

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, November 6, 2014 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 9, 2014*)

F) GUESTS (*Ten Minutes Each*)

1. Abigail Yeager, Contractor
2. Dr. Vasquez, Medical Director

H) OLD BUSINESS (*Five Minutes Each*)

- 1.

I) DIRECTOR REPORTS (*Ten Minutes Each*)

1. Annie Smith, Director of Community Outreach (written report)
2. Rondi Johnson, Deputy Director (written report)
3. Patricia White, RPMS Site Manager (written report)
4. Eric Cutright, IT Director (written report)
5. April Attebury, Interim Director of Children and Family Services
6. Lessie Aubrey, Executive Director of Health & Human Services

II) REQUESTS (*Five Minutes Each*)

- 1.

K) INFORMATIONAL (*Five Minutes Each*)

- 1.

M) CLOSED SESSION (*Five Minutes Each*)

1. CHS (dinner break)
2. Laura Olivas
3. Suzanna Hardenburger
4. Barbara Snider

5. Tribal Council Members

N) SET DATE FOR NEXT MEETING (Thursday, December 4, 2014 at 3 PM in Happy Camp

OO) ADJOURN

**Karuk Tribe – Health Board Meeting
October 9, 2014 – Meeting Minutes**

Meeting called to order at 3pm by Russell “Buster” Attebery, Chairman

Present:

Russell “Buster” Attebery, Chairman
Michael Thom, Vice-Chairman
Joseph “Jody” Waddell, Secretary/Treasurer (late 3:01)
Charron “Sonny” Davis, Member at Large
Alvis “Bud” Johnson, Member at Large
Josh Saxon, Member at Large

Absent:

Elsa Goodwin, Member at Large (excused)
Arch Super, Member at Large (excused)

Sonny Davis completed a prayer and Buster Attebery read the Health Mission Statement.

Agenda:

Bud Johnson moved and Michael Thom seconded to approve the agenda with changes, 5 haa, 0 puuhara, 0 pupitihara.

Minutes of September 11, 2014:

Sonny Davis moved and Michael Thom seconded to approve the minutes of September 11, 2014, 4 haa, 0 puuhara, 1 pupitihara (Josh Saxon).

Buster read a letter from Mark LeBeau, Executive Director of CRIHB. The letter concluded that the Health Program has been chosen to be acknowledged for an award.

Buster congratulated the entire health community and noted that it is nice to be recognized.

Jody commented that Rondi, Lessie and other staff were thanked for their work. Also, in addition to Michael and Jody attending the CRIHB conference to accept the award other staff will attend.

Guests:

1.) Angela Baxter, AOD Program:

Angela is present to note that there was training that the staff went to regarding a HOOP Program safeTALK. With the HOOP program which directly assists in suicide prevention, there is additional grant funding that may be obtained. The screening will allow for identification of clients and or patients that may be high risk. CRIHB will come onsite to provide training in Yreka and Happy Camp. The first training will be for providers and then the second part of the day will be open to the community to provide assistance to persons who may come in contact with people who are having suicidal thoughts. She is present this evening to notify the community and the health program of the training opportunity.

November 8th will be in Yreka and November 7th will be in the multi-purpose room in Happy Camp.

Buster acknowledged that this is good information and Michael and Buster can obtain more information at their training that they are going to.

2.) Lester Alford, TANF Director:

Lester is present to seek approval of an MOA with CSC. If he participates in a quarterly \$1,000 agreement then the Karuk Tribal staff will have access to CSC trainings. April noted that Buster is on that Board and April attends to represent the Karuk Tribe. Michael asked about the training schedule. Any TANF staff or clients can attend for free once they provide the MOA and quarterly contribution. April commented that the Tribe has done this before through other programs.

Josh asked if Laura and Jaclyn had signed off on the agreement. Lester noted that Sammi had told him to get consensus from the Council. Laura Mayton has been out of the office. Laura Olivas was in the audience and will review the agreement.

Lester then presented a contract that wasn't signed off at all. He was working with Food Security on the summer youth program. During that time K1 was brought down to work in Orleans. Lester provided assistance to the K1 crew under the other contract for food, which wasn't in the contract. The AOD camp was fast coming and he wanted to use the cook again for the summer youth camp and that wasn't approved. \$2,550 is the total amount and that includes TERO. Lester noted that Sammi wants this to be consensus and this can be worked on later.

Josh noted that it's after the fact that is done. Michael commented that the Director should be complemented for getting things done, however it wasn't done through the appropriate channels.

Josh would like to do this by consensus. The Council provided consensus to get the correct numbers and complete the contract with inclusion of the additional duties.

He then presented travel for four participants to travel to the Fatherhood and Motherhood conference. Each site has provided a participant that can attend. There are six people going, four clients and 2 staff.

Michael Thom moved and November 3-8, 2014 and Bud Johnson seconded to approve out of state travel to Mesa Arizona for Lisa Marie and Rel Bailly and four TANF clients, 5 haa, 0 puuhara, 0 pupitihara.

Lester then received Laura Olivas' signature on the document. The agreement was 14-A-092 between the Karuk Tribe and CSC.

Michael Thom moved and Sonny Davis seconded to approve agreement 14-A-092 between the Community Services Council and the Karuk Tribe, 5 haa, 0 puuhara, 0 pupitihara.

Directors Reports:

1.) Rondi Johnson, Deputy Director:

Rondi is present to provide her report for the month of September. Each month there are performance improvement reports that are due. There were eligibility reports that were due and those were done. GPRAs reports are done by Vickie Simmons. She completed a report on incidents and complaints. There have been several policy reviews and those will be forthcoming.

Josh inquired about the minutes of the ACQI Meeting Minutes. Lisa Rugg has declined to meet reporting and Christina Rotin and Mike are working on those reports now to ensure they are getting done. Josh then inquired about the eligibility reports. Nadine noted two concerns and her comment of concern twice. Josh asked if this was discussed. Rondi asked Lessie if she recalls

this. Rondi commented that Nadine has stepped down from the disability applications and Debbie Bickford has picked this up so they no longer anticipate an issue.

Josh asked about the Eye Exam report and who it was being done by. Rondi noted that that report was done by Annie Smith. Josh asked about the increase in diabetic eye exams. Annie noted yes, this is specific to Native American diabetic patients. Annie noted that each community checked for eye exams but they weren't getting recorded. The National average is 55% for the diabetic users. Annie would like to see 100% but the diabetic grant asks that they do not shoot over 5% of the standard. Josh commented that if they accomplish 100% then they meet the Tribes goal. Annie noted that Indian Health Services sets the standard. Josh commented that this standard reflects that at least half of the patients are being missed. Annie noted that yes, but it isn't the same 50% each year. Annie then noted that there are patients that live in other states that do not reside in the area.

Josh asked about the policy manual pages and the clarifications on the suggested changes. Rondi clarified that the policies will stay as is or be reviewed. Josh asked if they are attached for feedback. Rondi noted that no, they will be seeking formal approval at a later time.

Josh asked about the nursing policies. Patti noted that Mike Lynch has written a nursing procedure book that is kept in the clinics. Annie commented that the procedures were adjusted to accomplish specific clinical goals rather than a hospital setting goals. Buster asked how soon the policy would be changed regarding the nursing book. Rondi noted that this will be brought back to the Health Board when ready for approval.

Josh Saxon moved and Jody Waddell seconded to approve Rondi's report, 5 haa, 0 puuhara, 0 pupitihara.

2.) Patti White, RPMS Site Manger:

Patti is present to review her report. She provided her user assistance report, workload reports, and activities as well. The BMW still hasn't be implemented. She wrote a 'nasty gram' regarding this and finally received a response from Indian Health Services. The call for assistance wasn't able to be done because our system had issues when they finally called back. Josh noted that this was been being worked on over a year and a half. Patti stated that yes, but it is making progress.

Jody Waddell moved and Josh Saxon seconded to approve Patti's report, 5 haa, 0 puuhara, 0 pupitihara.

3.) April Attebury, Child & Family Services Director:

April is present to provide her report. She then has action items that weren't included in her report.

Her first action item is to seek approval of resolution 14-R-109 proclaiming October as Domestic Violence Awareness month. April noted that along with this resolution there are different activities that are done throughout the month. Josh would like to table this because he has wording changes that he would like.

She then presented a request for a contract. In April there was an existing contract with CILS to provide assistance on ICWA cases. There were previous issues regarding the CILS contract not being found. She noted that they had a previous contract in 2005 but need one dated for April 2014 to September 2014 and it is under contract 14-C-144. Josh noted that there is an amount of "not to exceed \$18,000" however if the work is done then it should be an exact amount at this

time. April commented that it isn't known if they went over that amount and if it is then the Tribe may provide a budget and not have to pay the amount over the \$18,000.

Josh Saxon moved and Michael Thom seconded to approve contract 14-C-144, 5 haa, 0 puuhara, 0 pupitihara.

April then presented a position description that needed revisions. Angela commented that there are changes in the certification courses so when this happens they are seeking persons who have the necessary certifications. Josh asked about the Tribes counselors having to be certificated from the State. Josh noted that if the Tribe is self-governed then how the State can require having the state certification. Jody noted that CRIHB worked on a bill that allowed out of state licensing to get done on trust land. The health staff was unaware of that legislation. It was noted that the state licensing for the AOD counselors is tied to State funding that is received.

Angela commented that she is seeking efficient people to come onboard and seek a professional.

Josh then asked about the DUI program in Happy Camp and Orleans. Angela noted that there is a need for one in Orleans but they aren't fully staffed to date.

The BIP has no one enrolled in the program. Angela noted that the program wasn't certified through Humboldt County, which she submitted the application to the County to obtain that certification.

Josh then asked about the NVYS program and it being under the Tribe. April noted that they attempted to work on the agreement with Pat Hobbs as the supervisor. With no changes being accepted then there would be no agreement and they were unable to go under the health and human services program. Laura Olivas noted that they will be hiring their own person. Jody asked who was unable to come to an agreement. April noted that while working with Rivkah and Deanna Miller the language in the grant wasn't acceptable, so the health and human services couldn't come to an agreement. Jody asked if more communication can fix that, and April isn't sure what would work toward this in the future.

Michael Thom moved and Sonny Davis seconded to approve April's report, 5 haa, 0 puuhara, 0 pupitihara.

4.) Lessie Aubrey, EDHHS:

Lessie is present to review her report. She noted that she would be in surgery but the Health Board changed the insurance plan so her surgery had to be postponed.

Lessie then provided a veterans contract modification which was previously signed. The contract is a fee for service contract.

Josh asked if the VA would be able to be billed electronically after two years of signing the agreement. Suzanna Hardenburger noted that yes; there would be a process in place. Josh asked if there was IT capability and Eric noted yes.

Josh Saxon moved and Bud Johnson seconded to approve amendment (1) to 14-A-065, 5 haa, 0 puuhara, 0 pupitihara.

