

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, February 9, 2017 **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) CONSENT CALENDAR

F) APPROVAL OF THE MINUTES (December 1, 2016)

H) GUESTS (Ten Minutes Each)

1.

D) OLD BUSINESS (Five Minutes Each)

1.

II) DIRECTOR REPORTS (Ten Minutes Each)

1. Vickie Simmons, HR Coordinator (written report)
2. Eunsun Lew, Dental Director (written report only)
3. Tony Vasquez, Medical Director (written report only)
4. Kori Novak, Health CEO (verbal report only)
5. Pat Hobbs, Children & Family Services Director (written report only)
6. Cindy Hayes, Yreka Clinic Manager (written report only)
7. Annie Smith, PHN (written report only)
8. Josh Stanshaw, Operations Manager (written report only)
9. Lessie Aubrey, Grants, Accreditation, (verbal report only)
10. Patti White, RMPS Site Manager (verbal report only)
11. Sandy Dodson, HC Clinic Manager (verbal report only)
12. Babbie Peterson, OR Clinic Manager (written report only)

K) REQUESTS (Five Minutes Each)

1.

M) INFORMATIONAL (Five Minutes Each)

1.

M) CLOSED SESSION *(Five Minutes Each)*

1. CHS (dinner break)
2. Laura Olivas
3. Kori Novak
4. Barbara Snider
5. Tribal Council Members

N) SET DATE FOR NEXT MEETING *(Thursday, March 9, 2017 at 3 PM Happy Camp.*

OO) ADJOURN

**Karuk Tribe – Health Board
December 1, 2016 – Meeting Minutes**

Meeting called to order at 1:05 pm by Chairman Attebery.

Present:

Russell “Buster” Attebery, Chairman
Robert Super, Vice-Chairman
Michael Thom, Secretary/Treasurer
Renee Stauffer, Member at Large
Arch Super, Member at Large
Charron “Sonny” Davis, Member at Large
Alvis “Bud” Johnson, Member at Large
Joseph Waddell, Member at Large
Joshua Saxon, Member at Large (Late)

Absent:

None

Chairman Attebery read the Karuk Tribe’s Mission Statement and Sonny Davis provided the prayer.

Agenda:

Joseph Waddell moved and Renee Stauffer seconded to approve the agenda with changes, 7 haa, 0 puuhara, 0 pupitihara, (Joshua Saxon absent for vote.)

Consent Calendar:

None at this time.

Old Business:

- 1) Buster welcomed the University of Illinois Rockford National Center for Rural Health Professions staff. They were present to discuss the possibility of future internships between their students and the Karuk Tribe. Rockford School sends interns into medical clinics that are located in rural areas. Buster noted that the interns they sent to work for the Tribe in the past have been very good and have good bedside manner with patients. Ina Tinaca and Michael Dixon had interned with the Tribe before and were said to have been well received within the communities. The Native American Pathways Program staffs did a class with the Happy Camp High School and were enticing them to get into medicine. Their focus is on getting the youth interested in the medical field so they can go into the rural areas to practice. They have been very successful. 75 percent of the students go back into rural practice after they graduate. There is not a shortage of doctors in the United States, but a lot of people would rather practice in the cities. The goal is to repopulate them into the rural areas. Jenna Vater is the program coordinator and helps students with the process. She can advise when to take MCAT and support them. She said that High School is kind of too late to be talking to our kids about

getting into the health field and that we should be talking to our kids about possible career choices as soon as Elementary School. Joseph Waddell asked if they could get in touch with the Tribe's Education Program and reach out. Buster Attebery noted that the High Schools would be good to reach out to as well. Students that grow up in rural areas they are more likely to come back and practice and stay in rural areas permanently.

Minutes of November 1, 2016:

Renee Stauffer moved and Arch Super seconded to approve the minutes, 3 haa, 0 puuhara, 4 pupitihara, (Michael Thom, Bud Johnson, Robert Super, and Joseph Waddell), (Joshua Saxon absent for vote.)

Guests:

1) Carlotta Whitecrane, Environmental Coordinator:

Carley is present to request authorization to submit the annual General Assistance Program grant in the amount of \$126,240 for fiscal year 2018. Buster asked why the proposal was submitted to finance for review last minute if it is a grant that is submitted annually. He said it had worked out but seemed like it was rushed. Carly confirmed it is submitted yearly, but she did not receive the paperwork that was supposed to come down. It never comes at the same time each year. Luckily she had gotten an email from the project manager. Buster thanked her for her hard work and getting the grant submitted.

Renee Stauffer moved and Bud Johnson seconded to approve Resolution 16-R-168 authorizing the submission of a grant proposal in the amount of \$126,240 to the Environmental Protection Agency for fiscal year 2018 General Assistance Program, 7 haa, 0 puuhara, 0 pupitihara, (Joshua Saxon absent for vote.)

2) Bari Talley, Peoples Center Coordinator:

Bari is present to seek approval for Pamukunyafusayêpsha vúra uum yâamach ukyâahahitih "Their dresses were made good pretty" project participants to go gathering in Fort Bragg, CA on Sunday, December 11, 2016 for abalone and olivella shells for dressmaking materials. Bari said she had done her research and this will be the lowest tide until April 2017. Bari stated that Kathy McCovey and Phil Albers would be present on the trip as cultural practitioners/experts. She said that Kathy had recommended that particular area as a good gathering place that she frequents for shells. Robert Super said that it would be good if Bari knew someone that she can contact from that area so that we can ask for extra materials. Sometimes people may have a bunch and can give you extra if you just ask around. Carolyn Smith had written the dressmaking grant.

Renee Stauffer moved and Robert Super seconded to approve the project proposal request for the Pamukunyafusayêpsha vúra uum yâamach ukyâahahitih "Their dresses were made good pretty" participants to travel to Fort Bragg, CA on December 11, 2016 to gather shells for dressmaking materials, 6 haa, 0 puuhara, 1 pupitihara, (Michael Thom), (Joshua Saxon absent for vote.)

3) Eric Cutright, IT Director:

Eric is present on behalf of April Attebury, Judicial Director to request permission to purchase a smartphone for employee Darryl McBride for his Judicial Compliance Officer position. Darryl has been traveling between all three sites and it would be very handy to have access to email when he is on the go.

Renee Stauffer moved and Michael Thom seconded to approve the purchase of a smart phone for Tribal Employee, Darryl McBride, 7 haa, 0 puuhara, 0 pupitihara, (Joshua Saxon absent for vote.)

Eric was also present to seek approval to send five identical letters of support for Siskiyou Telephone application to the California Advanced Services Fund. The Tribe sent out a similar support letter around a year ago. This would be for fiber optic that would vastly improve broadband services within Karuk ancestral territory. Once it is finished it will make a true fiber link from Eureka. There were some cultural concerns because of the digging on the sides of the road from Clear Creek to Ti-Bar. They gave assurances in writing that they will work with the Tribes cultural monitors and this will go through THPO and the California environmental process. The support letters will be filed as a comment to the California Public Utilities Commission. Eric said that Fatima Abbas had reviewed the letters.

Robert Super moved and Bud Johnson seconded to approve the letters of support to the Public Utilities Commissioners to endorse resolution T-17539 to fund Siskiyou Telephone Company's CASF application, 7 haa, 0 puuhara, 0 pupitihara.(Joshua Saxon absent for vote.)

Joshua Saxon arrived at 3:15 pm.

Director Reports:

1) Patricia Hobbs, Children and Family Services:

Pat is present to seek approval of a job description for Certified Substance Abuse Counselor. This would be from entry level to level two. She said there are people in her department that are ready for promotions. She would like to have a tiered step for entry level to move up as they get more experience and training. Pat thought that the job description should be upgraded to say either BA or years of experience. It asks for 24 units of psychology. This position needs 3-4 years of experience. Josh Saxon said that Robert Super may have more input on this. Pat presented a redline copy and a regular copy. Council asked if it has been reviewed by HR and TERO. Kori Novak said that yes Dora and Dion have both had a chance to review and approved. Michael would like to see a final copy before they sign off since it is a legal document. He doesn't want to get in the habit of not doing the proper procedure. Pat said this hasn't been flown and she can't wait too much longer. She said she will be in Happy Camp if that is what is needed and she can present this on Thursday at the Planning Meeting.

She said they are in the process of having Na Vura Yeeship under their umbrella. This is going before the KCDC Board. She asked if Council was ok with that. KCDC wanted to change the name from Na Vura Yeeship which means, "I feel great" to Co Vura Yeeship which means, "We feel great." Renee Stauffer said she remembered this being discussed before. Sonny Davis said

yes they had discussed it but that it just wasn't really decided on yet. They keep going back and forth. Patricia Hobbs said that they probably would have to change the letterhead if they changed the name of the program. She said she wasn't sure whose idea that was to change it. Buster said that Council will look into it.

