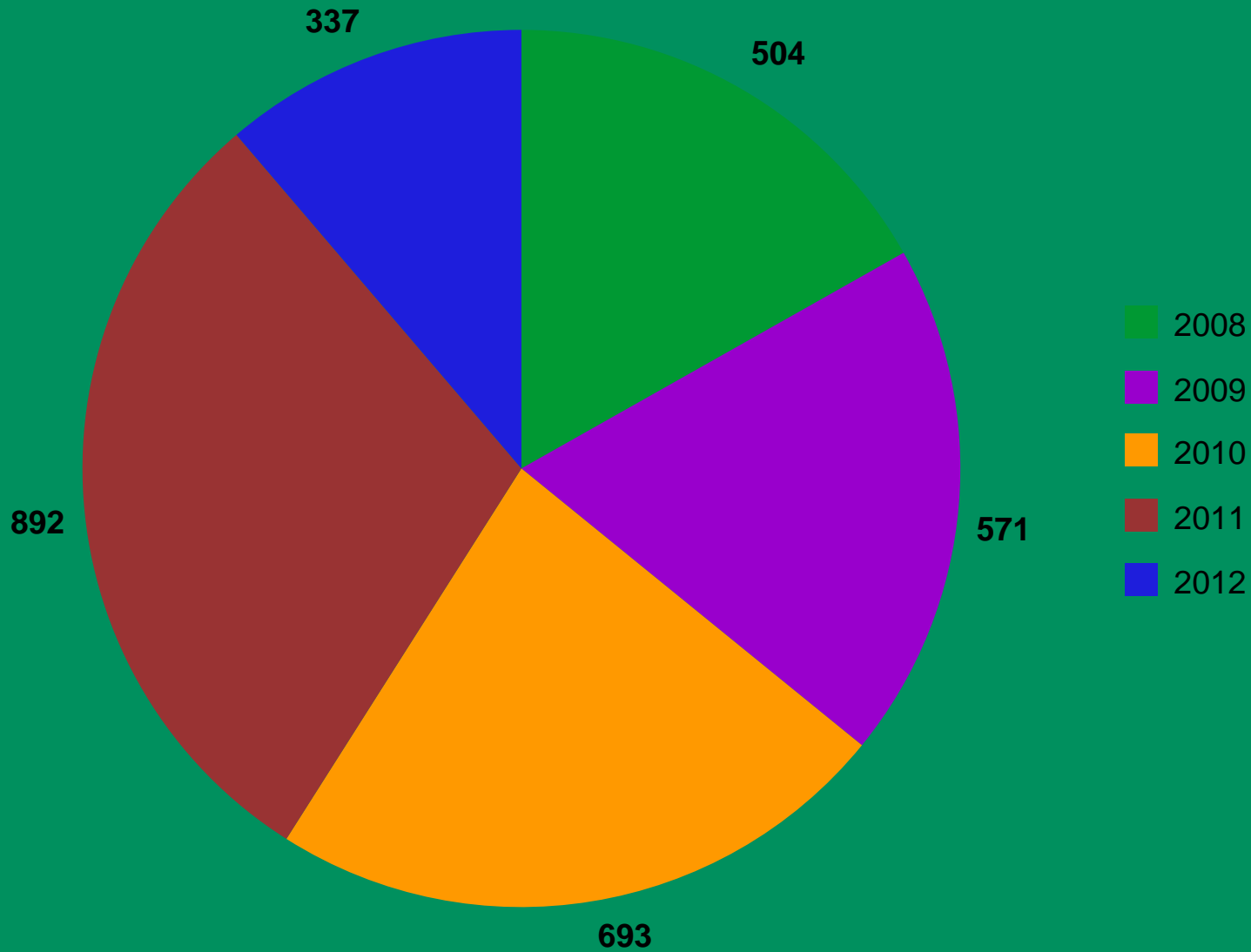
B. Goals are being met. No action needed at this time.

10. Communication to Governing Bodies.

A. Communicate findings of each quarter's data to ACQI. This information will then be shared with the Karuk Tribal Health Board via the Clinical Administrator.