Lessie then noted that there is still an ongoing agreement under 14-A-086. Lessie noted that there was a notation from Compliance to have a copy of all the surveys. The survey questions have not been viewed.

Josh asked about what the information will be used for. Lessie believes that the information will be used for additional funding regarding the HRSA funded facilities.

Sammi has questions about what type of a survey would be done. Barbara commented that whether it's negative or positive it can be used in the Health Program. They can use the outside results for funding requests to improve or demonstrate how well the patients feel the clinics are doing. Rondi will try to get the questions as well. Josh noted that this is not research nor provide a study over time, then this is just a snapshot not an actual survey. Michael asked how come there was only one survey site chosen. This survey will be done at all three sites. It was determined that this was all sites.

Michael Thom moved and Jody Waddell seconded to approve agreement 14-A-086, 4 haa, 1 puuhara (Josh Saxon), 0 pupitihara.

She then provided her report to the health board. She noted that she has been reviewing good information on recruitment and retention.

She received HRSA expanded care funding in Yreka. This FNP will see walk-in patients and this will increase services. She now needs more space. She did have an agreement approved for marketing and Abigail Yeager completed the study and they need to seek additional funding to employ her for marketing. She will be onsite to provide a presentation in December.

Mike Lynch has resigned. There is preparation for the Ebola preparedness and the CDC is mandating this. Training is planned next week at the Bi-Annual Health Meeting.

Dr. Vasquez will do a one hour briefing on October 15th at a staff meeting. Josh would like to have his presentation open to all staff because this is a hot topic.

Bud Johnson moved and Michael Thom seconded to approve Lessie's report, 5 haa, 0 puuhara, 0 pupitihara.

5.) Annie Smith, Director of Community Outreach:

Annie is present to review her report. Annie noted that the team has been really busy with the recent fire season. She is asking all CHR's to keep all air purifiers in the homes until all fires are completely out and awaiting Tom Fielden's advice.

Annie sent out a release yesterday regarding the Ebola virus. Josh noted that information being provided would be best. Annie noted that she provided an email and she thought it was going out.

The CHR reports don't provide an accurate accounting however community outreach is being done.

She commented that the flu virus kills several people a year and the vaccine is needed. She encouraged the public to get the vaccine.

Buster commented that at the Planning Meetings are having planning with different Managers and at that time he would like to have review of the transportation policy.

Jody asked if the Diabetic luncheons could be done on another day other than Thursday's. Annie noted that those luncheons are pretty set, and the clients look forward to it, but she will if she can.

Michael thanked Annie for her assistance during the fires and Annie should be praised for that.

Jody Waddell moved and Bud Johnson seconded to approve Annie's report, 5 haa, 0 puuhara, 0 pupitihara.

6.) Eric Cutright, IT Director:

Eric is present to provide his report.

Eric received his first payment from the USDA and the audience and Council were very happy about this. Jody noted that during training with the Governor's Office, it was noted that the payment was going to be done. Eric noted that the fiber optic installation needs to begin by November 6th and then completed by February 6th. He is hoping to have those contracts approved at next week's Planning Meeting. Eric would also like to have a ground breaking ceremony in Orleans for the project. Eric needs to have contracts with the contractors to begin work.

The outage that was done last Thursday was due to equipment failure and he will be working on additional equipment to replace what is needed to keep the system up to speed. Eric thanked Dale and the IT team for responding to the failure in the system.

Jody also commented that a lady that provided a presentation on a broadband project that there was noting that our project was a Yurok project. He quickly corrected that it was a joint project.

Buster noted that Eric has several action items that need done and sent to the Planning Meeting.

Josh would like to see the Verizon report and it having its total minutes used. Josh would like to see if the Tribe is getting close to overuse.

Josh asked about a groundbreaking ceremony for the broadband project. The Council would like to wait until the service is up and running.

Josh Saxon moved and Bud Johnson seconded to approve Eric's report, 5 haa, 0 puuhara, 0 pupitihara.

Closed Session:

Consensus: to deny assistance for family members traveling to funeral services.

Michael Thom moved and Jody Waddell seconded to pay \$209 for CHS Case #259, 5 haa, 0 puuhara, 0 pupitihara.

Michael Thom moved and Jody Waddell seconded to approve the health financial report, 5 haa, 0 puuhara, 0 pupitihara.

Jody Waddell moved and Sonny Davis seconded to approve agreement 15-A-001, 5 haa, 0 puuhara, 0 pupitihara.

Consensus: for supervisor to take position description for employee #ET to the HR Director for review and possible revisions.

Josh Saxon moved and Michael Thom seconded to approve an updated position description for employee #LS, 5 haa, 0 puuhara, 0 pupitihara.

Michael Thom moved and Josh Saxon seconded to approve moving expenses for employee #JC in the amount of \$ 1,854, 5 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Michael Thom seconded to approve the Clinic Aide position with changes, 5 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Bud Johnson seconded to approve the position description with changes for the Certified AOD Counselor, 5 haa, 0 puuhara, 0 pupitihara.

Consensus: for HR to hold Blue Lake facility for the upcoming Holiday Party. Full discussion will come back to the Council at the planning meeting.

Michael Thom moved and Sonny Davis seconded to approve resolution 14-R-109 with changes, 5 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Bud Johnson seconded to offer position to Tribal Member #DA for the fisheries technician in Happy Camp, 5 haa, 0 puuhara, 0 pupitihara.

Consensus: tracked change versions shall be used for the health program policies. The Governance section of policies shall be reviewed by Jaclyn Goodwin for review, prior to submitting to the Health Board.

Consensus: employee #MP shall be reprimanded and documentation regarding recent issue in the personnel file.

Josh Saxon moved and Bud Johnson seconded to approve insurance for flag football for Orleans and Happy Camp High School, 5 haa, 0 puuhara, 0 pupitihara.

Next Meeting: November 6, 2014 at 3pm in Happy Camp, CA.

Michael Thom moved and Jody Waddell seconded to adjourn at 8:32pm, 5 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider



Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

November 6, 2014

Annie Smith RN, BSN, PHN

Action Items:

None this month.

October Items:

I have been on a true vacation this month for a week. I would also like you all to know I will be out for at least one month due to knee replacement surgery on November 20th. The doctor tells me I will be much better than new after.

Clarence and Carol have been on travel to San Bernardino for CHR school. I look forward to the improved teamwork they will be supporting within our Team and to the knowledge they bring on improving the CHR work for all of our patients and especially the Tribal members and our Elders. The first thing we are doing is a general restructuring in how and when they make home visits, what those visits entail and the health teaching that is essential.

Emergency Operations:

I attended a webinar that was hosted by the Department of Health Care from the State of California Public Health Department. The focus of this webinar was the local responses that occurred both during and after the fires in California. The immediate return to continued services was the focus. As this is the core of our COOP plan, the final areas I am finishing in our COOP plan is focus on the following areas:

- Information Technology/ Telecommunications

- Physical Plant/ Structure
- Clinical and Business Operations
- Alternate facility location
- Vendor relationships
- Delegation of Authority

All of these are individual to each Clinic, as three plans are being written. To reiterate, these plans fall under the wing of the EOP that Tom Fielden has written.

Public Health Issues:

Immunizations are at the forefront this month and flu shots are available. I have been laid up with this knee injury and have not been able to go desk to desk but I am trying to make the immunizations as easy as possible for all employees to get. I have taken a few to homes of Elders, but would really like to see more staff get their flu shots.

Ebola is in our faces daily by television and radio and newspaper. Please call me if you have any questions on this. Do not believe what you hear on television without checking. They are paid to sensationalize. The California Department of Public Health received authorization from the State legislature to send out a press release of the new travel policy authorized by the State. All travelers from any of the afflicted countries will be quarantined for 21 days upon entry to the United States. We still have no confirmed cases in California or Oregon. We, in the health field, are taking this time to inform staff and the community of the prevention strategy, testing, reporting and protection of all of our People. I am seeing allot of politics involved in how we are handling this as a country, but both Siskiyou County and Humboldt County are just moving forward and preparing aggressively. The State of California commended Siskiyou County this week for its preparedness and coordination within the medical community. It is my opinion we are as secure as is currently possible.

Elder Outreach:

As I informed you last week, Michelle Charlesworth has taken on the project of the Elders Christmas party. I thank her for adding this to her already busy professional life. Our Team is all helping. We are making sure all the Elders know and have access to the party in all three areas. I would like to invite the Council to the party. I hope to be on my feet enough to be able to make it as well.

Our Team continues to make phone calls and home visits to our Elders to insure all are ready for winter.

Transportation:

Our transporter/CHR Karen Hogue is booked solid. She has received many requests from our Dental Department for higher levels of surgical needs. We take dental patients to Atwater, Redding, Medford, and Sacramento. These are the largest time spent recently transporting Tribal members so far. I continue to work with those responsible for setting up these referrals to try to arrange other transportation but to no avail. I sincerely hope we can someday have a transportation department that would help our Tribal Members to access this long distance healthcare that is so vital.

To use our CHR's for just transportation takes them away from the healthcare teaching and home visits that are vital to raise the health of all of the people we serve. I want to develop programs to teach young mothers the dental prevention and overall nutritional issues they need to prevent these kinds of health issues. Without our CHRs to run these types of programs we will just continue to have severe dental problems in our children and have to send them to Atwater. I also want to begin socialization programs for our Elders so they can visit each other as often as they want or need.

Diabetes Program:

Our fiscal year for our Diabetes Program has ended September 30, 2014. We have now entered into the grant year 2015. I meet often with Laura Olivas to insure I continue to improve on the needs and requirements of this grant. I sincerely thank her for her direct help.