There was discussion about the AOD Counselor position in Orleans. Patricia said that she was waiting on TANF and Council to meet to see if it is ok for Clarence Hostler to serve non-TANF AOD clients. They really need services in Orleans. People have been coming from Yreka to Orleans twice monthly to serve clients in the past. She said there was a meeting set before but it was cancelled and now we need to reschedule. She said previously there was concern about mixing the staff. Lester Alford was supposed to develop a job description. Buster asked her what was in place to resolve this issue. The Orleans community needs services. Pat said she will follow up with an email to TANF and CC the Council. Arch said Michael Thom and Arch are TANF representatives and if there is something they can do to help and see if maybe Michael can set it up. Pat said that is great but if they are directing her to contact TANF for the meeting, she doesn't mind. Being short staffed has been a barrier.

Robert Super asked if Domestic Violence had a reviewing board. Pat said that she asked April Attebury for the policies but that she hasn't gotten them yet. Robert said that they should have a reviewing board. He said if someone gets kicked out of the Transitional House who will they appeal to? Pat said she hasn't had the time to attend a lot of their meetings.

Robert Super asked about the Batterer's Intervention Program. Pat said that they had not wanted to have the one in Happy Camp. There are safety concerns. Robert noted that it is a pretty important program and that it needs to continue. We need to address the safety concerns of the buildings. Maybe Council should set funding aside for that. Kori Novak said that she was also going to address some of this in closed session. Joseph Waddell asked if it would help to have a security person at the building. They do have certain things set up for safety but maybe even seeing the security person there might help clients be better behaved.

Arch Super said that when he was checking his email before he came across an email about active shooter training information. He said that people need to know the process and if they are more aware then they are more comfortable when these issues come up. Kori said that she had talked to Annie Smith and that Flo Lopez had facilitated safety trainings in the past. Kori said that she will have all the HHS staff scheduled for these trainings by January and they will be completed by February.

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

2) Lessie Aubrey, Grants, Compliance and Accreditation:

Lessie was present to review her written report. The Happy Camp Dental audit was tabled. She said that she worked with Lindsay Whitehouse to do the report. Lessie expects to have the audit completed within the next three months.

During the Happy Camp Health Clinic audit, the Medical Assistant reported that there was some missing documentation on a previous provider's charts. She said that the Medical Assistants and Locum are doing great and that all data was reported accurately.

Annie Smith is working on having people in all three sites certified on the eye camera before the end of next month. The numbers are above the national average but Annie wants to do better.

The PAP rate is improved from last year. The goal of 2% each year was not met but there has been good improvement towards that goal.

Dr. Vasquez pain project is being monitored to see if the numbers increase or decrease. They have only monitored for two quarters but have doubled their goal of a 10% reduction. Vasquez had agreed that patients need follow up care to determine. Arch asked about how they are going to raise the percentage. Lessie said that the provider gives the patients an informational session. They need to know the risks factors and how to stop. They are also given pamphlets. Kori Novak said that this is not just an option and that the providers must enforce it. Lessie said they plan on having pain management trainings for every provider. They also want to all providers certified and qualified to treat opioid dependency with the use of sub oxen.

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

3) Kori Novak, Health CEO:

Kori is present to request approval for out-of-state travel for some of the health staff for Leadership training in Waikiki, HI. She read about it and thought it would be good for the directors to attend. It is specifically for Indian Country.

Joshua Saxon moved and Robert Super seconded to move the travel request to closed session, 8 haa, 0 puuhara, 0 pupitihara.

Kori is requesting approval for MOU 17-A-009, between CRIHB and HHS. Upon funding of this project, the clinic will be eligible to apply for a sub-contract agreement in the amount ranging from \$10,000-\$20,000 each year.

Renee Stauffer moved and Joshua Saxon seconded to approve 17-A-009, MOU between CRIHB and HHS, 7 haa, 0 puuhara, 1 pupitihara, (Arch Super.)

Kori is seeking approval for MOU 17-A-010, MOU between Partnership Health Plan of CA and HHS. This allows for participation in the provider recruitment support program.

Joshua Saxon moved and Bud Johnson seconded to approve 17-A-010, MOU between Partnership Health plan of California and HHS, 7 haa, 0 Puuhara, 1 pupitihara, (Arch Super.)

Kori provided information about the ACA changes and what has happened with the new president elect. This is just informational to know what changes are going to occur. Joshua Saxon thanked Kori for the report information about the Trump era. He said they would like to

continue to see more information in the future and possibly see a condensed version in the Karuk Tribal Newsletter.

The Yreka Clinic recently hired a new Medical Assistant. They will have her working with Jennifer Cronin. The Yreka Clinic sees around 15-20 patients per day. Dr. Vasquez has been covering prescriptions for the Happy Camp Clinic. Dr. Jeffrey Ott was hired as the new provider in the Happy Camp Clinic.

A lot of patients are coming in with an incredible amount of opioids. They have been cutting them down. She suspects that we will receive many phone calls from unhappy people. She talked to YPD and the local sheriffs to make them aware of the situation.

The word is getting out that Dr. Ashoain is working at the Yreka clinic and they are open on Saturdays. Dr. Ashoain is a nephrologist. Kori provided an informational flyer in the packets. Lessie asked if she can get a copy for her to post as well. Kori said that there are also walk-ins available. Robert Super asked if there was a transporter available for patients from the Happy Camp area to be transported to the Yreka Clinic on Saturdays. Kori said she will look into that.

Kori said that she was invited to several different meetings. The Anav clinic was interested in partnering up with the Karuk Tribe to utilize some of our physicians. Joshua Saxon mentioned that any time there are talks like that the Council must be included in the conversation.

HHS held employee evaluation training. They had recently changed from having the evaluation at the last quarter of the year to the one year anniversary of the hire date. They discussed what fair, good, excellent, means to you and how do you define them. She said that it was hard for people to grade their peers. The training got them on the same page.

The vaccination refrigerator at the Happy Camp Clinic stopped working. They had to move the vaccinations from fridge to fridge to keep them cold. She will discuss in closed session how to resolve this issue.

Joshua Stanshaw is working on getting bids for a fleet of vehicles for the health program. They will all be either Hondas or fords. Hopefully it will be something big enough to haul employees up and down the river road.

Kori sought approval of resolution 16-R-199 authorizing submission of a grant to Partnership Health Plan of California. The grant will be used to purchase two geriatric high low access tables for the clinics.

Robert Super moved and Joshua Saxon seconded to approve Resolution 16-R-199, authorizing the submission of a grant to the Partnership Health Plan of California equipment grant program for children, seniors, and people with disabilities in the amount of \$16,570, 7 haa, 0 puuhara, 1 pupitihara, (Arch Super.)

Kori sought approval of resolution 16-R-200 authorizing submission of a grant to Partnership Health Plan of California. The grant will be used to purchase three geriatric portable scales for the clinics.

Robert Super moved and Joseph Waddell seconded to approve resolution 16-R-200, authorizing the submission of a grant to the Partnership Health Plan of California equipment grant program for children, seniors, and people with disabilities in the amount of \$11,655, 7 haa, 0 puuhara, 1 pupitihara, (Arch Super.)

Kori then sought approval of resolution 16-R-201 to authorize submission of a grant to Partnership Health Plan of California. The grant will be used to purchase cabinets, pediatric examination tables, scales, and wheelchairs for the clinics.

Joseph Waddell moved and Joshua Saxon seconded to approve resolution 16-R-201, authorizing the submission of a grant to the Partnership Health Plan of California equipment program for children, seniors, and people with disabilities in the amount of \$19,820, 7 haa, 0 puuhara, 1 pupitihara, (Arch Super).

There are chairs going in the dental office but they might have to change the faucets. There will be a dental person in Orleans once per week. Dr. Lew will figure out the actual schedules. They will start to get the chair in January and they will start to advertise when the money comes through.

Joshua Saxon moved and Renee Stauffer seconded to approve Kori Novak's report, 8 haa, 0 puuhara, 0 pupitihara.

4) Dr. Lew, Dental Director

Dr. Lew said that she had learned a new word, Kunish Ikshywan, which means "smile" in Karuk. She thanked Tribal Council for the opportunity to talk about the Dental Department. She is very excited to be a part of the team. Before October 26, 2016, there were only ten staff in dental and now there are sixteen staff members in the dental department. You can see how the dynamics have changed. The new staff members are Karuk Tribal Members and are learning fast and doing wonderful. They continue to get certifications and training.

They have given patients the opportunity to survey their visits. The other day they reviewed the surveys and had good reviews. Only one person had a three out of five. Now you can get a schedule in less than two weeks. Dr. Brassea has been doing a lot all by herself. She has more experienced staff support and her goal is to fly.

Joshua Saxon mentioned that one of the challenges in Happy Camp is the referral process. It seems like they were referring a lot of people out. He asked what the status was. Dr. Lew replied that they were referring close to 300 people out per year. That was high and she would like to reduce this. Buster noted that Dr. Brassea was working by herself and the additional staff should help that issue as well. Dr. Lew said that she was working with Tammy and Dr. Brassea worked

with the new assistants and all is going well. She said they have not referred out in a whole month.

Kori Novak stated that she has been telling Health to focus on quality care. She said that monitoring statistics every month is not realistic but every three months is and then you will see the real difference.