Respectfully Submitted by Jodi Henderson

IMMUZ FOR YEARS 2008 - CURRENT





Karuk Dental Records Report
CQI Meeting Date 10/10/12
2nd Quarter Report by Cheryl Tims

1. Purpose of the report.

We would like to ensure that we have a complete, well organized Dental Record, which includes:

- a. Patient identifiers and contact information,
- b. Patient medical information including but not limited to: health history, allergies, dental history, medications and etc.
- c. Accurate visit documentation including provider signatures, visit dates, and POV-Purpose of visit.
 - i. Documentation of appropriate oral evaluations and re-evaluations: that include; existing oral conditions, periodontal evaluations, cancer/soft tissue evaluation, x-rays, findings, diagnosis, treatment plans and/or treatment, oral hygiene instruction, referrals & follow, treatment rendered and recommendations, and etc.
 - ii. Indicators and Contra Indicators for Treatment
- d. Informed consents
- e. Treatment Plans
- f. Patient Consents
- g. Insurance / discount information

2. Description Data Collection

- a. I reviewed and collected data from ten adult dental records.
- b. I reviewed and collected data from ten children dental records

3. Evidence of Data

The data was collected from the visits in the second quarter of calendar year 2012

Ten Adult Charts

		Record Count	complete	incomplete	NA	Percent
1	name HR#	10	10	0	0	100%
2	yr label	10	10	0	0	100%
3	Face Sheet	10	10	0	0	100%
4	Medical Hx Form	10	9	1	0	90%
5	Medical Hx review	10	9	1	0	90%
6a	Allergic labels	10	2	0	8	100%
6b	Medical Alert labels	10	4	0	6	100%
6c	Pre-Med	10	0	0	10	100%
6d	NKA	10	8	0	2	100%
7	Part I Exam Form pt demographics	10	10	0	0	100%
8	Part II Exam Form Medical Alert	10	10	0	0	100%
9	Part III Exam Form	10	9	0	1	100%
10	Part IV Exam Form Prevention Assessment	10	9	1	0	90%
11	Part V Exam Form-Treatment Plan	10	9	1	0	90%
12	Progress/Encounters Form	10	10	0	0	100%
13	Chart Entries-staff initials & date	10	10	0	0	100%
14	Errors-done correctly	10	0	0	10	100%
15	X-rays label complete	10	9	0	1	100%
16	Informed Consents complete	10	9	0	1	100%

Ten Child charts

		Record Count	complete	incomplete	NA	Percent
1	Pt name & HR#	10	10	0	0	100%
2	yr label	10	10	0	0	100%
3	Face Sheet	10	10	0	0	100%
4	Medical Hx Form	10	10	0	0	100%
5	Medical Hx review	10	10	0	0	100%
6a	Allergic labels	10	0	0	10	100%
6b	Medical Alert labels	10	1	0	9	100%
6c	Pre-Med	10	0	0	10	100%
6d	NKA	10	10	0	0	100%
7	Part 1 Exam Form pt demographics	10	10	0	0	100%
8	Part II Exam Form Medical Alert	10	10	0	0	100%
9	Part III Exam Form	10	9	0	1	100%
10	Part IV Exam Form Prevention Assessment	10	9	0	1	100%
11	Part V Exam Form-Treatment Plan	10	9	0	1	100%
12	Progress/Encounters Form	10	10	0	0	100%
13	Chart Entries-staff initials & date	10	10	0	0	100%
14	Errors-done correctly	10	0	0	10	100%
15	X-rays label complete	10	5	0	5	100%
16	Informed Consents complete	10	10	0	0	100%

4. In comparing the data from the first quarter in 2012, H.C Dental is almost at 100% in my chart review. I found only one adult chart that was not complete in all areas. The chart review of all the child charts are at 100%.

Pending Action Items:

- Verizon Business Pole Attachment Agreement
- Yreka Clinic Copy Machine Procurement

Current Activities:

- The Verizon phone lines in Orleans for the clinic and DNR failed 89 times in September and 174 times in October.
- On Friday October 26 the Verizon phone line to our Orleans offices went down in the morning, and service was not restored by Verizon until Monday the 29 at 2 PM. The outage was caused by equipment damage that was the result of a power outage.
- On October 4 the IT dept upgraded all the remaining analog phones in Happy Camp to digital phones. All offices in Happy Camp are now tied together with a single phone system. Caller ID now works, and direct extension dialing works to all tribal offices that have digital phone systems. The only remaining issues with the upgrade are that some fax machines are having difficulty with the digital phone lines. IT is working on a solution. Also, a phone still needs to be installed in the Gym.
- The proposal to form a collective and cooperative telecommunications company between the Karuk, Yurok and Hoopa tribes is probably going to be revised. The Hoopa Tribe does not appear interested in the proposal, and the proposal is being rewritten to include only Karuk and Yurok territory.
- The Orleans Broadband Project is proceeding well. An agreement with Verizon Business to attach to their utility poles will be presented soon, as part of the regulatory requirements for the project.
- As part of the Orleans Broadband Project, the tribe intends to install wireless radios throughout the community of Orleans to reach all the homes and businesses. This radio equipment has been ordered, and delivery is expected during the month of November.
- In order to be compliant with Federal and State regulations, the Karuk Tribe has contracted with North State Resources to conduct a cultural survey of the Orleans area in preparation for the Orleans Broadband Project. North State Resources conducted the on-site survey in Orleans on October 19. We are currently waiting for their report.
- In March of this year the Karuk Tribe signed an agreement with the California Telehealth Network (CTN) to install faster and less expensive Internet circuits in all 3 medical clinics. The Yreka CTN circuit is fully functional. The Happy Camp CTN circuit is installed but not functional. The Orleans CTN circuit is waiting for Verizon Business to remedy capacity issues.
- The Amkuuf point of sale system was fully installed by IT on Tuesday October 23. KCDC is in the process of adding their inventory to the system.

Current project priorities for the IT department:

- 1) Dealing with real-time outages and emergencies
- 2) Repairing the damage for the outage on 10/29/12
- 3) Making sure all systems are backed up and all backups work
- 4) Setting up remote monitoring of all IT Systems
- 5) Training new and existing IT staff to cover more areas of expertise
- 6) New phone system linking all the Karuk Yreka offices
- 7) Orleans Broadband Project, getting ready for deployment in spring of 2013
- 8) Fiber optic deployment on the HC Admin Campus
- 9) Closeout of the Fiber Project in Happy Camp
- 10) Complete the Happy Camp phone upgrades

Budget Report for 1020-15 For the 2012 Fiscal Year

- Total annual budget: \$188,348.95
- Expenses to date: \$263,135.94
- Balance: - \$74,786.99
- Percent Used: 139.71%

Budget Report for USDA RUS Community Connect Grant 2061-00 as of September 30, 2012

- Total annual budget: \$1,141,870.00
- Expenses to date: \$102,405.30
- Balance: \$1,039,464.70
- Percent Used: 08.97%

Attachments:

Dale Josephson's Redwood Coast Broadband Forum 2012 Travel Report
Eric Cutright's Redwood Coast Broadband Forum 2012 Travel Report
Cell phone usage log (confidential)

Eric Cutright, Information Technology Director
Travel Report for the Redwood Coast Broadband Forum
River Lodge, Fortuna CA.
October 11, 2012

The Redwood Coast Broadband Forum was an excellent meeting where everyone in the room met with the purpose to bring better communications services to redwood coastal region. Representatives from Humboldt, Del Norte, Trinity and Mendocino counties gathered and discussed where current projects were in progress, and what to do about the huge broadband gap still present, especially in the small communities like Orick, Hoopa and Orleans. The meeting was high spirited, because of recent successes in broadband deployments in the region.

Some of the projects that were highlighted during the meeting were the Yurok Tribe's wireless internet project, which has begun services to the Yurok Tribal lands and people, from Klamath on the coast up the river to Weitchpec. Another important project is the fiber optic line that was run from Eureka to Red Bluff along highway 36 by the company IP Networks. Since this line went active last December, internet access has been much more reliable in Humboldt County.

I was given a chance to discuss the Karuk Tribe's broadband projects. The forum applauded at the announcements that a fiber optic network has been installed in Yreka for the Karuk Tribe, and for the announcement that sometime next year the tribe will install internet services for the community of Orleans.

Other important announcements at the forum were about the California Advanced Services Fund, or CASF program. This program can be used for up to 60% matching funds on broadband related projects. The Karuk Tribe is eligible for this grant, which is due on February 1, 2013. Also, Carlson Wireless demonstrated a new "whitespace" radio that has the ability to reach destinations at "near line of sight", which is a great improvement over traditional wireless radios that require true line of sight.

During the meeting I was able to connect with several important contacts that are interested in bringing better services to Orleans and the surrounding area. Representatives from the California Public Utilities Commission, AT&T, and several other phone companies were at the meeting to discuss improvements to their networks. A new organization made an appearance at the forum, called the Golden Bear Broadband Project. Golden Bear is proposing a massive fiber optic installation for thousands of miles through northern California, to fill in the "gaps" in service. Siskiyou Telephone has chosen to partner with Golden Bear in order to build their network more quickly, and possibly provide fiber services to Happy Camp and Somes Bar by 2015.