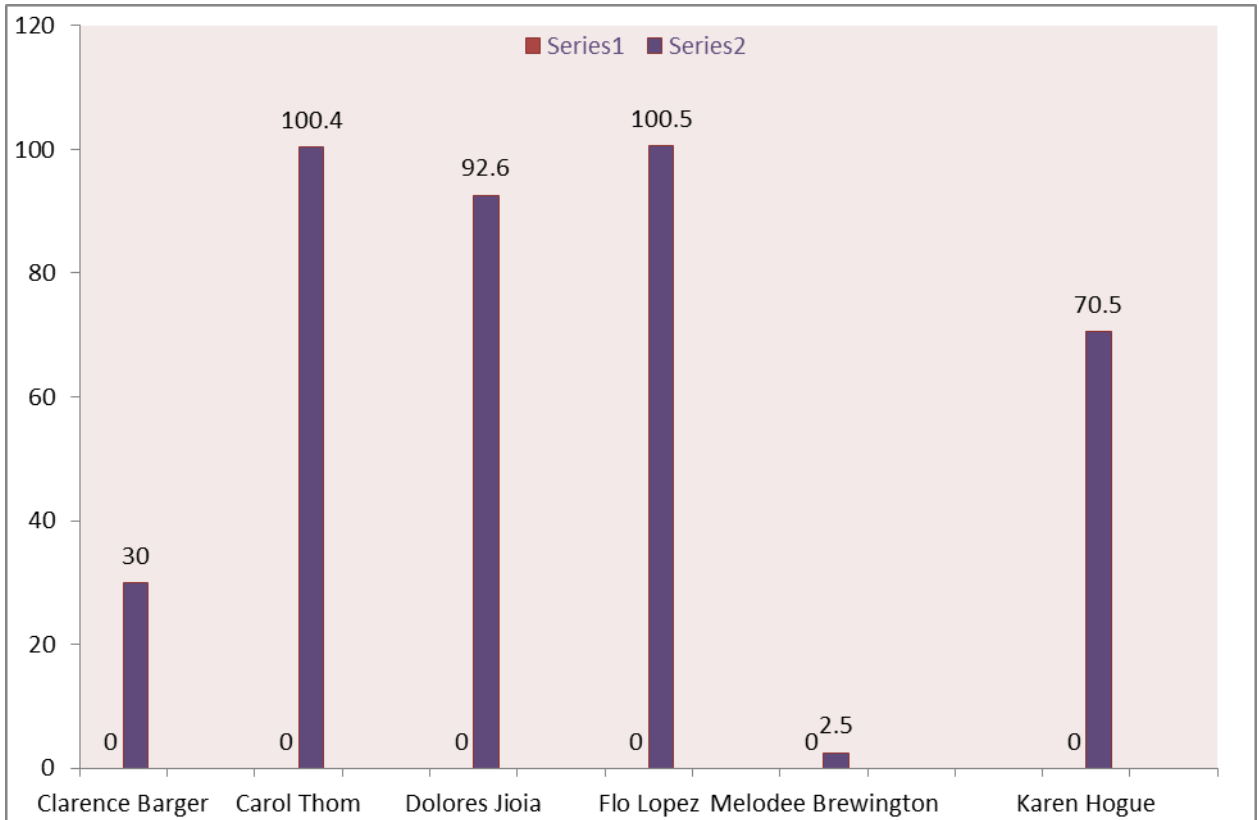
Our Lunches continue and during the time I am off with knee surgery, Flo and Dolores will continue the lunches until I return from surgery. I continue to call all those on our Grant on a regular basis. Patients are coming in to see me for case management more often.

CHR report:

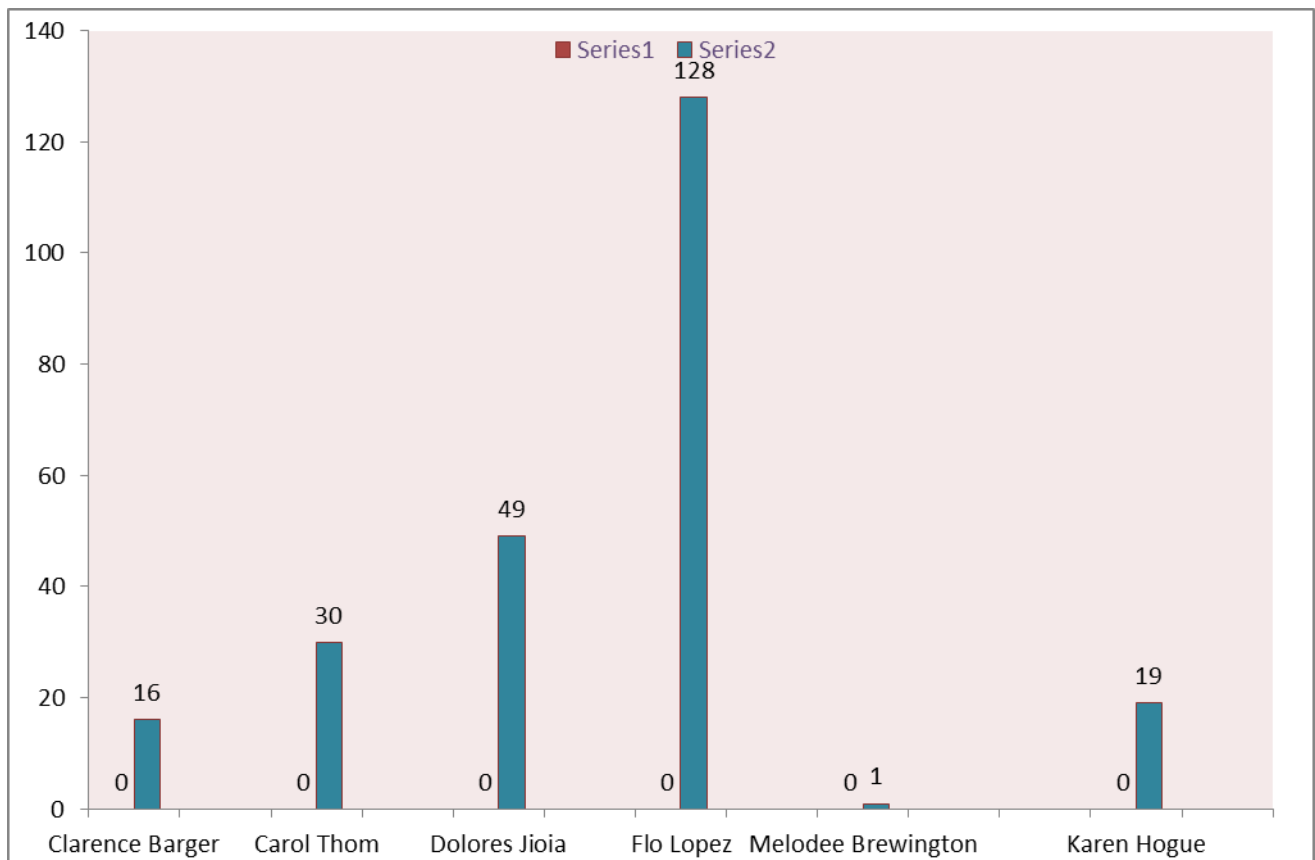
Two of our CHRs, Carol and Clarence have been out of town for the past two weeks so the numbers are somewhat skewed. Melodee notified me she is not finished with entering her reports due to the extended transportations she has been doing.

Clarence and Carol are going to refresh our Team with the latest RPMS requirements and how to insure we are all entering appropriately through the CHR section of the RPMS. They learned this at the recent training they just returned from.

Hours of direct care:



Amount of patients contacted:



Financial Report:

	Unencumbered Balance	Percent used
Public Health Nurse:	\$ 91,385.96	3.86%
CHR:	\$332,535.86	3.52%
IHS Diabetes Grant:	unavailable	unavailable

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting

November 6, 2014

Rondi Johnson

October Report



ACTION ITEMS: Requesting credit card for Sr. Nutrition/Louis Tiraterra

OCTOBER ACTIVITIES:

AAAHC Workgroup Meeting Oct 1st, HRSA O/E Budget Meeting Oct 1st, HC Clinic Ofc Meeting Oct 2nd, Sr. Nutrition Meeting Oct 7th, HC Clinic Ofc Meeting Oct 9th, Business/Marketing Meeting Oct 10th, ED Meeting Oct 28th, Sr. Nutrition Meeting Oct 28th, Quarterly HHS Region IX Tribal Call Oct 29th, HC Clinic Ofc Meeting Oct 30th,

OCTOBER TRAININGS/CONFERENCES & WEBINARS:

CRIHB 45th Anniversary Board of Directors Meeting Oct 15th – 17th, IHS Update Conf Call Oct 20th, IHS Program Directors Meeting Oct 21st – Oct 24th

ACQI COMMITTEE MEETING:

The October 8, 2014, ACQI meeting agenda, performance improvement projects, reports are attached.

BUDGETS:

See below. Budget through 10/30/14. At this time I'm under budget.

Program	CQI
Budget Code	300002
Program Year	2014-2015
Expenses to Date	\$6,972.05
Balance	\$236,301.65
Percent Used	2.92%
Period Usage	1 month

Respectfully Submitted,
Rondi Johnson
Deputy Director of Health & Human Services

**Karuk Tribal Health & Human Services
Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
October 8, 2014
9:00 am-10:00 am**



1. Call Meeting to Order – Rondi Johnson
2. Roll Call/Sign In – Debbie Bickford
3. Approve Agenda – Rondi Johnson
4. Approve Minutes of September 10, 2014 – Rondi Johnson
5. Performance Improvement Reports Due
 - 5.1 BMI – Patti White
 - 5.2 HIV/Aids – Chris Rotin/Mike Lynch - Tabled
 - 5.3 Yreka Dental Records – Susan Beatty
 - 5.4 Happy Camp Dental Records – Cheryl Asman
 - 5.5 HTN – Dr. Colas
6. GPRA Reports
 - 6.1 Clinical Benchmarking – Vickie Simmons
7. New Business
 - 7.1 Complaints/Incidents/Suggestions –Rondi Johnson
 - 7.2 Partnership Health Plan – Amy Coapman
8. Old Business
9. Next Meeting November 12, 2014 at 9:00 am
10. Adjourn



