

**KARUK TRIBE**  
**ANNUAL HEALTH BOARD MEETING AGENDA**  
Thursday, October 3, 2013, 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** (September 12, 2013)

**F) GUESTS** (Ten Minutes Each)

- 1.

**H) OLD BUSINESS** (Five Minutes Each)

- 1.

**I) DIRECTOR REPORTS** (Ten Minutes Each)

1. April Attebury, Children and Family Services
2. Carolyn Ash, Dental Director
3. Annie Smith, Director of Community Services (written report)
4. Lester Alford, TANF Program
5. Eric Cutright, IT Director (written report)
6. Lessie Aubrey, Executive Director of Health & Human Services (written report)
7. Patricia White, RPMS Site Manager (written report)
8. Laura Mayton, CFO
9. Rondi Johnson, Deputy Director (written report)

**II) REQUESTS** (Five Minutes Each)

- 1.

**K) INFORMATIONAL** (Five Minutes Each)

- 1.

**M) CLOSED SESSION** (Five Minutes Each)

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

**N) SET DATE FOR NEXT MEETING (Thursday, November 7, 2013 at 3 PM in Happy Camp)**

**OO) ADJOURN**



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Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

Health Board Report: October 3, 2013

Annie Smith PHN

**Action Items:**

None this month.

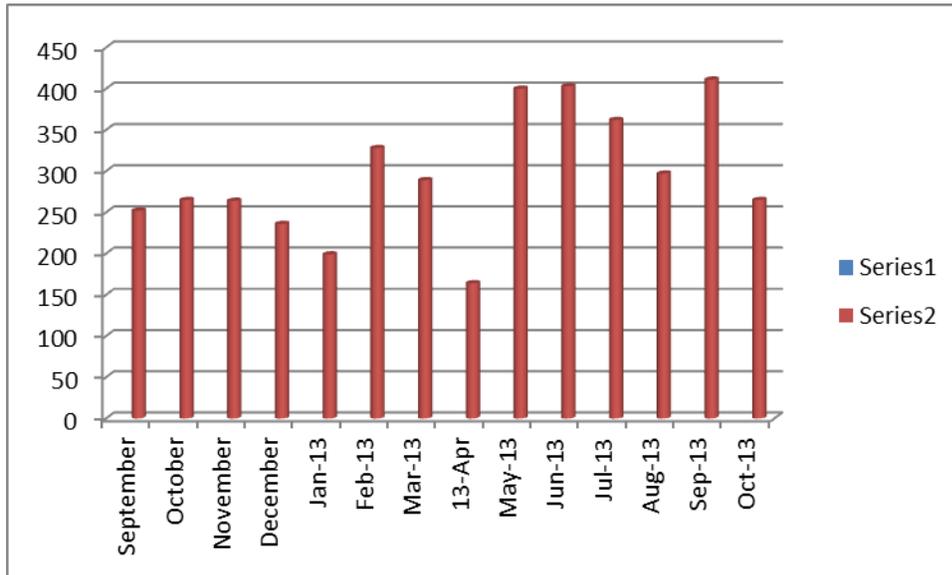
**September Items:**

- This month I had a full week off for vacation. Clarence and Carol both had colds and were out for a couple of days as well. To prevent spread of their colds I confined them to their offices upon their return and so they made many phone contacts.
- I learned from the B.I.A. that they no longer assist Native Americans with writing a will. They now refer to California Indian Legal Services and that organization states they will send out a legal aid person to any Elder who needs to write a will and without charge. In assisting Elders, this was welcome information
- I am continuing to offer to give flu immunizations to anyone who needs one. If I am not in Happy Camp, please call the clinic and get an appointment but designate it is just for a flu shot. I am working with Susanna to make a date for me to have an open flu shot clinic in Happy Camp.
- Michelle is in Oklahoma as I write this for three weeks and she is calling home, telling me the exciting things she is learning. I look forward to her sharing with the rest of our Team when she returns.

**September Meetings and Classes:**

- Online Class; “Navigating the New Frontiers: Care Coordination and the Essential Role of Nursing Sept. 18/2013 1 hour.
- Online class; “SDPI Showcase for Programs” from Portland. 1 hour
- Telephone meeting with Adriana at CRIHB for the final interview for the BART Pregnancy Prevention Grant 9/11/2013 1.5 hours.