Overall the forum was an excellent experience. I believe that it is very important that someone from the tribe continue to attend these forums. The forum meets every one or two years. Also in attendance this year was Dale Josephson, the Karuk Tribe's Network Administrator, and Forest James from EnerTribe, Inc., whom the tribe has hired as project manager on our Orleans Broadband Project.



What: Report on travel October 11, 2012
Where: Redwood Coast Broadband Forum 2012 in Fortuna CA
Attendees: Dale Josephson & Eric Cutright

I picked Eric up at 4:30AM and we drove to Fortuna stopping only once in Willow Creek to have a breakfast sandwich at the Subway Sandwich shop. The trip was uneventful except there was moderate fog around Blue Lake that burned off by the time we reached Highway 101. We arrived at 8AM for a meeting that started at 8:30AM.

The meeting was by invitation only and the attendees were local governments, state government representatives, tribal representatives, and broadband vendors such as AT&T, Frontier Communication, Carlson Wireless Technologies, 101Netlink, Stewart Telecommunications, IP Networks and several more.

The meeting was a way to gather together and present a report card among ourselves on how our efforts are working to get broadband into un-served or underserved areas of Northern California. It appears Humboldt and Del Norte Counties are doing well but Siskiyou, Trinity and major parts of Mendocino County still have major areas of un-served or nearly un-served territories.

We all learned what was working and what methods had had less than stellar success. The Yurok tribe has a microwave network from Del Norte County to Klamath River and up the Klamath and on a high ridge to a point that can see Orleans and Hoopa. This is important as our planned expansion into Orleans will have a single data path to feed the network and the Yurok potentially can provide an emergency redundant data path for Orleans in the same way we could provide an emergency data path to them if their Del Norte link was out. To my knowledge there is no agreements to share interconnections but us network engineers are exploring the options that we can offer our tribal Councils.

IP Networks has completed a fiber link along highway 36 between Cottonwood CA and Humboldt County with 72 strands of fiber. IP Networks has a unique but not exclusive deal with PG&E to run fiber on PG&E's Transmission and distribution poles. IP Networks is now in the planning stage of running a parallel ckt from Cottonwood to Humboldt County but this time using the 299 corridor. This will provide opportunities for those of us on Highway 96 especially if the Hoopa Tribe works out a deal for a fiber interconnect.

Dale Josephson



Network Administrator

September 18, 2012

Redwood Coast Broadband Forum

An invitation to community leaders in Del Norte, Humboldt, Mendocino and Trinity Counties

Redwood Coast Connect Consortia, the Redwood Technology Consortium, Arcata Economic Development Corporation, Humboldt County Headwaters Fund, and California Advanced Services Fund extend this invitation because you are an elected official, community leader, telecom provider, or state or federal agency official.

WHEN & WHERE	Thursday, October 11, 2012 8:30 a.m. to 4 p.m. at River Lodge, 1800 Riverwalk Drive, Fortuna, California
WHAT	The 6 th Annual Redwood Coast Broadband Forum <i>Connecting Communities</i> This Forum will feature deployment updates in each county, state/federal policy update, a “white spaces” presentation, and panel discussions with providers and policymakers.
WHO SHOULD ATTEND	Elected officials, city managers, county administrators, economic and community development professionals, tribal representatives, telecommunications providers and community leaders from Del Norte, Humboldt, Mendocino and Trinity Counties.

WHY THIS IS IMPORTANT: Telecommunications play a critical role in the economic and social health of our community. We will hear about telecom providers’ plans for service and will receive critical education on statewide policy and funding trends that will affect our broadband future. This event also provides a networking opportunity with others in the region so we are not working at cross purposes.

WHAT WE NEED FROM YOU: This vitally important issue needs input from your constituent group. Decisions will arise from this event that will affect you and your community. If you cannot attend personally, we urge you to send a representative. Please register at www.rredc.com/broadband. Lunch will be served, so please register by Monday, October 8th.

**KARUK TRIBE HEALTH AND HUMAN SERVICES
BUSINESS OFFICE HEALTH BOARD REPORT
MEETING DATE NOVEMBER 8, 2012**

Data entry remains about one month behind. Documentation is very difficult thus making the audits very time consuming. The medical clinic's data entry is completed thru October 15th. Dental Yreka is at approximately mid September and Happy Camp Dental is thru the end of September.