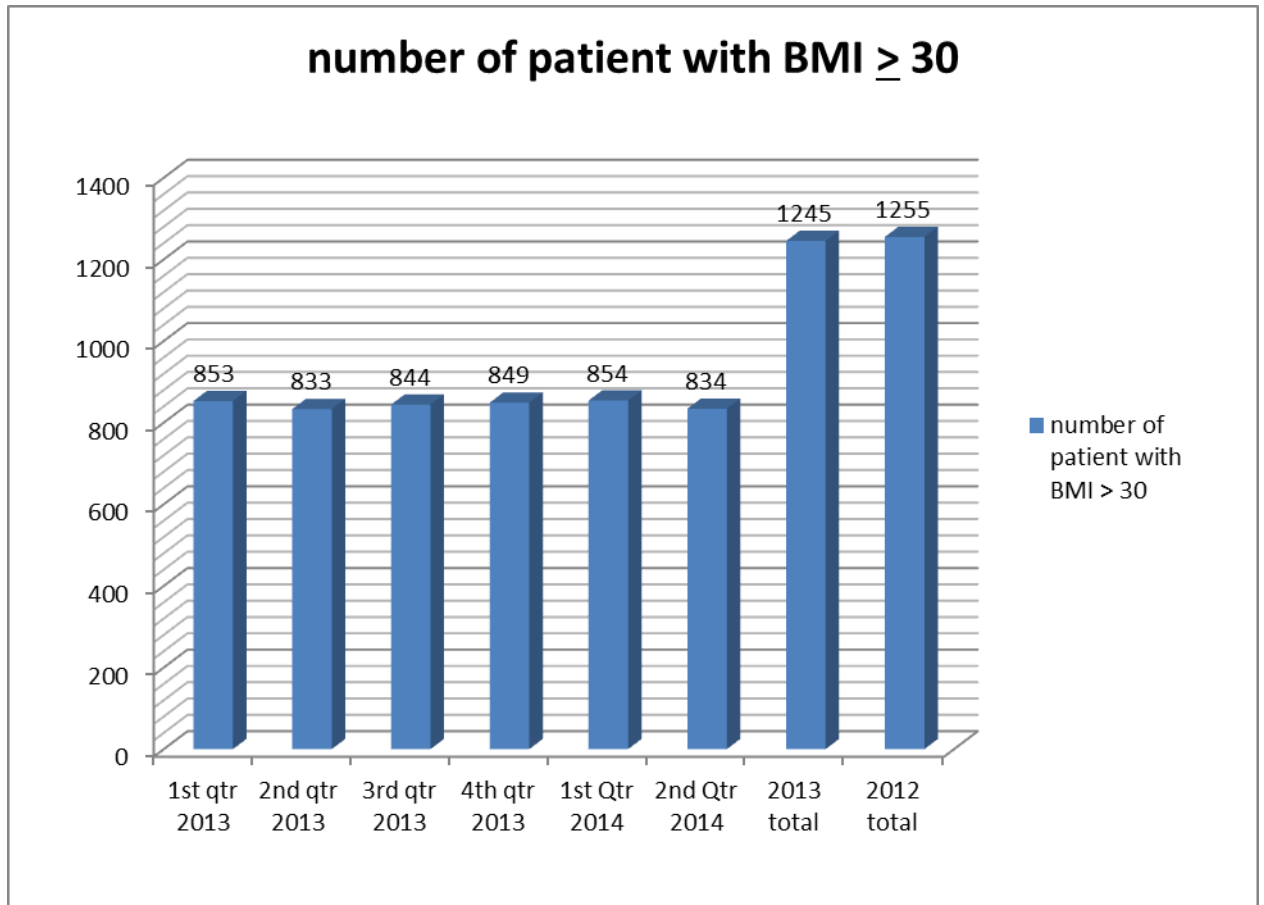
**Karuk Tribal Health & Human Services
Performance Improvement Project
Prepared for ACQI Meeting
October 8, 2014
BMI /Obesity Project 2013-2014**

- 1. Purpose of the Study:** To address the failure of appropriate data collection, assessment, and treatment of obesity.
 - a) Problem: Epidemic of obesity in all age groups. Obesity leads to a variety of physical and mental complications.
 - b) Importance: Obesity is directly related to serious medical disease states including:
 - i) Diabetes
 - ii) Cardiovascular Disease
 - iii) Renal Failure
 - iv) Diminished self-esteem---mental disorders---general dysfunction
 - v) Others
- 2. Goal of this Performance Improvement Project:** To reduce weight in patients with a BMI ≥ 30 by 1% each year.
 - a) All patients will have their BMI measured at each visit.
 - b) A count of patients with BMI ≥ 30 will be run each quarter.
 - c) Compare number of patients with BMI ≥ 30 to number from previous quarters.
- 3. Description of Data-Baseline data ran for CY 2012**

For CY 2012 there were 1255 patients who had visits and a BMI ≥ 30 . I will use this number for the baseline.
- 4. Evidence of Data:**

All data will be run as query report from RPMS. This will be a total count of patients who had a visit during the time period and a BMI documented that was equal to or greater than 30. A more detailed list of patients can be produced upon request.
- 5. Data Analysis**
 - a) First quarter 2013 (1/1/13 to 3/31/13) - there were a total of 853 patients with a BMI ≥ 30 who had a visit during the quarter.
 - b) 2nd quarter 2013 (4/1/13 to 6/30/13) there were a total of 833 patients with a BMI ≥ 30 who had a visit during the quarter.
 - c) 3rd quarter 2013 (7/1/203 to 9/30/2013) there were a total of 844 patients with a BMI ≥ 30 who had a visit during the quarter.
 - d) 4th quarter 2013 (9/30/13 to 12/31/2013) there were a total of 849 patients with a BMI ≥ 30 .
 - e) 1st Quarter 2014 (01/01/14 to 03/31/14) there were a total of 854 patients seen with a BMI ≥ 30 .

- f) 2nd Quarter 2014 (04/01/14 to 06/30/2014) there were a total of 834 patients seen with a BMI ≥ 30 .
- g) There 1245 patients with a BMI ≥ 30 for the calendar year 2013. (1/1/13 to 12/31/2013)
- h) Baseline was CY 2012 with 1,255 patients with BMI ≥ 30 .



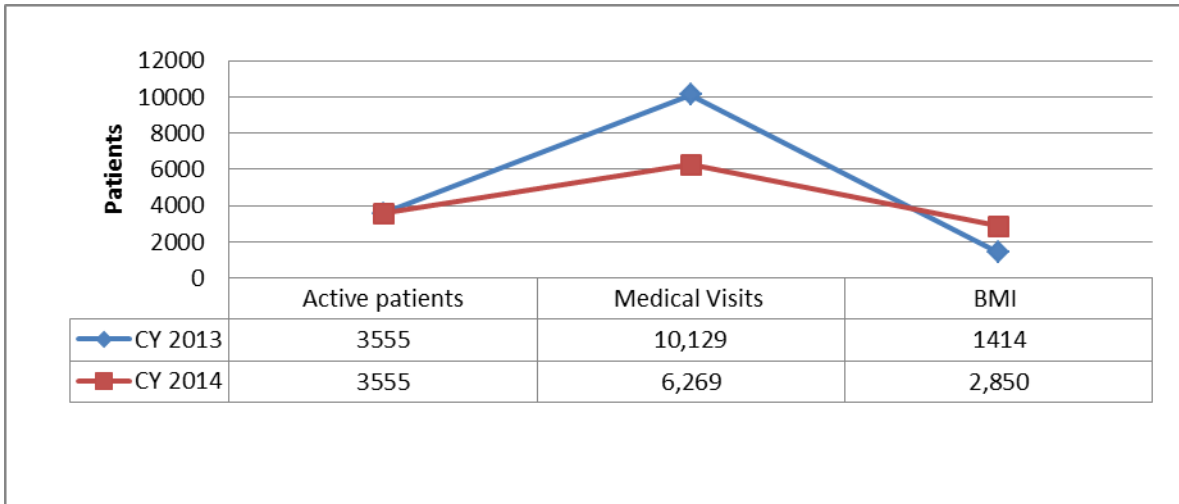
6. Comparison-

The CY 2013 we had 1245 patients with visits and a BMI 30 and higher. This is 10 less than all of CY 2012. I had thought we would have a number larger than 2012, but we did have a small decrease of just under 1%.

For the past 6 quarters we are seeing an average of 845 patients each quarter with a BMI 30 and over. Many patients may be seen in more than one quarter. The total for each year is an unduplicated count.

I was asked to compare to total number of patient visits. We had 10,129 medical visits in 2013 for 3,555 active patients. Of those only 1,414 had a BMI recorded. If height and weight were being done at visits the BMI would show. For 2014 so far, we have 6,269 medical visits in 2014 for the active patient count and have 2,850 with a recorded BMI. This shows that we are doing much better at documenting the height and weight and getting data for our patients. See the graph on the next page. In all of 2013 only 40% of the patients had a BMI documented. In the first two quarters, 81% have had a documented BMI.

Our clinical staff is doing much better at this. This seems to be linked to having permanent providers on staff.



7. Implementation of Corrective Actions to Resolve-

Have a BMI documented at each visit. Data can be collected by the Medical Assistant and by Nurses rooming the patients and taking vitals. They may need instructions.

We need to make sure that when a child or adolescent has a BMI that the parents or the patient are counseled on nutrition and activity and this is documented. Documentation can be done by using codes 97802-97804-15 minutes or more of nutrition counseling and using ICD-9 Code V65-41 for physical activity counseling. Codes V85.5x is used for recording the BMI percentile. For patients over 18, providers should document a follow up plan for weight loss.

By measuring the BMI at each visit and following through with patient counseling on obesity, diet, and, weight loss, we should be able to lower the number of patients with a BMI over 30.

8. Re-measure-

Data and reports will be done on a quarterly basis and compared to previous data. Losing weight is a hard task, so we may not see improvement in these numbers for a while.

9. Implementation of Additional corrective Actions if Performance Goals are not Met- N/A at this time

We will continue to look at the data on a quarterly basis and compare to annual data for the time. If the numbers continue to grow, providers may have the need come up with some plans for this project in the future to help these patients to achieve weight loss.

10. Communication to Governing Body-

Evidence of the PI project will be included in ACQI information that is reported to the Health Board each month.

**Submitted by Patti White
10/08/2014**

MEDICAL RECORDS ANALYSIS REPORT
3rd Quarter 2014
YREKA DENTAL DEPT

PURPOSE:

With the overload of patients and the hurry to get everyone seen as soon as possible, it is very easy to overlook the details of charting. The purpose for the review is to improve the thoroughness of charting and look for accuracy and care of our patient's charts.

GOAL:

To have our charts in order and correct in the paper charts as well as EDR to reach our goal of 90%.

DATA:

Twenty charts are randomly pulled to collect information in the following areas.

1. Full Name, Chart Number on the outside of chart.
2. Current Face Sheet
3. Medical History Updated and Signed
4. Patient Health History in Chart
5. Dental Exam Record Complete
6. Treatment Plans Signed/Dated
7. Chart Entries Initialed by Staff
8. Clinical Notes Signed by Provider
9. Local Anesthesia Noted
10. X-ray Label Complete
11. Informed Consents Endo/Extraction

MEDICAL ALERT LABELS – See Chart Attached.

FINDINGS:

This quarter we met our goal of 90% in all areas but two. The dental exam record was at 85% with three of the charts with either no signatures from our provider or the patient or both. The second area we went down is in the Treatment Plans being signed and dated. Ten of our charts were incomplete with no signatures of either the provider/patient or one or the other

Looking at the medical alert label chart we see that we met our goal of 90%.