Dr. Lew visited the Orleans Head Start site and had a very good experience. The parents were concerned about cavities. She is not blaming them but kids should not have cavities that young. They have to be educated about preventative care so they can keep their baby teeth from having cavities.

Dr. Lew would like to accomplish the digital x-ray and health record. She met with Eric Cutright and it is possible to save their budget and start a digital x-ray and once it is approved they can start in the next three months. They will start with Orleans first.

Joshua Saxon moved and Bud Johnson seconded to approve Dr. Lew's report, 8 haa, 0 puuhara, 0 pupitihara.

Closed Session:

Robert Super moved and Joseph Waddell seconded to approve payment of Karuk Tribal Member #277 CHS denial in the amount of \$589.50 out of third party discretionary, 8 haa, 0 puuhara, 0 pupitihara.

Informational: Funeral services for Young Karuk Tribal Member that recently passed will be held on Friday December, 2, 2016 at 11:00 am at the Karuk Tribal Wellness Center in Yreka.

There was a meeting in Orleans in regards to the Karuk Tribal Senior Center building in Orleans. The group had decided to temporarily have Bari Talley in charge of the Library side of the building and Kori Novak in charge of the side used for the Senior Center until further notice. Consensus: to have Kori move forward with that.

Informational: Kori Novak will send Council an email about Elder Care and Council will give directive to other departments such as TANF on what is needed to collaborate and move forward with funding.

Robert Super moved and Arch Super seconded to table the review of the Operations Manager job description to the planning meeting, 6 haa, 0 puuhara, 1 pupitihara (Joshua Saxon), (Renee Stauffer absent for vote.)

Arch Super moved and Joshua Saxon seconded to approve the updated Medical Director/Clinic Physician job description with changes, 8 haa, 0 puuhara, 0 pupitihara.

Joshua Saxon moved and Renee Stauffer seconded to approve out-of-state travel for Leadership Team (Kori Novak, Dr. Lew, Patricia Hobbs, Dr. Vasquez, Arch Super, and Buster Attebery) to Waikiki, HI April 3-4, 2017 for Tribal Leadership Training, 6 haa, 0 puuhara, 2 pupitihara, (Arch Super, Buster Attebery).

Informational: Kori Novak will keep the Council posted about the situation with the Clinic Physician looking for a rental. This is not good practice to retain providers.

Informational: Kori Novak will write a job description for a Temporary/ On-Call Transporter.

Informational: Chairman Attebery will send a courtesy reminder email out to all departments reminding them to return all phone calls to membership. It can be frustrating to membership when they do not get a response.

Informational: Sonny Davis will present the donation checks to the charities in Yreka.

Joshua Saxon was excused at 9:20 pm.

Consensus: If Council has issues with one another they should be present to hear concerns and work it out. Council feels like they work together good and are a good team.

Next Meeting Date: Thursday, January 12, 2017.

Joseph Waddell moved and Bud Johnson seconded to adjourn the meeting at 9:40 pm.

Respectfully Submitted,

Robert Super, Vice-Chairman

Recording Secretary, Brittany Souza

Project Title: Action Items

1. For Approval
 - a. MOU 17-A-010-Partnership
 - b. Contract TeleMed2U

Updates

1. Cross training of staff
2. Succession Planning
3. Suboxone/NarCan –Siskiyou Opioid Council
4. Josh CPCA
5. NIH
6. Newsletter
7. RPMS report
8. Public Health report
9. Yreka Clinic Report

Yootva.

Respectfully Submitted,

A handwritten signature in cursive script, appearing to read "Keri D. Naval".

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
4236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: Contract
 MOU
 Agreement
 Amendment

Karuk Tribe Number Assigned: **17-A-010**

Funder/Agency Assigned: _____
Prior Amendment: _____

REQUIRED → *Procurement Attached *Budget Attached
*System for Award Management (SAM) (CONTRACTS ONLY)
*KCI/C/KTHA Notification/ reply required Yes No

Requestor: Kori Novak

Date: 22 November 2016

Department/Program: Health & Human Services

Name of Contractor or Parties: Partnership Health Plan of California

Effective Dates (From To): _____

Amount of Original: _____

Amount of Modification: _____

Total Amount: _____

Funding Source: _____

Special Conditions/Terms:

Brief Description of Purpose:

This MOU with PHC allows the Health Program to become eligible for recruitment support and incentives.

** REQUIRED SIGNATURES **

Requestor

**Chief Financial Officer

**Director, Administrative Programs & Compliance

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

Other _____

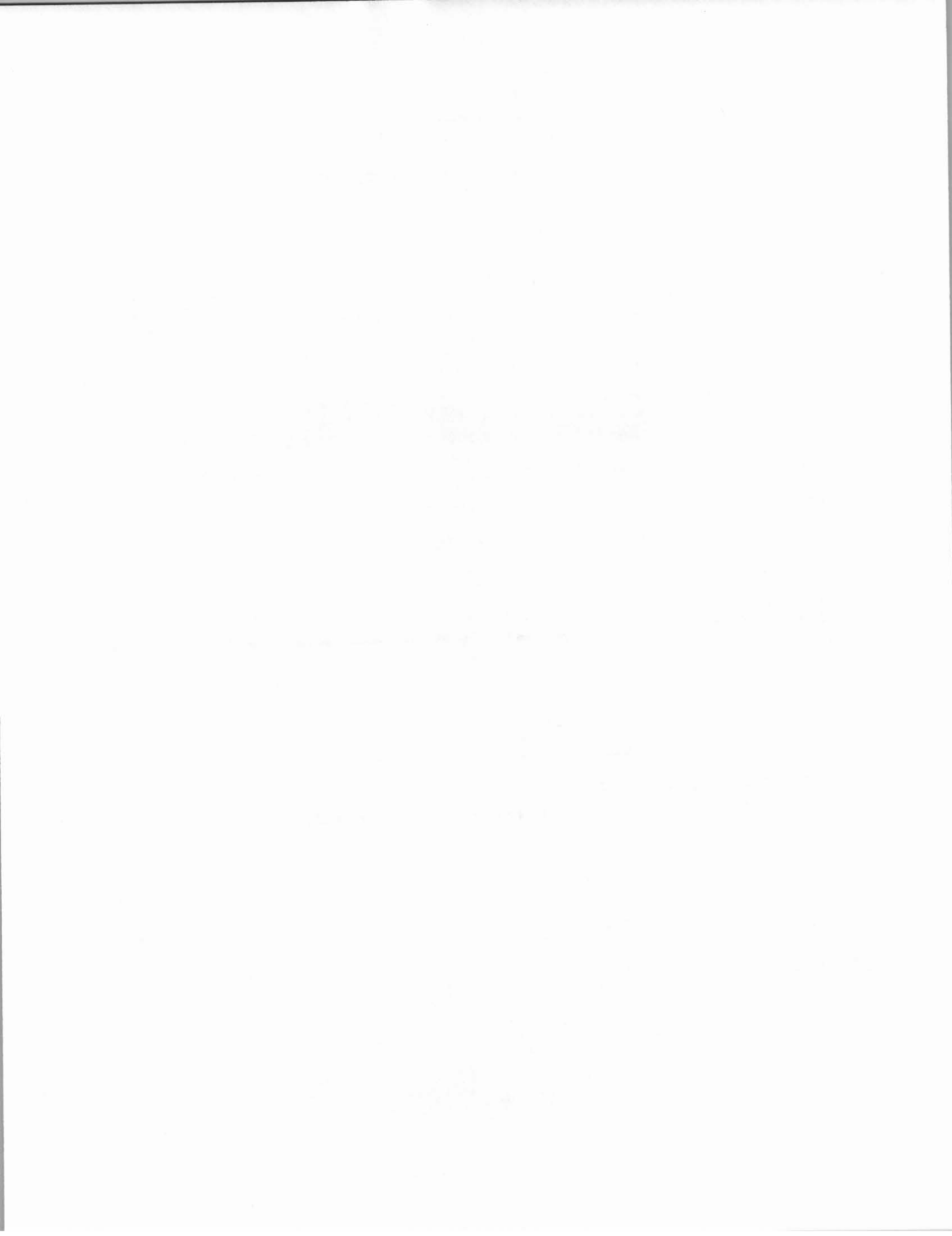
77 Nov 2016
Date

11-28-16
Date

11/23/16
Date

Date

Date





4665 Business Center Dr.
Fairfield, CA 94534

Memorandum of Understanding

Partnership HealthPlan of California

and

Karuk Tribe Health & Human Services

This Memorandum of Understanding (MOU) is entered into by and between the following entities: Partnership HealthPlan of California (PHC) and Karuk Tribe Health & Human Services (Facility) for participation in the Provider Recruitment Support Program.

Whereas PHC is contracted by the State of California to provide Medi-Cal services in several counties in Northern California, under a County Organized Health System model, and

Whereas the facility is a contracted entity that has agreed to participate in the Provider Recruitment Support Program.

Whereas PHC and Facility share the goal of recruiting optimal health care providers to serve members in communities where access to care is an issue.