**Workload report:**



**Financial Report:**

	<i>Unencumbered Balance</i>	<i>Percent Used</i>
IHS Diabetes Grant 2012:	\$ 48,907.23	68.96 %
Public Health Nurse:	\$ 16,275.71	80.63 %
CHR:	\$ 179.86	99.93 %

I am below budget for all accounts. I am working with Laura Olivas to redirect some of my employee wages to the Diabetes Grant prior to the end of the fiscal year.



**Pending Action Items:**

- Agreement 13-A-078 Special Use Permit to run fiber optic cable on Forest Service Land for the Orleans Broadband Project

**Current Activities:**

- The Verizon phone lines in Orleans at DNR failed 44 times so far in September. The new clinic in Orleans does not have the same type of phone lines, so I will no longer report any outages at the clinic.
- The Orleans Broadband Project is proceeding well. Our goal is to try to get all permits in hand by the end of October. The remaining permits needed to begin construction are from Humboldt County and the Forest Service. The Forest Service Special Use Permit is being reviewed. A Building permit is still forthcoming from Humboldt County. The final permit required from Humboldt County is a right-of-way permit for a short section of the project along Ishi Pishi road, which is being reviewed by Humboldt County's legal department.
- As of September 27, all fax lines in Yreka have been installed. The IT department will regularly check with the various offices in Yreka to make sure everything is working as expected.
- The new clinic in Orleans opened on September 16. All IT services were fully functional for the opening, except for wifi. We are still working on getting wifi service restored to all Tribal offices in Orleans after the clinic move and the network change.
- After the network changes in Orleans, there have been several internet outages that have affected some or all of the computers in the Tribal offices. Most of these issues are now resolved, but we are continuing to monitor the internet in Orleans closely for further problems.
- IT is working with the Disaster Preparedness Department to deploy internet and phones at their new office in Happy Camp. We are going to use secure wireless connections to keep the cost down.
- On September 27, the council approved fire a security monitoring for the IT data center in Happy Camp. Bay Alarm has been contacted and an installation date will soon be set.

**Current project priorities for the IT department:**

- 1) Dealing with real-time outages and emergencies
- 2) Monitoring internet access in Orleans
- 3) Monitoring faxes in Yreka
- 4) Deploy internet for the new Disaster Preparedness office in Happy Camp
- 5) Orleans Broadband Project, getting ready for deployment in spring of 2014
- 6) Fiber optic deployment on the HC Admin Campus
- 7) Closeout of the Fiber Project in Happy Camp
- 8) Setup automatic updates for software to all computers in the network
- 9) Repair or replace the tape backup unit in the Admin building
- 10) Upgrading all older computers and servers before they expire in 2014

**Budget Report for 1020-15 for September 30, 2013**

- Total annual budget: \$308,001.59
- Expenses to date: \$299,319.16
- Balance: \$8,684.43
- Percent Used: 97.18%
- Percent of Fiscal Year: 99.72%

**Budget Report for USDA RUS Community Connect Grant 2061-00 for September 30, 2013**

- Total budget: \$1,141,870.00
- FY 2012 expenses: \$ 102,405.30
- FY 2013 expenses to date: \$ 209,856.98
- Balance: \$ 829,607.72
- Percent Used: 27.35%
- Percent of Project Period: 66.67%

**Attachments:**

Cell phone usage log

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**Approval Needed**

Health purchased a gift for Sue Burcell to present to her at the Orleans clinic dedication. Sue was the instrument who brought the funds into the Karuk Tribe to build the clinic. These are the expenditures we need approved:

- 1. Clock - \$28.21
- 2. Card - \$ 3.76
- 3. Décor -\$ 5.95

Total	37.92
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I agree this request was after the fact but we needed it for the ceremony. Originally we wanted flowers but that fell through. Thank you.

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**Program Director's Meeting Highlights**

I attended the Program Director's meeting on September 17 and 18, in Sacramento at the IHS building. Highlights of the meeting are as follows:

- Program Director's are dissatisfied with the RPMS system and made very strong arguments against it. IHS is now taking a survey of their needs so that they can improve the RPMS system.
- No one knew until now that the GPRA data is not used from NextGen (a computer system introduced by CRIHB). GPRA data affects funding and the data is only used from RPMS. Consequently, many were very disturbed by hearing this. It doesn't appear that IHS at Headquarters will be including NextGen data anytime in the future. Many programs have switched to NextGen already.
- CRIHB Care/Options will be paying their first claims.