CORRECTIVE ACTIONS:

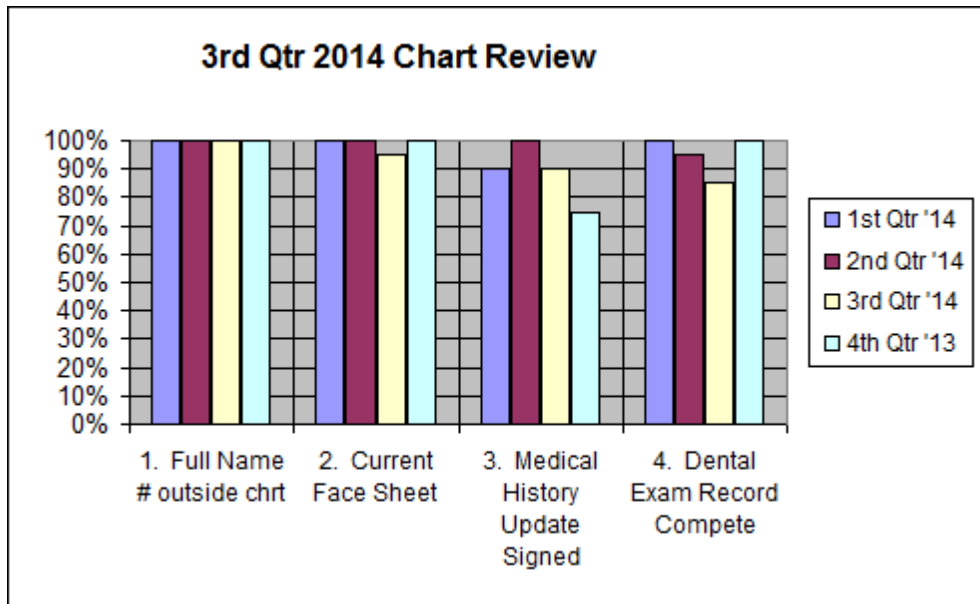
Our goal for 2013 was to reach 90% in all areas of this report and we came close, so we will continue to make this our goal to reach by the 4th quarter in 2014. I believe we can do this with closer attention to the detail in getting the data from the paper chart into the EDR.

We will also communicate the problem with our staff, governing body and throughout the organization. This way everyone is aware of the areas of concern and to show them we are striving to improve in those areas. This will also raise our level of thoroughness.

Respectfully Submitted, Susan Beatty, RDA

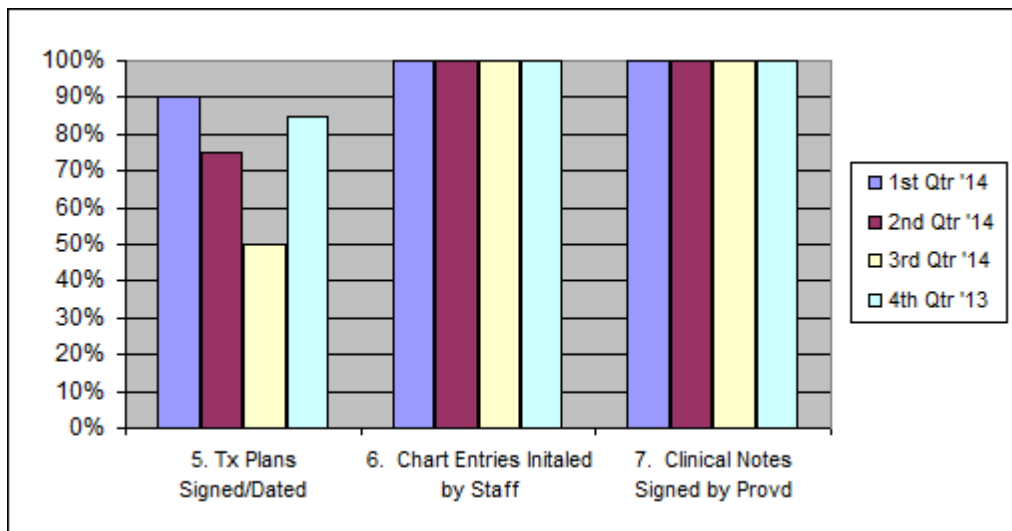
3RD Qtr 2014 CHART REVIEW / YREKA DENTAL

	1st Qtr '14	2nd Qtr '14	3rd Qtr '14	4th Qtr '13
1. Full Name # outside chrt	100%	100%	100%	100%
2. Current Face Sheet	100%	100%	95%	100%
3. Medical History Update Signed	90%	100%	90%	75%
4. Dental Exam Record Compete	100%	95%	85%	100%

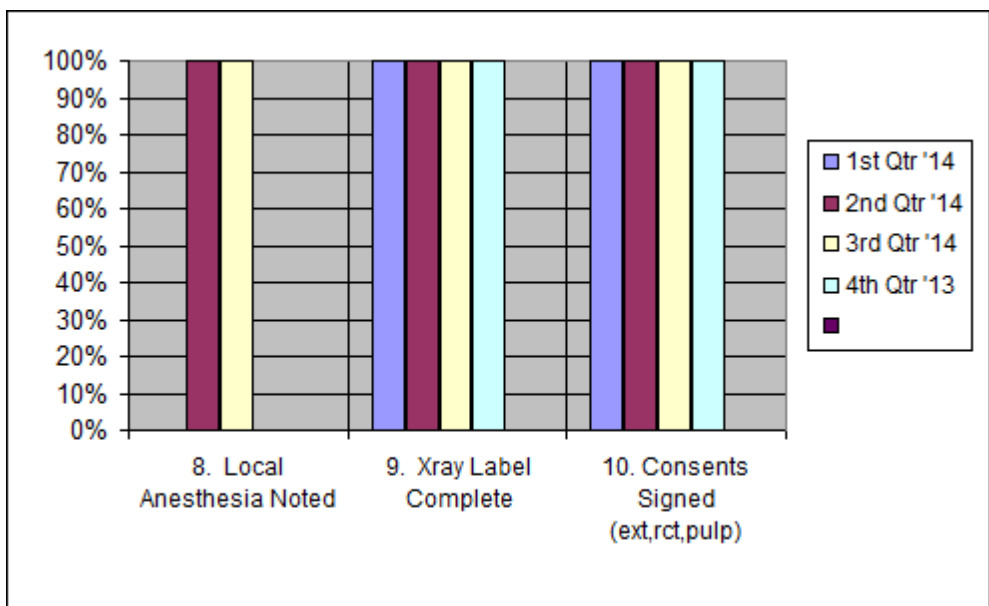


Medical Alerts - See Chart Attached

	1st Qtr '14	2nd Qtr '14	3rd Qtr '14	4th Qtr '13
5. Tx Plans Signed/Dated	90%	75%	50%	85%
6. Chart Entries Initialed by Staff	100%	100%	100%	100%
7. Clinical Notes Signed by Provd	100%	100%	100%	100%

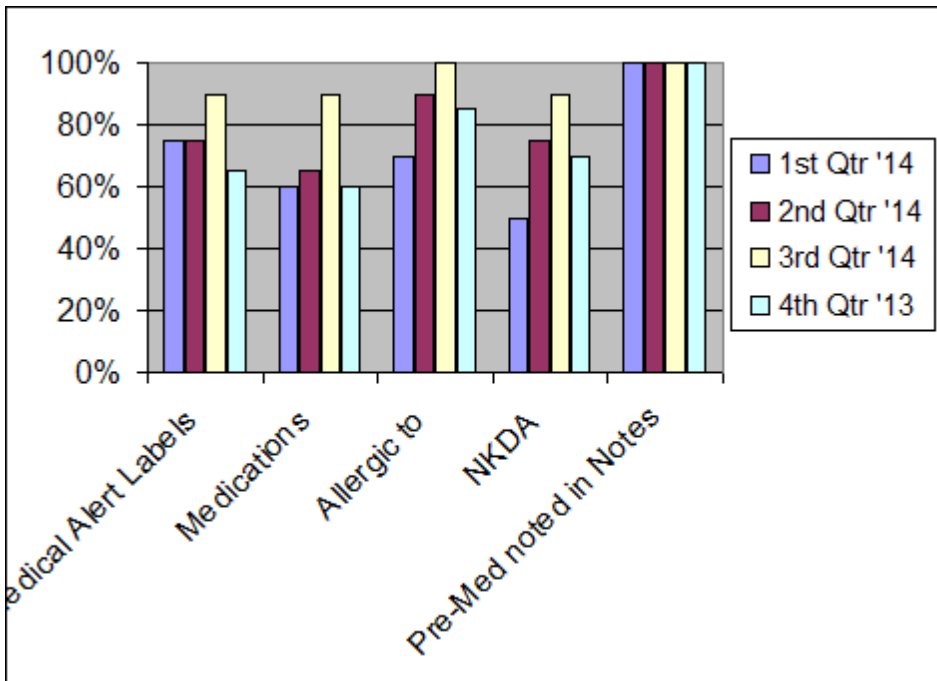


	1st Qtr '14	2nd Qtr '14	3rd Qtr '14	4th Qtr '13
8. Local Anesthesia Noted		100%	100%	
9. Xray Label Complete	100%	100%	100%	100%
10. Consents Signed (ext,rct,pulp)	100%	100%	100%	100%



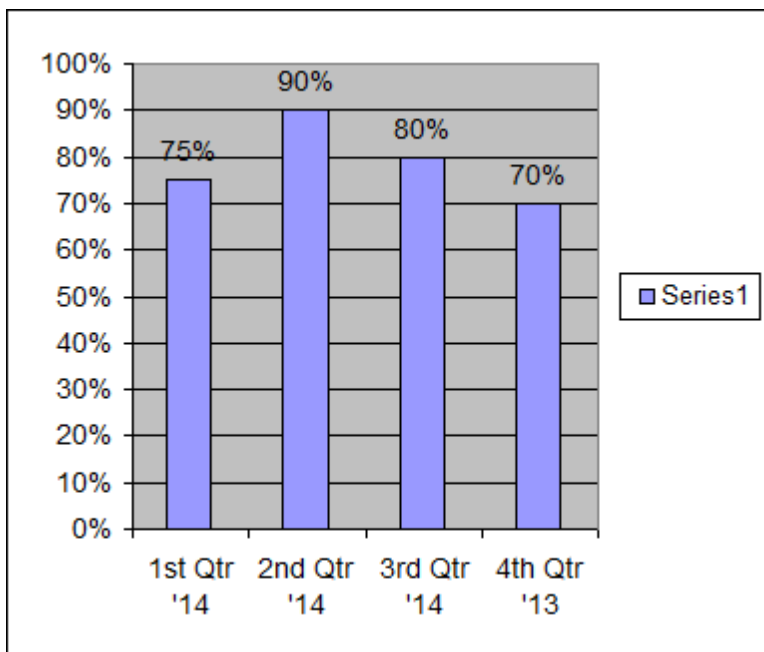
Medical Alert Labels

	1st Qtr '14	2nd Qtr '14	3rd Qtr '14	4th Qtr '13
Medical Alert Labels	75%	75%	90%	65%
Medications	60%	65%	90%	60%
Allergic to	70%	90%	100%	85%
NKDA	50%	75%	90%	70%
Pre-Med noted in Notes	100%	100%	100%	100%



3rd Quarter 2014 CQI Project - Blood Pressures

1st Qtr '14	75%
2nd Qtr '14	90%
3rd Qtr '14	80%
4th Qtr '13	70%



Performance Improvement Project

BLOOD PRESSURES

3rd Qtr 2014

Yreka Dental Dept

PURPOSE:

Our policy states that we are to take blood pressures on every hypertensive patient that we see and we are falling behind in this area. The purpose of our review is to see how we are doing and to improve on the taking of blood pressures on hypertensive patients.

GOAL: To ensure that our patients have their blood pressure taken at every visit and to raise our percentage up to 90%.

DATA: Twenty charts were randomly pulled for each quarter to collect the data for this report.