Billing is right on top of the data entry staff at this point.

I am in the process of enrolling the two new dentists with a couple of our insurance payers. This will take at least 1-4 months. During that time period we will not be able to collect any monies from those companies.

When the new Medical Director is hired we will begin to discuss how and when we will begin the transition to the new ICD-10 training for all members of the medical clinics. Hopefully that person will have some good insight and ideas. We are beginning this process by sending 6 people to the CRIHB medical terminology and Anatomy and Physiology 3 day class for an introductory to these subjects. A refresher for some and totally new for others.

Thank you allowing me to accompany Lessie to the CRIHB meeting last week. It is always very informative with all the medical bureaucracy constantly taking place these days. It is important that our office stay up to date as much as possible.

Attached is the month financial reports.

Respectfully submitted.

Suzanna Hardenburger, CCS-P

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting
November 8, 2012
Patricia White, RPMS Site Manager

Requests for October:

- 2 requests to add or edit RPMS users.
- 5 requests for data or reports from RPMS. All completed.

Operations Summary:

Attached is an Operational Summary for September 2012. I also included graphs created from the Operational Summary visit information.

Action Item: Purchase and Implementation of Interface for Dentrix and RPMS from Cimarron Medical Informatics, LLC. I will forward the information to the Board prior to the meeting.

Other Activities in October:

- **10.5.2012-IHS training** on running reports and extracting data from RPMS. This was a one hour, online, pre-recorded session that refreshed my knowledge of running reports in RPMS. This included query, visit, and patient generated reporting from RPMS.
- **10.10.2012-EHR:** I went to Yreka and worked with Amy Coapman to become familiar with the EHR. She was assisting the Site Manager and Clinical Applications Coordinator from Pit River with their EHR set-up. I observed to become familiar with the tabs and orders that Amy has set-up in our EHR.
- **10.15.2012 and 10.17.2012-E prescribing training and set up by IHS.** We are moving forward with setting up the program to allow our providers to electronically order medications by transmitting and order directly to a pharmacy. There will be a final session in November to go live with the program. Fabian Alvarado in Orleans will be the first provider to use the program and will add other providers as time goes by. This is a requirement for the second stage of *Meaningful Use*.
- **Reference Lab-**We are preparing to update our system to go “bi-directional” with our lab interface with Quest. This will allow us to order lab tests directly from our database to Quest, as well as receiving results. This will be a two way interface. At the current time we have a unidirectional set up with them. We only get results populated in our database. This month there has been multiple conference calls and web based training for using the “Reference Lab”

package in RPMS. Amy has taken the lead on this project. I was able to listen in on three of these webinars. Dorothy Russell and Karen Mundy of Cimarron Medical Informatics have been the facilitators of these sessions.

- **Interconnection Security Agreement (ISA) with IHS-I** have been working on the agreement with Robert Gemmel, ISSO from California Area Office on the Agreement. I met with Buster, Michael, and Jaclyn on Tuesday, 10/30/2012 regarding the purpose of this agreement. The Agreement has been forwarded to CAO IHS for their signature and review. The goal of the ISA, which is mandated by law, is to protect federal information systems. Without the agreement with IHS in place we cannot proceed with the E-prescribing Project, we will lose support from IHS for the RPMS database, including training, interface support and more. This agreement states that we will follow guidelines established for HIPAA and the HITECH Act and will protect our data as the law requires.
- **Karuk IT-I** have been receiving instructions from Eric and other IT staff on changes to the department over the last few years. This past month has been very busy in catching up on the old as well as the new.

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR SEP 2012
Prepared for November 8, 2012 Health Board Meeting

(Note: In parentheses following each statistic is the percent increase or decrease from the same time period in the previous year. '**' indicates no data is present for one of the two time periods.)

PATIENT REGISTRATION

There are 17,122 (+4.6) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 80 (+6.7) new patients, 2 (+100.0) births, and 3 (-50.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,601 (+0.2) patients enrolled in Medicare Part A and 2,488 (+0.2) patients enrolled in Part B at the end of this time period.

There were 55 (+7.8) patients enrolled in Medicare Part D.

There were also 5,686 (+1.7) patients enrolled in Medicaid and 4,237 (+2.9) patients with an active private insurance policy as of that date.