Whereas the recruited provider agrees to see PHC patients.

Whereas the facility will ensure that the individuals hired as a result of this recruitment support will be assigned to clinic sites that serve PHC members, and that the clinicians meet PHC credentialing standards.

Therefore, PHC and Facility enter into this Memorandum of Understanding (MOU) which provides funding to support provider recruitment services.

HEALTH PLAN RESPONSIBILITIES

Payments will be made in accordance with **Schedule A**, based on communication with the Facility in identifying gaps in their provider network. Recruited providers may receive payments and Facility may be reimbursed for the following:

- Matching funds reimbursed for site visits Up to a \$500.00 PHC commitment per visit
- Stipends for providers in training that commit to a Facility before their training is complete
- Moving allowance match for a recruited provider reimbursed up to a \$5,000.00 PHC commitment
- Signing bonus for successfully recruited providers paid out after four weeks employment per their employment agreement
- Moving allowance of \$5,000.00 to relocate the extended family of an existing provider who has been with the facility for at least a year

FACILITY'S RESPONSIBILITIES

Facility will pay new provider recruits any payments designated as "individual provider incentive payments" minus any applicable taxes, and are not to be discounted from the compensation package that the individual provider receives from Facility. Individual incentive payments may include:

- Stipends subject to one year commitment period
- Signing bonus subject to one year commitment period
- Service bonus paid out after one year employment not subject to commitment period

Recruited physicians must remain working in the PHC service area for a minimum of 1 year. Any less time of service will warrant prorated repayment of the original payment in the form of 8.333% per month.

TERMINATION

PHC provides a variety of support initiatives, including support for provider recruitment activities, to providers in good standing. Providers in good standing are those with whom the Plan has a productive relationship that includes an intent to continue to work together on community and member issues.

The parties to this MOU agree that should either party notify the other of an intent to terminate the Provider Agreement that governs the Provider's provision of health care services to PHC members, Provider shall repay to PHC the full amount of any provider recruitment support provided in the twelve months prior to the termination.

This MOU may be terminated by either party, without cause, with thirty (30) day written notice. PHC may terminate this MOU, with thirty (30) day notice if funding is no longer available.

PHC will evaluate the effectiveness of the Provider Recruitment Support Program, and consider developing a longer term support program.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Execution Date set forth below.

“HealthPlan”

Facility

Partnership HealthPlan of California

Karuk Tribe Health & Human Services

By: _____

By: _____

Name: _____

Name: Kori Novak

Title: _____

Title: CEO

Address: _____

Address: 1519 South Oregon St.

Email: _____

Email: knovak@karuk.us

Date: _____

Date: _____

Schedule A

Please note that all expenditures must be cleared with PHC prior to the expenses being incurred.

For MD/DO's there is a 20k bonus incentive available that can be paid out in several different ways

- For providers still in training willing to commit to a facility before graduation this incentive can be paid out as a stipend. These funds would be paid out in several installments between the time they sign and when they begin working. This money would require a 12 month commitment period to remain in the PHC's service area at a site that is signatory to our contract and if the provider leaves early, 1/12 of the amount needs to be repaid for each month not completed. For providers out of training this incentive can be distributed as a signing bonus paid after 4 weeks employment and would require the same commitment period mentioned above. These funds can also be paid as a service bonus at the end of 12 months employment and would not require any further commitment period.

For FNP's, NP's and PA's there is a 10k bonus available that can be paid out in several different ways

- For providers still in training willing to commit to a facility before graduation this incentive can be paid out as a stipend. These funds would be paid out in several installments between the time they sign and when they begin working. This money would require a 12 month commitment period to remain in the PHC's service area working at a site that is signatory to our contract and if the provider leaves early, 1/12 of the amount needs to be repaid for each month not completed. For providers out of training this incentive can be distributed as a signing bonus paid after 4 weeks employment and would require the same commitment period mentioned above. These funds can also be paid as a service bonus at the end of 12 months employment and would not require any further commitment period.

Matching funds for site visits

- PHC will match actual site visit expenses for provider candidates up to a \$500.00 PHC commitment. The facility will need to furnish PHC with receipts to receive payment.

Moving allowance match

- PHC will match actual moving expenses for a successfully recruited provider up to a \$5,000.00 PHC commitment. The facility will need to furnish PHC with receipts to receive payment.

Moving allowance for extended family (parents/in-laws)

- PHC will pay to move the extended family (parents/in-laws) of an existing provider to the community. PHC will reimburse the facility actual moving expenses up to a \$5,000.00 PHC commitment. The goal of this incentive is to help a provider put down deeper roots in a community and the practitioner must have been with the facility for at least one year.



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



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

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: **Contract** **Karuk Tribe Number Assigned:** _____
 MOU
 Agreement **Funder/Agency Assigned:** _____
 Amendment **Prior Amendment:** _____

REQUIRED → *Procurement Attached *Budget Attached
*System for Award Management (SAM) (CONTRACTS ONLY)
*KCDC/ KTHA Notification/ review required **Yes** **No**

Requestor: **Kori Novak** **Date:** **February 9, 2017**

Department/Program: **KTHHS**

Name of Contractor or Parties: **Partnership Health Plan**

Effective Dates (From/To): **January 1, 2017**


Amount of Original: _____
Amount of Modification: _____
Total Amount: _____

Funding Source: **N/A**

Special Conditions/Terms:

Brief Description of Purpose:
Provider Recruitment Support Program

**** REQUIRED SIGNATURES ****


Requestor _____ Date 09 Feb. 2017

**Chief Financial Officer _____ Date _____

**Director, Administrative Programs & Compliance _____ Date _____

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

Other _____ Date _____

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting-Yreka, CA
January 12, 2017
Patricia White, RPMS Site Manager



Workload reports

Below is the November 2016 Operations Summary and Tribal Statistics. In November there were 1,751 ambulatory visits/encounters in all locations. This was a decrease of 64 visits from the previous month. The Happy Camp was down 13 visits, Orleans was down by 17 visits, and Yreka was down 34 visits.

Medical visits were down by 115 visits, dental was up by 130 visits, AOD was down 18 visits, and Mental Health visits were down by 24. Miscellaneous visits (nursing, chart review, outreach) made up the remainder of the differences. 685 of these services were for Native American patients (40%).

User end assistance and Reports- November 2016

Documented data included:

- Four requests for data reports from RPMS/EHR
- Nine requests for end-user assistance (reset passwords, Program installs, computer problems etc.)
- Six Computer Access Request Forms (5 new users/1 user change)
- Behavioral Health Program upgrade. New program needed to be installed on each Behavioral Health user computer or laptop. 6 documented upgrades (4 by Amy, 2 by me).

Projects /Tasks

- **Dentrix/IHS EDR Installation update** – Henry Schein logged into our program on December 5th and did a one-time HL7 script change. We will be setting up a semi-permanent access for Henry Schein in the new year as this project moves forward.
- **UDS Report 2016** - We were selected by Indian Health Services as a beta test site for the 2016 UDS V11.0 report. I received the Beta Checklist from IHS on 12/19/16 and arranged for the California Area to load/install the test version on our server. At the time of this writing (1/3/17) we are 50% completed with the test. The test will need to be completed and returned to IHS by Friday, January 6, 2017. I have been seeking assistance for the testing from other KTHHSP staff as needed.
Once IHS completes reviewing the findings and the UDS programming is completed, the final version will be released. Our 2016 report is due to HRSA by February 15, 2017. In past years we participated in the Beta test as the final IHS programming was not available until shortly before the report was due. By testing we could have the latest version to use and run our reports. Many Indian Health Service programs did not have to submit their reports until April 15th, but beginning in 2017 all programs need to submit by the February 15th date. The report has 12 tables and one form to report on Clinical, Operational, and Financial data.
- **Risk Assessment** – Each year we must complete an evaluation of the Karuk Health and Human Services Computer Systems as required by Meaningful Use under the HITECH Act. The evaluation looks at the following threat sources: Force Majeure (acts of Nature), Organizational, Technical, Human Error, and Deliberate Acts. I did the evaluation for the Karuk Community Health Clinic, Happy Camp Dental, Business Office (Health Billing and Accounts Receivable), and the Modular Building. Eric did the evaluation for the Data Center and Child and Family Services in Happy Camp. Beau Donahue evaluated the Orleans offices and Josh Stanshaw handled Yreka. This report/evaluation must be completed by December 31st each year. Any findings will need mitigation as soon as possible. We have completed the 2016 assessment.

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR NOV 2016
Prepared for January 12, 2017
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 20,185 (+3.2) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 60 (-11.8) new patients, 0 (**) births, and 3 (-50.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 3,096 (+0.4) patients enrolled in Medicare Part A and 2,927 (+0.1) patients enrolled in Part B at the end of this time period.

There were 200 (+17.0) patients enrolled in Medicare Part D.