FINDINGS:

1st Qtr 2014: 75% were correct 2nd Qtr 2014: 90% were correct

3rd Qtr 2014: 80% were correct 4th Qtr 2013: 70% were correct

Out of the twenty charts for the 3rd quarter reviewed 4 charts either the blood pressure taken or they didn't have one taken at every visit within the quarter.

CORRECTIVE ACTIONS:

To communicate the problem with our staff so they are aware of the problem and can try to correct the problem. We will also communicate with our governing body and throughout the organization.

Respectively Submitted,

Susan Beatty, RDA



**Karuk Dental Records Report
ACQI Meeting Date 10/8/14**

3RD Quarter Report of 2014 by Cheryl Asman

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

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 third quarter of calendar year 2013

Ten Adult Charts

Record
Count complete incomplete N/A Percent

		Record Count	complete	incomplete	N/A	Percent
1	Full name and health record number on outside tab of chart	10	10	0	0	100%
2	Current Face sheet (Within last 12 months)	10	10	0	0	100%
3	Medical history updated within 12 months + Update review box initialed within Quarter	10	10	0	0	100%
4a	Medical Alerts	10	10	0	0	100%
4b	Medications	10	5	0	5	100%
4c	Allergic to	10	4	0	6	100%
4d	Pain Level	10	10	0	0	100%
4e	NKA	10	6	0	4	100%
4f	Pre-Med noted	10	0	0	10	100%
5	Dental Examination for patients that have exam within reporting period is complete	10	5	0	5	100%
6	Completed Tx Plan	10	0	0	10	100%
7	All Chart entries include provider and/or staff initials	10	10	0	0	100%
8	Dentrix Clinic notes show provider who saw patient & signed	10	10	0	0	100%
9	Local anesthesia used	10	5	0	5	100%
10	X-rays label complete	10	5	0	5	100%

11	Informed consents completed & signed by patients and providers	10	10	0	0	100%		
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Ten Child charts		Record Count	complete	incomplete	NA	Percent
1	Full name and health record number on outside tab of chart	10	10	0	0	100%
2	Current Face sheet (Within last 12 months)	10	10	0	0	100%
3	Medical history updated within 12 months + Update review box initialed within Quarter	10	10	0	0	100%
4a	Medical Alerts	10	6	0	4	100%
4b	Medications	10	0	0	10	100%
4c	Allergic to	10	0	0	10	100%
4d	Pain Level	10	10	0	0	100%
4e	NKA	10	10	0	0	100%
4f	Pre-Med noted	10	0	0	10	100%
5	Dental Examination for patients that have exam within reporting period is complete	10	4	1	5	90%
6	Completed Tx Plan	10	0	0	10	100%
7	All Chart entries include provider and/or staff initials	10	10	0	0	100%
8	Dentrix Clinic notes show provider who saw patient & signed	10	10	0	0	100%
9	Local anesthesia used	10	3	0	7	100%
10	X-rays label complete	10	3	0	7	100%
11	Informed consents completed & signed by patients and providers	10	10	0	0	100%

4. In the 3RD quarter of 2014, we went back up to 100% in the adult charts & stayed at 90% in the child charts. All in all, I feel that we are staying pretty steady in our charting.

Hypertension Study

2nd Quarter 2014



Purpose of the Study

The Purpose of this study is to determine how many of our patients, that have a diagnosis of hypertension, are being treated successfully. And, to try to increase that percentage of successfully treated patients.

Parameters

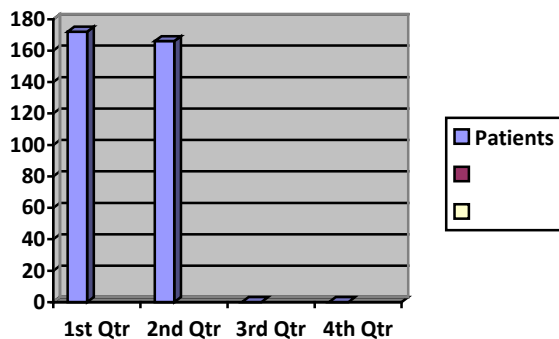
This study is for adults only, ages 18-85. They must have a diagnosis of hypertension, and they must also have at least two visits to the clinic a year. To be considered successfully treated, the documented blood pressure must be less than 140/90.

First Quarter Results

The first quarter of 2014 showed a total of 310 patients with a diagnosis of hypertension. Of those 310 people, a total of 172 patients had documented blood pressures lower than 140/90. That is 55.5%.

Second Quarter Results

The second quarter, April – June 2014 showed the following results. Out of 305 patients with a diagnosis of hypertension, 166 patients had documented successful treatment. That is 54.4% - One point lower than the first quarter.



Goals and Discussion

These results are staying relatively the same. Last year, the total percentage of patients treated successfully for hypertension was 53.5%. Our goal is to have a 10% improvement in the overall numbers. However, that much of a difference may be unattainable in just a year's time. Perhaps 5% would be a more reasonable goal.

According to the CDC, for the year 2013, the National percentage of those with successfully treated hypertension is roughly 47%. Our results are much better than the national average, yet we still have a lot of room for improvement. There exist many variables to this study. Pt compliance is by far the most influential factor on these results. But, we can be more vigorous in our treatment of those patients that haven't reached the goal of being less than 140/90.

Submitted by,

Chuck R Colas DO, Orleans Medical Clinic

Partnership Health Plan – Quality Improvement Program

Partnership Health Plan is providing financial incentives for exceptional performance and improvement throughout its provider network. They will be monitoring a number of clinical and administrative measures for each of our three clinics uniquely.

The Areas of Focus are:

- Prevention and Screening
- Chronic Disease Management – Diabetes
- Appropriate Use of Resources
- Primary Care Access and Operations
- Patient Experience
- Advanced Care Planning

The 2013-2014 reporting year has just ended, and we scored very poorly on all measures, partly because we really didn't know that we were being scored. Now we have the opportunity to do much better in 2014-2015.

PHP assigns 'points' for hitting targets and for demonstrating improvement. For the coming year, there are 35 points available in the **Clinical Domain**. The areas of focus are:

- Child BMI (3-17 yrs) (5 pts)
- Cervical Cancer Screening (5 pts)
- Well Child Visits (3-6 yrs) (5 pts)
- Diabetes Management (18-75 yrs) (4 out of 6; 5 pts each)
 - LDL testing, HbA1C good control, HbA1C testing, Retinal eye exam, Nephropathy, Blood pressure control

The targets range from 52.3% for Child BMI to 76.6% for Cervical Cancer Screening. Points will also be awarded for relative improvement in Cervical Cancer Screening.

Appropriate Use of Resources focuses primarily on Pharmacy Utilization (30 pts total), with full points awarded for an 85% generic rate or 98% formulary compliance rate. They are also watching hospital discharge follow-ups and hospital days/1000.

Access and Operations is worth 25 points total. Areas of focus in this category are:

- Avoidable ED Visits (6 pts)
- Practice open to PHC members (7 pts)
- Primary Care Provider Office Visits (6 pts)
- Submit quarterly data for 4 quarters on one access measure (3rd next available appt, for example) and one operations measure (No Show rate, Call abandonment rate, provider continuity) as well as a description on how these data are used internally at each site (6 points)

Patient Experience can be measured in one of three ways:

1. Survey Option
2. Training Option
3. PCMH Patient Experience Criteria

In addition, there are several Unit of Service Measures that are incentivized:

- ❖ Advance Care Planning Attestations - \$100 per submission
- ❖ PCMH Certification – Level 1: \$1000 Level 2: \$3000 Level 3: \$3500
- ❖ Access/Extended Office Hours – 10% of Capitation
- ❖ Utilization of CAIR – payment depends on practice size (numbers of members ages 0-13) and ranges from \$1000 to \$2000, with bonuses for relative improvement.
- ❖ Peer-led self management support groups (both new and existing) - \$1000 per group

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting-Orleans
November 6, 2014
Patricia White, RPMS Site Manager



Action Items:

I have one action item. Attached is procurement for purchase of nine (9) additional scanners to be used throughout the program.

User Assistance and requests

During October there were 32 documented items for user support and program issues. 16 were assigned to Amy Coapman and 16 were assigned to me.

Workload reports

Attached is the September 2014 "Operations Summaries" including Tribal Statistics. During September there were 1,892 visits at all locations. This is an increase of 9 visits over August numbers. 949 of these visits were for Native American Patients (51%). See chart at the end of the operations summary.

Meeting / Conference Calls and other Activities October 2014

- 10/01 – AAAHC Workgroup
- 10/02 – RPMS/EHR Office Hours weekly Web Call
- 10/06 – VistA Imaging Conference Call re scanner configurations
- 10/06 – Modular Building Staff meeting
- 10/09 – Health Board Meeting in Yreka
- 10/15 - Bi Annual Health Staff Meeting in Happy Camp
- 10/16 – RPMS/EHR Office Hours weekly Web Call
- 10/28 – Executive Directors Advisory Meeting
- 10/28 – CAO VistA Conference Call
- 10/30 – VistA Staff Meeting
- 10/30 – RPMS/EHR Office Hours weekly web call

Projects in process

- **BMW**- Practice Management Application-A graphical user interface (GUI) to handle Patient Registration and Scheduling. Since the last meeting we have made headway with the program. Marcella Begaye has spent literally hours working on the set up with me. We were able to get the links established between RPMS and the new server. I am sending out training links to the staff that will be using BMW. The staff will need to view the trainings that apply to them prior to going live with the program. We are aiming at a December 1st date to transition to this program.
- **VistA Imaging**- We are having monthly meetings with scanning staff and others affected by VistA to go over any problems and questions that they are having. We had the first one on October 30th. It went very well and we were able to clear up many questions for staff.
- **EHR Patch 13 Upgrade**-Amy has taken the lead on this project. This upgrade is the 2014 certified version of EHR required for Meaningful Use. IHS has provided pre installation checklist to aid in preparation of the upgrade. IHS has put all the information on the Site Managers Portal for us to use. This is a huge project and undertaking for us. VistA and BMW are requirements for the upgrade. We are waiting for IHS to put us on the queue for the install. The install will be done on weekend and take 6-8 hours to complete.

Budget:

For period ending October 31, 2014 we are under budget at 3.00% used.

Program	RPMS
Budget Code	3000-75
Program Year	2014-2015
Appropriation	\$235,336.60
Expenses to Date	\$7,062.63
Balance	228,273.97
Percent used	3.00%

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR SEPTEMBER 2014
Prepared for the November 6, 2014 Health board Meeting
Happy Camp, CA

(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 18,653 (+3.9) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 73 (+2.8) new patients, 0 (**) births, and 3 (+0.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,806 (+0.2) patients enrolled in Medicare Part A and 2,687 (+0.4) patients enrolled in Part B at the end of this time period.

There were 101 (+5.2) patients enrolled in Medicare Part D.