CONTRACT HEALTH SERVICES

Total CHS expenditures (obligations adjusted by payments) for this period were 41,853.53 (-9.8). The number and dollar amount of authorizations by type were:

57 - DENTAL	3	1532.06
64 - NON-HOSPITAL SERVICE	803	40321.47

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 1,363 ambulatory visits (-24.1) during the period or all visit types except CHS.

They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses. These do not equate to 'official' APC Visits which are identified in other PCC Reports.

By Type:		
TRIBE-638 PROGRAM	1,362	(-24.1)
IHS	1	(**)
By Location:		
YREKA	720	(-28.0)
KARUK COMM HEALTH CLINIC	551	(-15.4)
ORLEANS	92	(-36.1)

By Service Category:		
AMBULATORY	1,336	(-24.6)
TELECOMMUNICATIONS	27	(+22.7)
By Clinic Type:		
PHYSICIAN	392	(-32.8)
FAMILY NURSE PRACTITIONER	271	(-27.7)
DENTAL	241	(-57.2)
PHYSICIAN ASSISTANT	142	(**)
ALCOHOL AND SUBSTANCE	94	(-20.3)
NURSE CLINIC	65	(-5.8)
MENTAL HEALTH	57	(+1.8)
TRANSPORT	32	(**)
CHR	29	(+107.1)
PHN CLINIC VISIT	18	(+1,700.0)
CHART REV/REC MOD	8	(**)
TELEPHONE CALL	8	(-38.5)
BEHAVIORAL HEALTH	5	(**)
PHARMACY	1	(-50.0)
By Provider Type (Primary and Secondary Providers):		
HEALTH AIDE	622	(-4.0)
MD	401	(-36.2)
NURSE PRACTITIONER	283	(-30.0)
DENTIST	243	(-57.1)
LICENSED PRACTICAL NURSE	232	(-26.1)
PHYSICIAN ASSISTANT	193	(**)
ALCOHOLISM/SUB ABUSE COUNSELOR	96	(-20.0)
LICENSED CLINICAL SOCIAL WORK	62	(+14.8)
COMMUNITY HEALTH REP	54	(+285.7)
DENTAL HYGIENIST	40	(-69.0)
CLINIC RN	22	(+340.0)
UNKNOWN	7	(**)

The ten leading purposes of ambulatory visits by individual ICD Code are listed below. Both primary and secondary diagnoses are included in the counts.

By ICD Diagnosis		
1).	DENTAL EXAMINATION	241 (-57.2)
2).	VACCIN FOR INFLUENZA	210 (+2.9)
3).	HYPERTENSION NOS	109 (+45.3)
4).	ALCOHOL ABUSE-UNSPEC	66 (-25.8)
5).	LUMBAGO	63 (+16.7)
6).	VACCINATION FOR DTP-DTAP	59 (-10.6)
7).	TOBACCO USE DISORDER	48 (-17.2)
8).	HYPERLIPIDEMIA NEC/NOS	44 (-15.4)
9).	DMII WO CMP NT ST UNCNTR	40 (-34.4)
10).	OTHER SPECIFD COUNSELING	36 (+3,500.0)

CHART REVIEWS

There were 1,008 (-11.8) chart reviews performed during this time period.

INJURIES

There were 67 visits for injuries (-8.2) reported during this period.

Of these, 15 were new injuries (+650.0). The five leading causes were:

1).	KNIFE/SWORD/DAGGER ACC	3	(+0.0)
2).	FALL FROM CHAIR	2	(**)
3).	FALL ON STAIR/STEP NEC	1	(-50.0)
4).	DOG BITE	1	(**)
5).	FB ENTERING OTH ORIFICE	1	(**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 209 patients (-53.7) seen for Dental Care. They accounted for 241 visits (-57.2). The seven leading service categories were:

1).	PATIENT REVISIT	202	(-57.7)
2).	LOCAL ANESTHESIA IN CONJUNCTION WIT	70	(-53.3)
3).	HYPERTENSION SCREENING	64	(-55.6)
4).	INTRAORAL PERIAPICAL, SINGLE FILM	60	(-57.1)
5).	INTRAORAL PERIAPICAL, ADDITIONAL FI	44	(-40.5)
6).	PREVENTIVE PLAN AND INSTRUCTION	43	(-61.6)
7).	FIRST VISIT OF FISCAL YEAR	41	(-53.4)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