There were also 8,128 (+3.3) patients enrolled in Medicaid and 7,336 (+3.5) 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 70,591.82 (+22.7). The number and dollar amount of authorizations by type were:

57 - DENTAL	3	1846
64 - NON-HOSPITAL SERVICE	580	68745.82

DIRECT INPATIENT

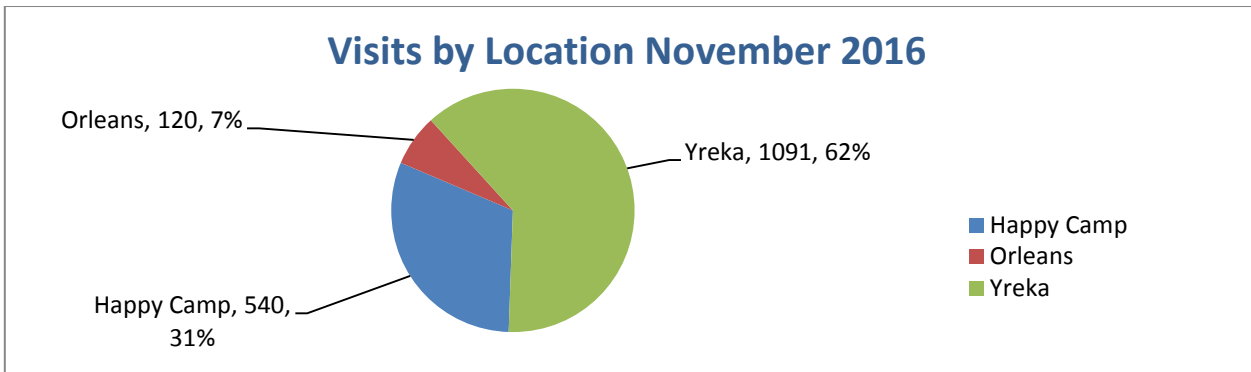
[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 1,751 ambulatory visits (+6.5) 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	1,751	(+6.5)	
By Location:			
YREKA	1,091	(+23.3)	
KARUK COMMUNITY HEALTH CLINIC	540	(-10.6)	
ORLEANS	120	(-22.6)	

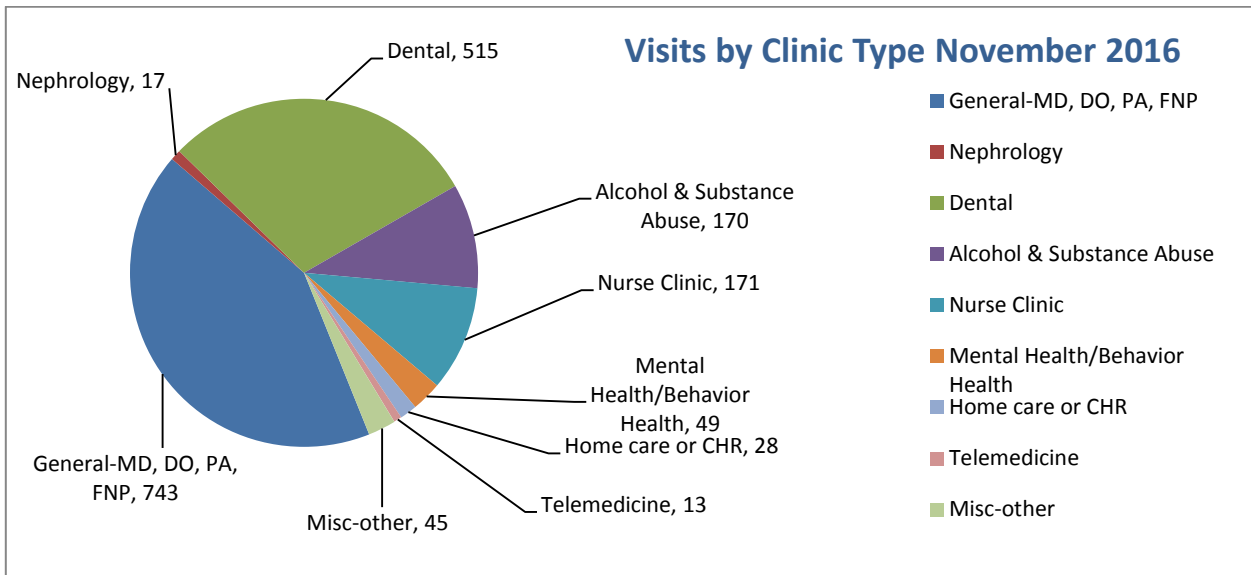


By Service Category:

AMBULATORY	1,716	(+5.9)
TELECOMMUNICATIONS	35	(+52.2)

By Clinic Type:

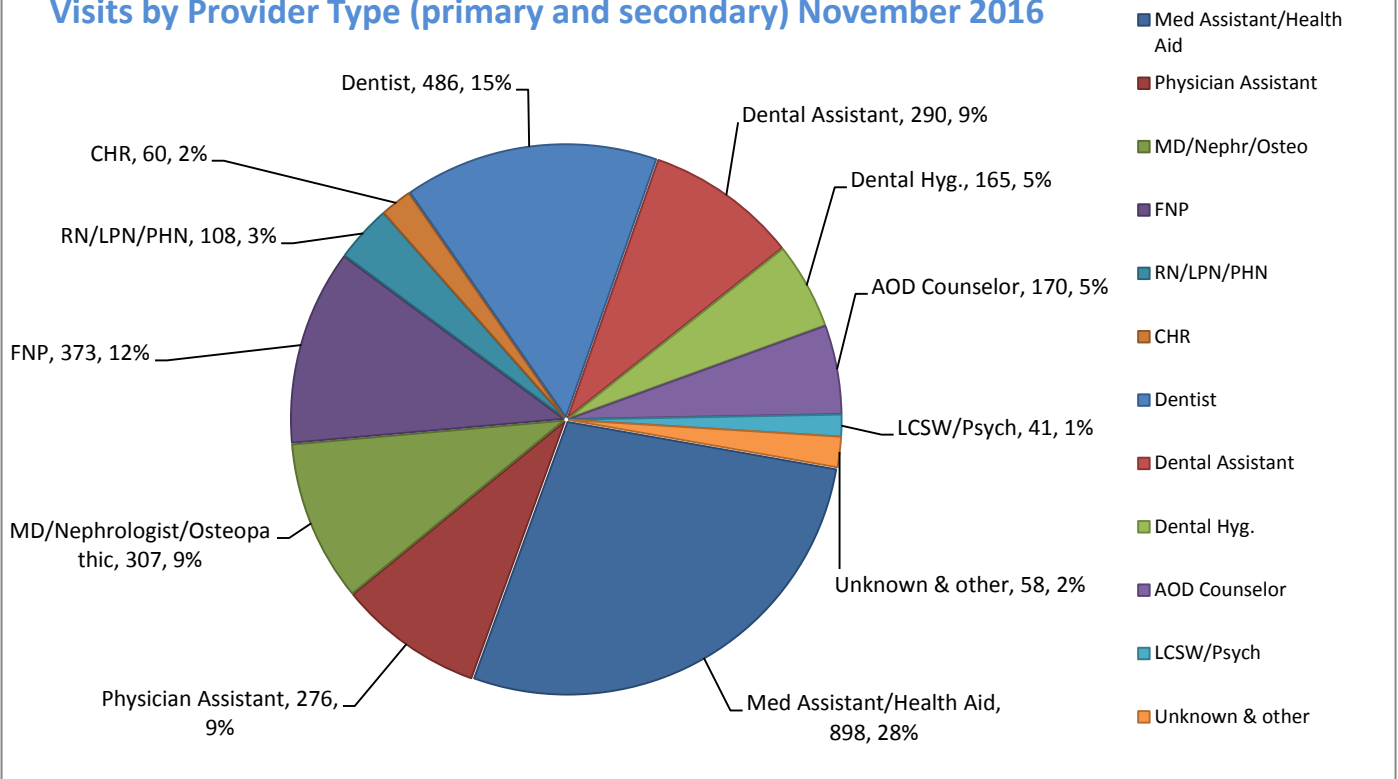
GENERAL	743	(-18.1)
DENTAL	515	(+29.1)
NURSE CLINIC	171	(+48.7)
ALCOHOL AND SUBSTANCE	170	(+36.0)
BEHAVIORAL HEALTH	41	(-6.8)
OTHER	32	(+23.1)
HOME CARE	28	(+2,700.0)
NEPHROLOGY	17	(**)
TELEMEDICINE	12	(+200.0)
MENTAL HEALTH (PSYCHIATRY)	8	(+0.0)
CHART REV/REC MOD	7	(+250.0)
TELEPHONE CALL	6	(-14.3)
TELEBEHAVIORAL HEALTH	1	(-66.7)



By Provider Type (Primary and Secondary Providers):

MEDICAL ASSISTANT	807	(+5.9)
DENTIST	486	(+24.0)
NURSE PRACTITIONER	373	(+157.2)
DENTAL ASSISTANT	290	(-8.5)
MD	286	(+23.8)
PHYSICIAN ASSISTANT	276	(-48.2)
ALCOHOLISM/SUB ABUSE COUNSELOR	170	(+25.9)
DENTAL HYGIENIST	165	(+161.9)
HEALTH AIDE	91	(-50.8)
LICENSED PRACTICAL NURSE	63	(-64.6)
COMMUNITY HEALTH REP	60	(+122.2)
UNKNOWN	51	(+1,600.0)
CLINIC RN	43	(**)
LICENSED CLINICAL SOCIAL WORK	41	(-6.8)
NEPHROLOGIST	20	(**)
OTHER	7	(+600.0)
PUBLIC HEALTH NURSE	2	(-60.0)
OSTEOPATHIC MEDICINE	1	(-99.3)

Visits by Provider Type (primary and secondary) November 2016



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). Encounter for dental exam and clean	139	(-7.9)
2). Deposits [accretions] on teeth	117	(+303.4)
3). Essential (primary) hypertension	103	(-2.8)
4). Other specified counseling	101	(+129.5)
5). Encounter for immunization	98	(-43.7)
6). Dental caries, unspecified	91	(-5.2)
7). Other chronic pain	80	(+2,566.7)
8). Low back pain	75	(+8.7)
9). Type 2 diabetes mellitus without co	69	(-4.2)
10). DENTAL EXAMINATION	65	(+306.3)

CHART REVIEWS

There were 898 (-19.2) chart reviews performed during this time period.