There were also 6,757 (+6.4) patients enrolled in Medicaid and 5,817 (+7.8) 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 59,575.33 (+2.5). The number and dollar amount of authorizations by type were:

57 - DENTAL	8	8364.45
64 - NON-HOSPITAL SERVICE	1190	51210.88

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

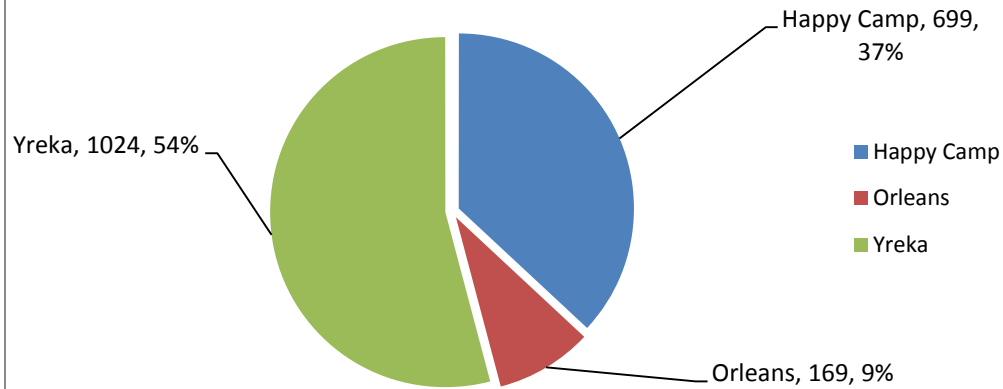
AMBULATORY CARE VISITS

There were a total of 1,892 ambulatory visits (-1.0) during the period for 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	1,892		(-1.0)
By Location:			
YREKA	1,024		(-3.8)
KARUK COMMUNITY HEALTH CLINIC	699		(-13.5)
ORLEANS	169		(+322.5)

Visits by Location September 2014



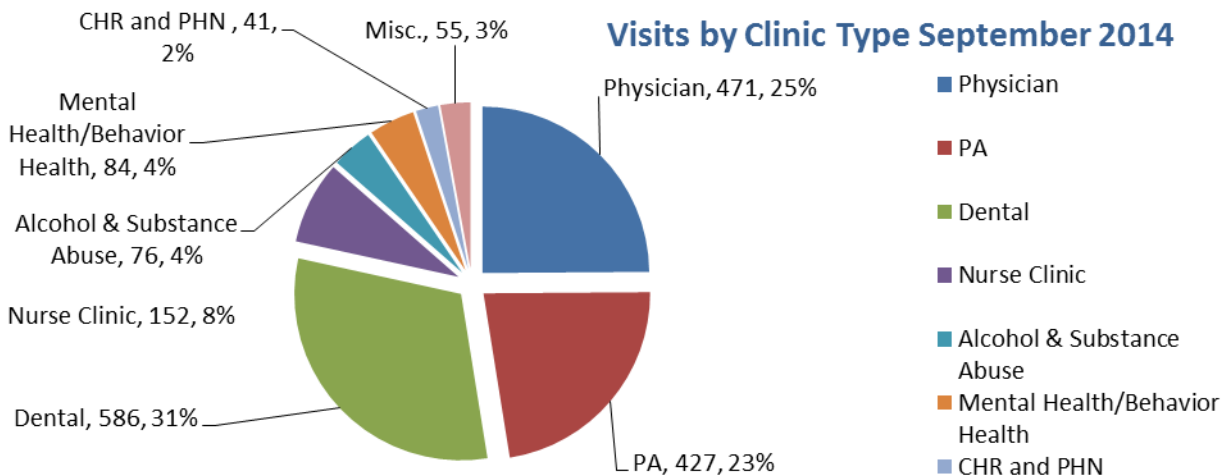
By Service Category:

AMBULATORY	1,863	(-1.0)
TELECOMMUNICATIONS	28	(-3.4)
TELEMEDICINE	1	(**)

By Clinic Type:

DENTAL	586	(-8.2)
PHYSICIAN	471	(-18.2)
PHYSICIAN ASSISTANT	427	(+198.6)
NURSE CLINIC	152	(+38.2)
ALCOHOL AND SUBSTANCE	76	(-38.7)
MENTAL HEALTH	65	(+47.7)
TRANSPORT	45	(-13.5)
PHN CLINIC VISIT	22	(-56.0)
BEHAVIORAL HEALTH	19	(**)
CHR	19	(+35.7)
TELEPHONE CALL	5	(-64.3)
TELEMEDICINE	2	(+100.0)
CHART REV/REC MOD	1	(-66.7)
HOME VISIT	1	(**)
LABORATORY SERVICES	1	(+0.0)

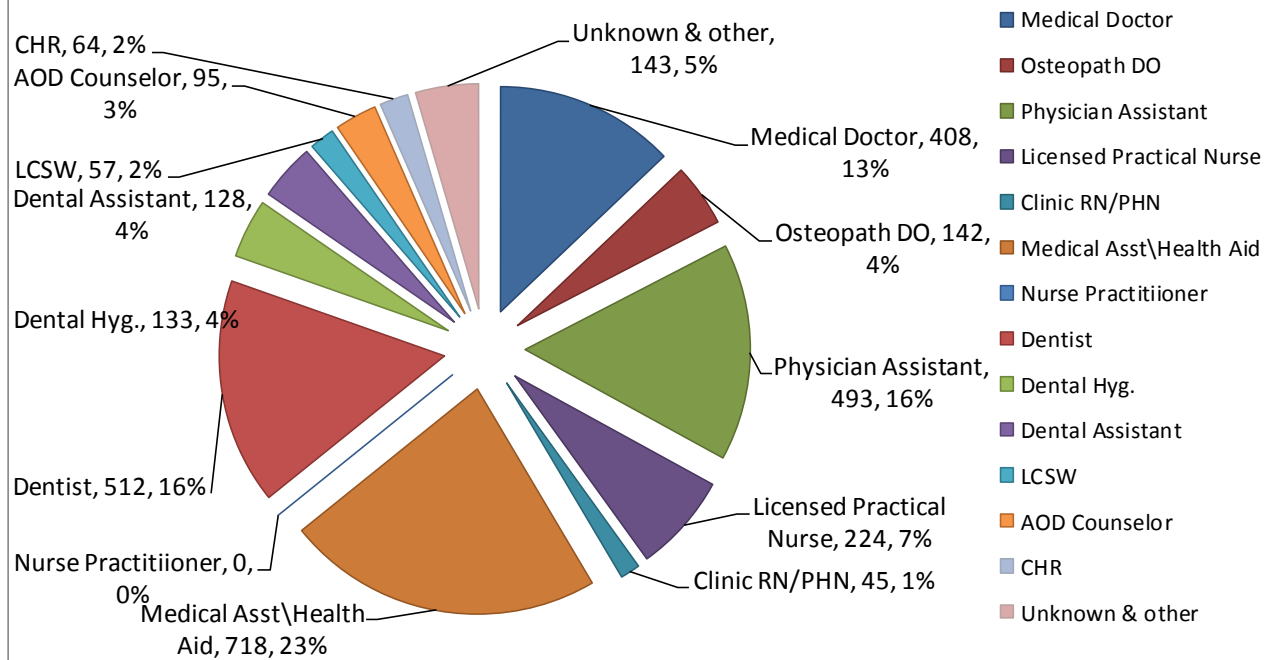
Visits by Clinic Type September 2014



By Provider Type (Primary and Secondary Providers):

HEALTH AIDE	718	(+20.5)
DENTIST	512	(-21.5)
PHYSICIAN ASSISTANT	493	(+94.9)
MD	408	(-35.2)
LICENSED PRACTICAL NURSE	224	(+7.7)
OSTEOPATHIC MEDICINE	142	(**)
DENTAL HYGIENIST	133	(-11.9)
DENTAL ASSISTANT	128	(+12,700.0)
ALCOHOLISM/SUB ABUSE COUNSELOR	95	(-23.4)
HEALTH RECORDS	82	(**)
COMMUNITY HEALTH REP	64	(-1.5)
UNKNOWN	58	(+2,800.0)
LICENSED CLINICAL SOCIAL WORK	57	(+32.6)
PUBLIC HEALTH NURSE	23	(-54.9)
CLINIC RN	22	(+450.0)
NURSE PRACTITIONER	2	(-98.7)
MEDICAL STUDENT	1	(**)

Visits by Provider Type (primary and secondary) September 2014



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	566 (-10.0)
2).	VACCIN FOR INFLUENZA	177 (-47.5)
3).	HYPERTENSION NOS	105 (+26.5)
4).	OTHER SPECIFD COUNSELING	70 (-1.4)
5).	THERAPEUTIC DRUG MONITOR	67 (+67.5)
6).	LUMBAGO	66 (-1.5)
7).	LONG-TERM USE ANTICOAGUL	63 (+57.5)
8).	HYPERLIPIDEMIA NEC/NOS	52 (-11.9)
9).	DMII WO CMP NT ST UNCNTR	52 (+36.8)
10).	DEPRESSIVE DISORDER NEC	50 (-2.0)

CHART REVIEWS

There were 813 (-31.2) chart reviews performed during this time period.

INJURIES

There were 94 visits for injuries (+1.1) reported during this period. Of these, 18 were new injuries (-14.3). The five leading causes were:

1).	ACC-HOT LIQUID & STEAM	5 (**)
2).	MV COLLISION NOS-DRIVER	2 (**)
3).	NONVENOM ARTHROPOD BITE	2 (**)
4).	ADV EFF ANTINFCT NEC/NOS	2 (**)
5).	ABN REACT-SURG PROC NEC	1 (**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 456 patients (-5.8) seen for Dental Care. They accounted for 586 visits (-8.2). The seven leading service categories were:

1).	PATIENT REVISIT	422 (-18.5)
2).	HYPERTENSION SCREENING	233 (-5.3)
3).	LOCAL ANESTHESIA IN CONJUNCTION WIT	167 (-6.2)
4).	PREVENTIVE PLAN AND INSTRUCTION	117 (-15.8)
5).	INTRAORAL - PERIAPICAL FIRST RADIOG	109 (-14.8)
6).	INTRAORAL - PERIAPICAL EACH ADDITIO	99 (+120.0)
7).	FIRST VISIT OF FISCAL YEAR	91 (-18.8)

IN-HOSPITAL VISITS

There were a total of 0 In-Hospital visits (**) during the period for all visit types, including CHS.

PHARMACY

There were 1,515 new prescriptions (-0.3) and 0 refills (**) during this period.