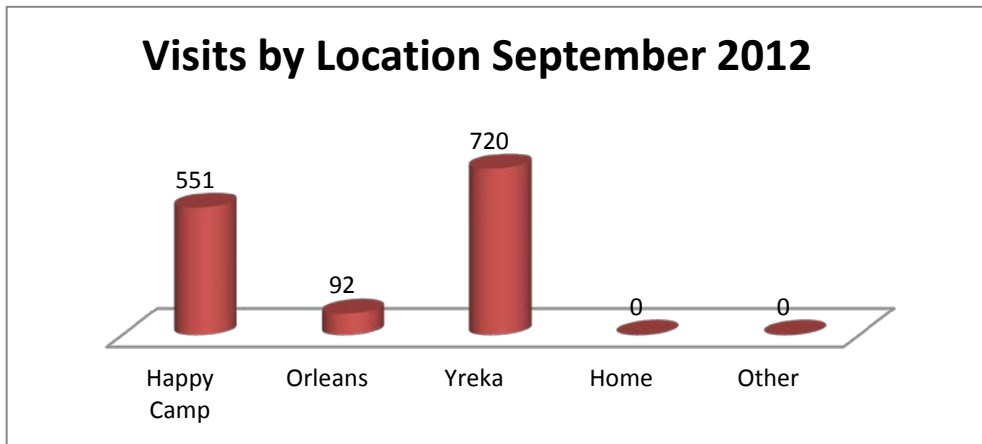
There were 1,423 new prescriptions (+9.5) and 2 refills (+0.0) during this period.

You've got PRIORITY mail!

Operations Summary Graphs

Visits by location September 2012

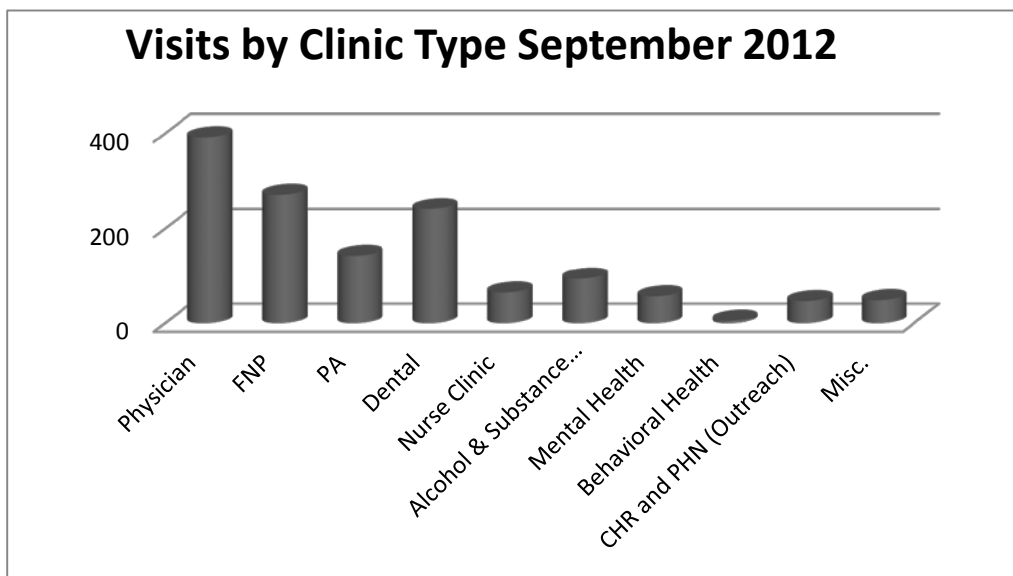
Happy Camp	551	
Orleans	92	
Yreka	720	
Home	0	
Other	0	
Total	1363	



Visits by Clinic Type September 2012

Physician	392
FNP	271
PA	142
Dental	241
Nurse Clinic	65
Alcohol & Substance Abuse	94
Mental Health	57
Behavioral Health	5
CHR and PHN (Outreach)	47
Misc.	49
Total	1363

*Misc includes Transport,
Chart Reviews, Telephone Calls



Visits by Provider Type September 2011

Medical Doctor	401	
Nurse Practitioner	283	
Physician Assistant	193	
Licensed Practical Nurse	232	
Clinic RN	22	
Health Aid	622	
Dentist	243	
Dental Hygientist	40	
LCSW	62	
AOD Counselor	96	
CHR	54	
Unknown	7	
Total	2255	

**Visits by Provider Type (Primary & Secondary Providers)
September 2012**