INJURIES

There were 71 visits for injuries (-37.7) reported during this period. Of these, 14 were new injuries (-44.0). The five leading causes were:

1). Prsn brd/alit a car injured in nonc	1	(**)
2). Fall same lev from slip/trip w/o st	1	(**)
3). Oth cause of strike by thrown, proj	1	(+0.0)
4). Bitten by cat, initial encounter	1	(+0.0)
5). Unsp place in single-family (privat	1	(**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 369 patients (+14.6) seen for Dental Care. They accounted for 515 visits (+29.1). The seven leading service categories were:

- | | | |
|---|-----|----------|
| 1). PATIENT REVISIT | 308 | (+53.2) |
| 2). HYPERTENSION SCREENING | 218 | (+14.1) |
| 3). INTRAORAL - PERIAPICAL EACH ADDITIO | 189 | (+92.9) |
| 4). FIRST VISIT OF FISCAL YEAR | 171 | (-9.0) |
| 5). INTRAORAL - PERIAPICAL FIRST RADIOG | 135 | (+4.7) |
| 6). LOCAL ANESTHESIA IN CONJUNCTION WIT | 132 | (+25.7) |
| 7). PREVENTIVE PLAN AND INSTRUCTION | 130 | (+113.1) |

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,690 new prescriptions (-3.8) and 0 refills (**) during this period.

**Tribal Statistics
November 2016**

	Registered Indian Patients November	Indian Patients Receiving Services November	APC Visits by Indian Patients November
Karuk	2130	396	360
Descendants residing in CA	1920	180	127
All other Tribes	2276	109	85
Total	6326	685	572



Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

January 12, 2017

Annie Smith RN, BSN, PHN

Action Items:

No action items this month.

December Activities:

I wish to welcome our new Happy Camp transporter, Elsa Goodwin. Elsa started with us on the last day of the year and is getting settled. The snow storm has left us all with lateral, additional responsibilities.

At the end of November I attended the 7th Annual Native American Healthcare Conference in Alpine California with our CEO Kori. I thank you for sending me. This was a comprehensive conference that covered management, public health, wound care, infection control, and affordable care act. I was also able to make some significant connections with other Public Health Nurses from other Tribes.

I also went to Las Vegas for the Fourth Annual Leadership Forum. This training was comprehensive in all areas of leadership. The subjects of the classes were:

- Learning secrets
- Skills training in building relationships
- Making tangible goals for their organization.

This was a good idea to send me for this training. Those that taught this conference were all Tribal Members and they used many cultural applications for the training.

One final thought I need to pass on to you all. Please understand that over the past few months we have had many, as in 5 Elders who have been in need of 24hr care. We have spent many hours arranging for the needed care and have pulled families together to help with great difficulty. Please understand that in this current economic struggle for families, taking care of Elders in the family have been unreachable goals due to the need for any and all family members to work. This creates the sad state of having to hire others to come in to care for our Elders to insure they can stay in their homes. Please look at this, as the situation will be growing due to the ages of our Tribal Members.

Financial Report:

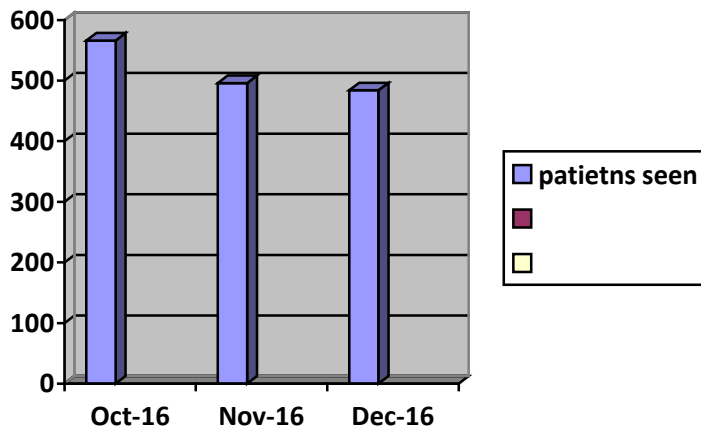
	<i>Unencumbered Balance</i>	<i>Percent used</i>
Public Health Nurse:	\$ 93,847.53	17.47%
CHR:	\$ 509,943.14	11.42%
IHS Diabetes Grant FY 2016:	close out	Done

Karuk Tribe
Karuk Tribal Health and Human Services
Yreka Medical Clinic
January 12, 2017

I would like to start by wishing you all a Happy New Year.

- Our extended hours continue to be very productive.
- Dr. Vasquez and Jennifer Cronin are averaging twenty (20) plus patients a day.
- Dr. Ashoulan is seeing an average of ten (10) to twelve (12) patients on Saturdays.
- We have two new hires, one part-time Medical Assistant (MA), Jessica English and one full-time MA, Jamie Wasson. Both of these employees are doing great in their training.
- Bonnie Lyons just passed her certification test for her MA on December 30, 2016.
- Lulu Alexander is currently studying for her MA test.
- With the current staffing we now have in medical. We are planning on cross training all medical staff to cover Reception, Medical Records and Referral. The goal is to have the coverage for any absences that occur.

Patient levels:



November and December numbers are slightly lower due to the Holiday Season closures. We were down three (3) days in November and December. This report was run on December 28 which reduces the numbers.

Karuk Health and Human Services Policy Manual

Policy Reference Code: 01 (X) 02 () 03 () 04 () 13 () 14 () 15 () 16 ()	05 () 06 () 07 () 08 () 17 () 18 ()	09() 10 () 11 () 12 ()
Function: Rights of Patients	Policy #: 01-001-000	Policy Title: Patient Rights and Responsibilities
Tribal Chairman: Date: 06/09/2011 Signature:	Medical Director: Date: 05/11/2011 Signature:	Cross References: 01-001-010 Advance Directive
Supersedes policy dated 09/11/08		

The Karuk Tribal Health and Human Services Program (KTHHSP) provides considerate and respectful health care services to Native Americans and other peoples living within its' service area (~~Siskiyou and Eastern Humboldt counties~~). These services are provided through equal access, ~~and~~ treatment, and consider ~~for~~ the patient's personal values and beliefs. All patients shall receive services regardless of their age, sex, race, color, creed, or national origin, or their financial ability to pay.

Our patients have the right to be treated with consideration, respect, dignity, and recognition of individuality and privacy, regardless of condition or reputation. This includes freedom from mental, physical, sexual, and verbal abuse, neglect, ~~and-or~~ exploitation.

The patient has the right to confidential and private assessment ~~and~~, reassessment and treatment.

The patient has the right to confidential treatment of his/her medical record and to refuse release of those records to other agencies or providers.

Our patients, and when appropriate, family members have the right to be informed of and participate in care decisions regarding the patient's treatment plan or medical condition, which includes unanticipated outcomes. If the patient's treatment or diagnosis is not in the patient's best interest to know, the patient has the right to choose another person to act ~~in-on~~ his/her behalf. These persons may be family, friends or a guardian. When the patient is a minor, family or guardians are legally responsible except in accordance with appropriate laws.

The patient has a right to receive the following services (in accordance with available resources):

- Evaluation – diagnosis of the patient's general health condition.

- Treatment - procedures to prevent, control or cure illness.
- Referral - for additional required services unavailable at Karuk clinics, or when a conflict with our mission or philosophy arises.
- Pain Management – Our patient’s report of pain will be respected and acted upon appropriately and quickly. Your right to effective pain management includes referral to alternative treatments, and the development of an individualized pain management plan (see also patient responsibilities).

For your convenience, we have placed our provisions for after-hours and emergency care on the back outside cover of the Patient Handbook. If you are having a ~~true-life~~ threatening emergency (~~life threatening~~)-please **call 911 immediately**.

Fees for service and our payment policies are available upon request. Your fees may be adjusted to our sliding fee scale with proof of income.