Tribal Statistics September 2014

	Registered Indian Patients	Indian Patients Receiving Services September 2014	APC Visits by Indian Patients September 2014
Karuk	2087	405	523
Descendants residing in CA	1883	220	292
All other Tribes	2179	117	134
Total	6149	742	949

Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe



Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Administrative Office
Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Requestor: Patricia White

Date: October 29, 2014

Dept/Program: RPMS/EHR

Funding Source: 3060-00-7500

Check One: Small Purchase (less than \$5,000) Large Purchase (more than \$5,000)**
 Construction Contract Other:
 Independent Contractor Under \$2,000
 Independent Contractor Over \$2,000**

***Tribal Council approval is required for: all purchases exceeding \$5,000, all Agreements and all Contracts exceeding \$2,000.*

Procurement #/Type: Three quotes Sealed Bid Competitive Proposal

COMPARATIVE SUMMARY (Minimum of Three Required)				
Company Name	Date	Price	Contact/Phone	Indian Y/N
CDW-G	10/24/2014	\$ 9,712.65	800-594-4239	N
Zones	10/24/2014	\$ 9,447.53	Erik Brody 253-205-3892	N
GovConnection	10/24/2014	\$ 8,893.32	Matthew Denney 800-800-0019 X75003	N

Name of Selected Vendor GovConnection

Basis: Lowest Price Best Qualified Vendor
 Superior Product/Service Delivery Service Provided
 Based on Annual Price Comparisons
 Sole Source Provider (MUST Attach Detailed Justification)
 Only Qualified Local Provider Due to Geographic Disadvantage

Comments: This procurement is for 9 additional scanners to be used throughtout the health program for the VistA Imaging program. VistA is the scanning program that allows for scanning document into the electronic record.

**** REQUIRED SIGNATURES ****

*** By affixing your signature, you acknowledge that you have reviewed the attached documentation for presentation to Tribal Council.*

Patricia White
Requestor

10-29-2014
Date

Laura Mayton
**Chief Financial Officer

10-29-14
Date

John Andrews for
**Director, Administrative Programs & Compliance

10-29-14
Date

**Director of Self Governance(MOU/MOA) or TERO (Contracts)

Date

Other

Date



CDWG.com | 800.594.4239

OE400SPS

SALES QUOTATION

QUOTE NO.	ACCOUNT NO.	DATE
FRFD327	1619552	10/24/2014

BILL TO:
 KARUK TRIBE
 PO BOX 1016
 64236 2ND AVE

SHIP TO:
 KARUK TRIBE
 Attention To: ADMIN
 64236 2ND AVE

Accounts Payable
 HAPPY CAMP , CA 96039-1016

HAPPY CAMP , CA 96039-1016
 Contact: JOSH HILLMAN 530.493.1600

Customer Phone #

Customer P.O. # SCAN REQ QUOTE

ACCOUNT MANAGER		SHIPPING METHOD	TERMS	EXEMPTION CERTIFICATE
CHARLIE CRAWFORD 866.239.9077		FEDEX Ground	Net 30 Days-Govt-Federal	GOVT-EXEMPT
QTY	ITEM NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
6	3196268	FUJITSU FI-7160 COL DUPLX 60PPM USB Mfg#: PA03670-B055 Contract: MARKET	922.02	5,532.12
3	3223768	FUJITSU FI-7260 COL DUPLX 60PPM USB Mfg#: PA03670-B555 Contract: MARKET	1,326.24	3,978.72
SUBTOTAL				9,510.84
FREIGHT				201.81
TAX				0.00

US Currency

TOTAL 9,712.65

CDW Government
 230 North Milwaukee Ave.
 Vernon Hills, IL 60061

Fax: 847.371.7251

Please remit payment to:
 CDW Government
 75 Remittance Drive
 Suite 1515
 Chicago, IL 60675-1515

ZONES™

Connecting Business & Technology

10/24/2014

Bill To :
KARUK TRIBE A/P
PO BOX 1016
HAPPY CAMP CA 96039
Phone : (530) 493-1600

Ship To :
KARUK TRIBE
JOSHUA HILLMAN
64236 2ND AVE
HAPPY CAMP CA 96039
Phone : (530) 493-1600 x 2051

Account # 0056979248
Quote : S3891489
PO# : Fujitsu scanners

Software prices subject to change
 Hardware quotes are valid for 7 business days
 Memory Prices are valid for 24 hours only, call for verification

REMIT PAYMENT TO:
ZONES, INC
P.O. BOX 34740
SEATTLE, WA 98124-1740

PLEASE SEND PURCHASE
ORDERS DIRECTLY TO YOUR
ZONES ACCOUNT EXECUTIVE
VIA FAX OR EMAIL

Erik Brody
Account Executive
Phone: (253) 205-3892
Fax: (253) 205-2892

Email: Erik.Brody@zones.com

Item#	Qty	Mfr. Name	Description	Manufacturers Part #	Unit Price	Total
001518402-NEW	6	FUJITSU COMPUTER PRODUCTS	Fujitsu FI-7160 Image scanner - Optical resolution 50 dpi to 600 dpi - Scanning speed Simplex 60ppm (200 dpi / 300 dpi)	PA03670-B055	902.03	5,412.18
001518412-NEW	3	FUJITSU COMPUTER PRODUCTS	Fujitsu FI-7260 Image Scanner - Scanning resolution 50 dpi to 600 dpi - Scanning speed Simplex 60ppm (200 dpi / 300 dpi)	PA03670-B555	1,291.54	3,874.62
A 05248189			Add this warranty to Mfg # PA03670-B055 for \$199.99 3 Year Extended Printer Onsite Coverage (701-1200)	133580		
A 05248201			Add this warranty to Mfg # PA03670-B055 for \$64.99 1 Year Extended Printer Onsite Coverage (701-1200)	316753		
A 05248195			Add this warranty to Mfg # PA03670-B055 for \$88.99 2 Year Extended Printer Onsite Coverage (701-1200)	133574		

ASK US ABOUT
 Installations: Server
 Installations: General
 On-Site Technical Services
 Remote Help Desk Support
 Remote Network OS Support
 Weekly Onsite Technical Service Rates

Zones, Inc
10215th St SW Suite 102
Auburn, WA 98001
Phone: (800) 419-9663

Sub-Total: \$9,286.80
Estimated Sales Tax: \$0.00
FedEx Ground: \$160.73
Grand Total: \$9,447.53

24 Mo. \$1 Out lease for \$474.08 per month
 36 Mo. \$1 Out lease for \$339.64 per month
 Please Note: Lease Amounts Exclude Tax



CERTIFIED
 as an NMBC
MINORITY BUSINESS
ENTERPRISE
 by the NMSDC

Shipping Terms: For all shipments, Zones will arrange for shipping to the customer's destination; however, such costs are the responsibility of the customer. For shipments made during the seven calendar days preceding the end of each calendar quarter, title and risk of loss will pass to the customer upon delivery by Zones to the carrier. For all orders shipped within this seven day period, Zones will obtain third-party insurance at its own expense and will assist the customer in filing any claims with the insurance company arising from loss or damage to the shipment during transit. Prices are quoted by volume, and are subject to change without notice. Products sold by Zones are third party products and are subject to the warranties and representations of the applicable manufacturers.
RETURNS: No returns will be accepted without a Return Authorization (RA) Number, requested within 14 days from the invoice date. Software licensing and special-order products are non-returnable. Other products are subject to manufacturer return policies and restrictions. Additional Terms and Conditions apply and are available on our website.

We appreciate this opportunity to earn your business, and look forward to serving you soon! Thank you!

SALES QUOTE

GovConnection, Inc.
7503 Standish Place
Rockville, MD 20855

Account Executive: Matthew Denny
Phone: (800) 800-0019 ext. 75003
Fax: (603) 683-0910
Email: mdenny@govconnection.com

Account Manager: Terry Potcner
Phone: (301) 340-3401
Fax: (603) 683-1238
Email: tpotcner@govconnection.com

23759759.01

PLEASE REFER TO THE ABOVE
QUOTE # WHEN ORDERING

Date: 10/24/2014
Valid Through: 11/23/2014
Account #:

Customer Contact: Joshua Hillman
Email: jhillman@karuk.us

Phone: (530) 493-1600 x2051
Fax: (530) 493-5322

QUOTE PROVIDED TO:

AB#: 118071
KARUK TRIBE
ACCOUNTS PAYABLE
PO BOX 1016
HAPPY CAMP, CA 96039

(530) 493-1600

SHIP TO:

AB#: 4551156
KARUK TRIBE OF CALIFORNIA
64236 SECOND AVE
HAPPY CAMP ADMINISTRATION
HAPPY CAMP, CA 96039

(916) 493-5305

Sub Total	\$ 8,893.32
Fee	
Ship Via	Small Pkg Ground Service Level
Shipping and Handling	
Tax	
Total	\$ 8,893.32

DELIVERY	FOB	TERMS	CONTRACT ID#
1-30 Days A/R/O	Destination	NET 30	Open Market

* Line #	Qty	Item #	Manuf. Part #	Description	Manuf.	Price	Ext
1	6	16500974	PA03670-B055	FI-7160 Color Duplex Sheetfed Scanner (replaces fi-6130z) FUJITSU - TA:GS-35F-4342D This item is also available on GSA Contract	FUJITSU	\$ 863.81	\$ 5,182.86
2	3	16500982	PA03670-B555	FI-7260 Color Duplex Sheetfed / Flatbed Scanner (this item replaces the fi-6230z) Fujitsu Scanner	Fujitsu Scanner	\$ 1,236.82	\$ 3,710.46
							\$ 8,893.32

ORDERING INFORMATION
OPEN MARKET QUOTE

Per your request, this is an Open Market quotation. Some items may be available via GSA contract or GSA Teaming Agreement, as noted on the line item. If you desire a GSA quotation, please call your Account Manager. To purchase these items as Open Market, please issue a purchase order referencing this quotation.

Ordering Address
GovConnection, Inc.
7503 Standish Place
Rockville, MD 20855

Remittance Address
GovConnection, Inc.
Box 382810
Pittsburgh, PA 15250-8810

TERMS & CONDITIONS

Payment Terms:	NET 30 (subject to approved credit)
Fob Point:	DESTINATION (within Continental US)
Maximum Order Limitation:	NONE
Delivery Time:	1-30 DAYS ARO
FEIN:	52-1837891
DUNS Number:	80-967-8782
CEC:	80-068888K
Cage Code:	OGTJ3
Business Size:	LARGE

WARRANTY: *Manufacturer's Standard Commercial Warranty*

*Any Order accepted by GovConnection is subject to the GovConnection Standard Terms and Conditions found at:
http://www.govconnection.com/TPA_Content/About/Legal/PCCGOV_TermsConditionsSale.htm
No other Terms and Conditions shall apply.*

If you require a hard copy invoice for your credit card order, please visit the link below and click on the Proof of Purchase/Invoice link on the left side of the page to print one:

<https://www.govconnection.com/web/Shopping/ProofOfPurchase.htm>

Please forward your Contract to:
FEDORDERS@GOVCONNECTION.COM
QUESTIONS: Call 800-800-0019
FAX: 301-340-7402