In accordance with local, state and federal laws and regulations, the patient has the right to refuse treatment and/or to refuse treatment in experimental research if it is applicable, (not presently conducted at KTHHSP), or to allow trainees to participate in their diagnosis or care as a learning experience. In addition, the patient has the right to be informed of the risk involved in discontinuing treatment against medical advice.

The patient has the right to informed consent. Informed consent means that:

- You are able to understand the nature, extent and likely consequence of planned treatments;
- You are able to make sensible decisions about the risks and benefits of alternate procedures; and
- You are able to demonstrate that you understand by using any method of communication.

The patient or their representative has the right to know the name and credentials of his/her providers responsible for his/her care.

Elder or other patients who have trouble understanding, hearing, communicating, or if they speak a different language have the right to have a representative act ~~in~~ on their behalf or have the information translated or explained.

The patient has the right to name someone to make decisions about his/her medical treatment for when the patient is unable to make those decisions. This is called an “Advanced Directive”, and is a document that states your choices ~~about~~ regarding medical treatment. Advance Directives are signed in advance (before you become unable to communicate) to let your doctor or other health care providers know your requests concerning your medical care. They enable you to make legally valid decisions about your future medical care and treatment. Treatment facilities should have a signed copy of any advanced directives in the patient medical record.

If you are concerned about your future health care, our staff can help you prepare a Durable Power of Attorney for Health Care (Durable Medical Power of Attorney) (~~advanced directive~~). Please note this document is for health and medical care only, it does not include financial wishes, will or probate items. Please contact a clinic receptionist or tell your physician you want to create an advanced directive. They will refer you to a staff member who can help you. For more information, Contact the Tribe's local Community Health Representative (CHR), ~~or Elders Worker.~~

The patient has the right to know that all clinic staff are required to report all cases of suspected or known abuse and neglect, ~~whether it be child or elder,~~ as mandated by law.

The patient has a right to change medical, dental, or behavioral health providers when a conflict in care develops and other qualified providers are available.

The patient has the right ~~to know that~~ utilize the suggestion box placed in the lobby ~~is~~ for the submission of their suggestions.

The patient has the right to submit complaints and grievances regarding the health services delivered or the providers delivering them. Grievances should follow the grievances procedure. Copies of this procedure should be posted in all patient care rooms and available at the reception desk for patients.

All complaints are treated as confidential.

Complaints:

The patient has the right to make a complaint about health services. When a complaint is made:

- a. The staff of the Karuk Tribal clinics first will attempt to resolve the complaint. If this initial effort is not successful, a patient may submit a formal written complaint.
- b. A patient, parent (s), or guardian (s) has the right to request review of their complaint by completing a Patient Complaint Form.
- c. The complaint will be submitted to the Clinical Operations Administrator for review, investigation, and response.

The procedures for making a complaint are:

1. Complaints must be in writing and submitted to:

The Clinical Operations Administrator
Karuk Tribal Health and Human Services Program
P. O. Box 1016
Happy Camp, CA 96039

2. You may use the Patient Complaint Form available at each clinic as your written complaint.
3. Investigation of the complaint will begin within three working days after receipt.
4. Within five working days, the patient will receive notification by letter or telephone that their complaint is under investigation.
5. The Clinical Operations Administrator will have 15 working days to resolve the complaint or to make a recommendation to the Karuk Tribal Health Board.
6. The patient may submit their complaint to the Karuk Tribal Health Board only after receiving an unsatisfactory response from the Clinical Operations Administrator. Call the Tribal Administration Office at 530-493-1600 and ask to be placed on the agenda for a Tribal Health Board meeting.

Comment [KDN1]: This should be in a procedures document not a policy document.

Patient Responsibilities

1. Appointments:

Patients are responsible for keeping their appointments at the scheduled time, and for notifying the clinic 24 hours in advance, if unable to keep an appointment.

The patient is responsible for checking in with the receptionist before being seated in the lobby, and providing truthful and accurate information regarding their medical history, current problem, complaint, medication, advanced directive, billing, and personal information or identification.

If the patient does not understand his/her medical-~~or~~, dental or behavioral health condition or treatment plan, it is the patient's responsibility to ask questions until satisfaction is achieved.

2. Care Instructions:

The patient is responsible for following his/her individualized treatment plan, whether he/she is being treated at the medical-~~or~~, dental or behavioral health clinic or at home, and to take medications as directed by his/her provider.

If the patient does not understand his/her medical-~~or~~, dental or behavioral health condition or treatment plan, it is the patient's responsibility to ask questions until satisfaction is achieved.

The patient understands it is his/her responsibility to find a responsible ~~adult~~ individual to transport patient home when indicated by his/her provider, and remain with the patient ~~for 24 hours if necessary~~ as prescribed by the medical, dental or behavioral health provider.

3. Pain Management:

It is the patient's responsibility to help the provider assess your pain, and to tell your provider when your pain is not relieved. It is the patient's responsibility to participate in alternative therapies as pain relief options, and to follow your individualized Pain Management Plan, which may include a Pain Management Contract for Opioid treatment.

It is the patient's responsibility to discuss with your provider any ~~worries~~ concerns you have regarding your pain, complications, or treatments. If you do not understand your condition, treatment or plan, it is your responsibility to ask questions.

It is the patient's responsibility to comply with your provider's instructions and/or pain contract. It is the patient's responsibility to understand non-compliance ~~will not be permitted~~ in regards to treatment with controlled substances may result in denial of services.

4. Dental Complications:

It is the patient's responsibility to notify his/her dental provider whenever dental problems exist, and to follow scheduled emergency hours listed in the patient handbook. ~~It is the patient's responsibility to wait to be seen between scheduled visits when he/she appears for an emergency and is instructed that he/she needs to be seen.~~

It is the patient's responsibility to follow instructions or treatment plan, whenever medical conditions require evaluation or treatment prior to receiving dental services.

~~Dental patients are responsible for keeping teeth clean by brushing and flossing daily or as instructed.~~

5. Patient Conduct:

It is the patient's responsibility to wait in the clinic waiting area until called. While waiting, it's the patient's responsibility to be courteous, kind, and considerate to other patients waiting to be seen.

It is the patient's responsibility to control their children ~~and keep them quiet while in the patient waiting area. It is the patient's responsibility to have arrangements made to have their children tended to while they are being treated in the clinic treatment areas, and while parent or surrogate is being treated to seek care for the children prior to his/her visit.~~ It is a parent's responsibility to understand that staffs ~~are is~~ unable to watch or be responsible for children during clinic hours. And children are not to be left alone in the waiting room for any amount of time.

It is the patient's responsibility to conduct them-selves in a polite and orderly manner, ~~and to understand that voiced-vocal~~ or physical hostility, intimidation or bullying will not be tolerated under any circumstances and may result in denial of services.

It is the patient's responsibility to be respectful and considerate to all staff members.

It is the patient's responsibility to understand that disruptive behavior of any type will be cause for refusal of services. ~~Services may be continued, at a later time, if proper behavior has been established.~~

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: 01 (X) 02 () 03 () 04 () 13 () 14 () 15 () 16 ()			05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 ()	09 () 10 () 11 () 12 () 21 () 22 ()
Function: Right of Patients	Policy #: 01-001-005	Policy Title: Informed Consent		
Tribal Chairman: Date: Signature:	Medical Director: Date: 08/13/2014 Signature:	Cross References:		
Supersedes policy dated 07/30/2009; Reviewed 08/13/2013				

PURPOSE: To ensure that providers involve patients, and/or with proper consent with the patient's consent, their family or representatives in all aspects of care, and to either obtain verbal or written (informed) consent. For surgical procedures that present a risk an Informed Consent Form must be signed. **Informed consent means to be defined as provide providing** adequate information of the risk and benefits of the procedure or surgery to allow a patient or legal representative, **who has a right by law to determine what shall be done with his or her body**, to make rational informed decisions about his or her care or treatment.

POLICY: The Karuk Tribal Health and Human Services Program will ~~establish a process for informed consent.~~ require a signed consent prior to any care or surgical procedure.

Comment [KDN1]: his is just saying what we intend on doing it doesn't really talk about the policy. Needs to be re-worded.

PROCEDURE:

Comment [KDN2]: Procedures need to be "directions" and should be in a different document

~~Informed consent entails clinicians communicating procedures with patients and or patients families or legal representatives. Practitioners shall involve their patients, family, or legal representative in all aspects of care.~~ This shall include:

- The patient's condition
- Proposed treatment or procedures
- Benefits, risk, and alternate treatment or procedures
- Problems related to recuperation
- The practitioner who will be responsible for the patient's care, treatment, or procedure
- The risk of non-treatment

This information and how it was relayed to the patient shall be documented in the patient's health record.

~~Practitioner's~~Practitioners shall obtain a patient signed **Informed Consent Form** prior to exposure to a specific danger or risk and this form shall be maintained in the patient's health record. ~~In our facilities, examples would include extractions in the dental department and surgical excision of moles or warts in the medical department. This includes any and all dental and medical procedures.~~

DOCUMENTATION:

The following shall be documented in the patient's health record:

- The diagnosis or reason for the procedure
- The use of local anesthesia
- The operative or invasive procedure(s), treatment(s) performed
- Medications given (if any)
- Complication (if any)
- Measures taken to manage complications (if any)
- Aftercare instructions
- Provider's signature

EXCEPTIONS UNDER NORMAL CONDITIONS:

1. When disclosure to the patient would pose a serious threat to the patient's well-being.
2. The unconscious patient who is in immediate need of emergency medical attention and irreparable harm and even death may result from the provider's hesitation to provide treatment.
3. Medical incompetence of the patient. The provider must assess whether the patient is medically incompetent and thus incapable of expressly providing informed consent. Even in this case the provider should ~~try to~~ obtain consent from a relative of the patient. If this is not feasible, the provider may treat the patient without consent if it is in the patient's best interest.
4. ~~The~~A minor patient, in an emergency situation where immediate injury or death could result from the delay associated with attempting to obtain parental or guardian consent.
5. The exception and reason shall be noted in the patient's health record.

NOTE:

The emergency doctrine is a form of implied consent and only lasts as long as the emergency. Formal consent must be obtained for procedures performed after the emergency has passed.

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: 01 (X) 02 () 03 () 04 () 13 () 14 () 15 () 16 ()			05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 ()	09 () 10 () 11 () 12 () 21 () 22 ()
Function: Right of Patients	Policy #: 01-001-010	Policy Title: Advance Directive Policy		
Tribal Chairman: Date: 06/09/11 Signature: On File	Medical Director: Date: 02/18/2015 Signature:	Cross References:		
Supersedes policy dated 05/11/2011 & 07/30/2009				
No Changes Reviewed 02/1/15				

PURPOSE: To provide a mechanism for our patients, 18 years or older, to give directions about their future medical care or designate another person(s) to make medical decisions about accepting or refusing life sustaining treatment.

POLICY: The Karuk Tribal Health & Human Services Program (KTHHSP) shall provide staff to *assist* in the formulation of an advanced directive *utilizing an established form that meets California State requirements*.

Employees of the KTHHSP may not represent any client as a witness to an advanced directive unless they are related to the client.

The health care providers, the Community Health Representatives (CHR's) and the Elder's Workers shall receive training in the formulation of advanced directives.

KTHHSP shall honor all Durable Power of Attorneys or Living Wills if initiated in California and completed appropriately.

When indicated, transfer (referral) information will state that an advanced directive is on file and may be obtained upon request.

PROCEDURES:

1. Notify health care provider, CHR or Elder's Worker when a request for assistance to formulate an advanced directive has been made.
2. The health care provider, CHR or Elder's Worker shall schedule an appointment with the patient and provide the following instructions:

Comment [KDN1]: Should be a separate document

- a. Discuss plan with attending physician. Tell them they have the right to be told:
 - The nature of the illness in words they can understand
 - The pros and cons of the proposed treatment
 - The risk of not taking recommended treatments
 - Alternative treatments available
- b. Bring name, address, and telephone number of person(s) you wish to name as your agent and/or alternative agent.
- c. Discuss desires or wishes for future health care.
- d. ~~Ask patient to return with witnesses or to contact a California Notary Public.~~ Witnesses must not be a patient's agent, health care provider or facility or employer of such. At least one witness must not be related by blood, marriage, or adoption, or entitled to any part of the estate upon the death of the patient.
- e. Ask patient to bring a California Driver's License or DMV Identification Card or current/issued legal photo identification within the last five years; ~~U.S. Passport.~~

Comment [KDN2]: DMPA in CA (nationwide) do not HAVE to have notarization, its nice but not necessary. FPOA and Wills, trusts and probates do need notarization

3. **Completion of the Legal Advanced Directive Form:**

- If form is a POLST (Physicians' Orders Life Sustaining Treatment) form, Physician MUST sign and fill out directive. POLST is not valid if an unlicensed individual completes it.
- Review all material on the legal form with the patient during formulation of the directive.
- Patient signs his/her name appointing an agent. Write or type name, address and telephone number of agent.
- Patient initials box or circles if statement reflects desires.
- Add other statements of medical treatment desires or limitations in space provided.
- List names, addresses, and telephone numbers of alternate agents.
- Patient signs.
- Witnesses are shown patient identification and then are asked to sign in space provided for first and second witness.
- If patient is in a skilled nursing facility, a patient advocate or Ombudsman must sign.
- ~~If witnesses are not used, then complete the certificate of acknowledgment of Notary Public.~~
- Make ~~six~~ copies of the original and place one in the patient health record. Give the other copies to the patient and ask him/her to give them to their agent and/or family members.

4. **Receipt of Patient's Advanced Directive formulated elsewhere:**

- A staff formulator (health care provider, CHR, Elder's Worker) will review all incoming advanced directives for appropriateness. If not completed appropriately, return form to patient.

- If completed appropriately, send to medical records.

5. **Receipt of Advanced Directives:**

- All completed advanced directives will be submitted to medical records, but will be reviewed by the patient's health care provider prior to becoming a permanent part of the medical record.
- Advanced Directives will be filed in the miscellaneous section of the medical record.
- The medical record clerk will enter that an advanced directive is located in the medical record by entering the information on page 9, item 4 of the RPMS patient registration document or in the Document Summary Section of the Patient Management Application (BMW). On page 8, entering M1 Adv., Dir. M2 Adv. Dir., or M3 Adv. Dir. will inform the providers or medical records personnel that the advanced directive is located in the medical record at the Yreka, Happy Camp, or Orleans Medical Clinic.

6. **Do Not Resuscitate Procedures**

- Karuk Tribal Clinics will have "Do Not Resuscitate" (DNR) forms at all clinic sites.
- If a patient requests a DNR form, the medical provider will review the information including:

They understand that DNR means if their heart stops beating or they stop breathing no medical procedures will be started to revive them. This would include no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotoxic medications.

- 1.) A DNR form does not prevent them from receiving other emergency medical care either at home or at the clinic. They understand they can revoke the DNR by destroying the form. Patients will be asked to notify the clinic if they make this decision.
- 2.) The patient understands that this information will be shared with other pre-hospital and health care personnel as needed to carry out this directive.

3.) The patient and the patient's provider will sign the form.

~~3,4.)~~ If a patient does not want any form of resuscitation ever (including for an EMT call- refer them to a POLST form

C. The original copy will be given to the patient.

One copy of the completed form will be placed in the patient's permanent record.

One copy will be sent to the patient's local EMS provider if requested by the patient.

Formatted: List Paragraph, No bullets or numbering

<u>Yreka</u>	Northern Siskiyou Ambulance P. O. Box 850, Yreka, California 96097
<u>Scott Valley</u>	Etna Volunteer Ambulance 400 Main Street, Etna, California 96027
<u>Happy Camp</u>	Happy Camp Volunteer Ambulance P. O. Box 596, Happy Camp, California 96039
<u>Orleans</u>	Orleans Rescue Company General Delivery, Orleans California 95556

One copy will be placed in a DNR file - that will be available if a physician, hospital ambulance or other health personnel request information on a patient's DNR status. This file will be kept in a distinctly colored file in the same area as the permanent medical records.

Information and Considerations

Eligibility: Must be a California resident, at least 18 years, of sound mind, and acting of own free will.

Implementation: Only become effective when patient is no longer able to make his/her own health care decisions.

Exceptions to

Implementation: ~~While~~ Patient is able to give informed consent; ~~when~~ Durable Power of Attorney has expired; if divorced from spouse acting as your agent; or if not completed as required by California law.

Reasons:

- Avoiding prolonged pain and suffering
- Being treated with respect
- Remaining at home as long as possible
- Believing life is sacred
- Becoming a burden to your family
- Being comfortable when you're dying
- Being treated in accordance to your religious beliefs and traditions.

Rights:

By California and Federal law you have a right to make the following decisions about your healthcare.

- To decide what medical care or treatment to accept, reject or discontinue.

- To name someone to make healthcare decisions for you.
- To make your decisions known to your doctor or hospital.
- To have your rights respected.

Why:

You never know what can happen during an injury or illness. If you suffered irreversible brain damage, permanent coma or -a terminal illness causing unconsciousness-~~or~~ your ~~opportunity-ability~~ to communicate your wishes is gone.

Additional Information:

- You are not required to have an advanced directive ~~and~~ you will still receive medical care.
- You may cancel or change your advanced directive by destroying the original document, writing and dating a new one, and providing copies to your appropriate parties at any time while of sound mind.
- A lawyer is not required to assist you in making out your advanced directive, but may be helpful to you.
- Store your advanced directive in a safe place where family members or representative can find them.
- Post DNR order where EMT personnel or ambulance can easily locate it (in signed envelope on refrigerator).

Considerations:

- Life Support
- Tube Feeding
- Kidney Dialysis
- Respirator
- CPR
- IV's
- Antibiotics
- Cancer Therapy
- Transfusion
- Diagnostic Test
- Uniform Gift Act