However, Karuk hasn't even submitted any yet but are quite near doing so. We are going to need the enrollment people to snap up and get more enrolled. Chapa De is only enrolling Options so as not to require income verification and members are OK signing up for it then.

- Questions on the Affordable Care Act have surfaced. Rumor that we are going to left out of the Marketplace; what does this even mean? I don't know yet, but I intend on finding out



- Sequester!

Yes we are being hit, but not only this year but in 2014-2015. CAO lost 12 million dollars in 2013 and is looking at 15% in 2014-2015. Karuk saw a \$350,000 deficit in 2013. Things change so rapidly that maybe things will look better by 2014. We will have to wait and see.

- Prophecy? Margo Kerrigan believes that the Affordable Care Act will turn its back on Native Americans/Alaskan Natives leaving us out in the cold. Are we being dwindled out? I'm not sure exactly what this will mean either. Originally, the ACA was going to protect us but apparently she sees or knows something we don't.
- There may be some hope. Americans of all races will be required to have insurance by Jan 2014. We need to serve all the patients we can to get the billing up and keep funds coming in. I think we need to become independently stable. In other words; Income meets expenses and there is some profit.

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**Orleans Clinic Open House and Dedication**

On September 16, 2013 a dedication and open house was held at the Orleans clinic. The clinic is beautiful and roomy; one to be envied by the Happy Camp clinic. I enjoyed the ceremony and thought the activities were a success. Kathy Davis provided a wonderful assortment of foods and drinks. She also brought a very beautiful cake to congratulate us. Buster, Jodi and Sonny attended the affair.

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**Provider for Orleans**

We had three providers check into working in the Orleans clinic. They said they wanted to work there but we have heard nothing more since their initial inquiry. I don't really want to but if we can't find someone soon I may have to get a FNP or PA locum to work in the clinic for awhile. But then that presents problems with housing, and there isn't much there if any to offer them. Rondi and I will keep trying to find someone.

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**After-Hours Care**

This is a tough one. I am hoping that someone will come to us with an independent contract to provide these services. I have spoken to someone who might be interested but finding coworkers may be a problem. I will keep following up on this.

\*\*\*\*\*

**Helped in Orleans**

I went down to Orleans on Friday September 20, 2013 and helped Isha get all the files onto the shelves. This took the greater part of the day but I felt as though we had accomplished much. I know Isha is relieved to have this completed.

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**ED Advisory Committee Meeting/Conference Call September 24, 2013**

The regular meeting of the ED Advisory Committee was held September 24, 2013. Michael Thom and Elsa Goodwin were Board members attending. Thank you. Minutes of this meeting are not available as of this writing.

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**Dr. North's Contract**

I am submitting Dr. North's contract which request a small raise. I believe this is justified since she has canceled the extra malpractice Insurance that we had to purchase for her.

Thank you.

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**Emergency Preparedness**

Tom Fielden has notified me that there is more ICS training coming up in December that I will be required to take as part of the Keeper team.

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**Ad for CRIHB Annual Book**

**Karuk Tribal Health Program**

Newly Constructed Medical Clinic located in Orleans, CA

Happy Camp Tribal Health Clinic  
64236 Second Avenue  
Post Office Box: 1065  
Happy Camp, CA 96039  
Phone: 530.493.5257  
Fax: 530.493.5270

www.karuk.us

Yreka, Karuk Tribal Health Clinic  
1519 South Oregon Street  
Yreka, CA 96097  
Phone: 530.842.9200  
Fax: 530.842.9217

**Karuk Tribe**

**KARUK TRIBAL HEALTH PROGRAM**

**Business Office Health Board Report**

**Meeting Date October 3, 2013**

The month has been interestingly challenging, but it has completed well. Eileen worked with CRIHB and Indian Health services to work out the computer problems to be able to bill the new billing opportunity for CRIHB Options. This would allow us to bill adult Native Americans with Medi-cal for their dental and mental health visits. There were a few changes that were needed with RPMS as well as CRIHB kept changing their minds on how they wanted the claims presented. We now have transmitted our first claim file and are waiting to see if it will be paid. We still have not been able to encourage many people to participate. But we will continue to attempt to sign up more people.

Noridian Medicare has been an easy transition and we are being paid correctly and in a timely manner with them. We are enjoying that success.

Partnership Healthplan of California, the new managed medi-cal carrier, is set to test the first week of October. Toni Johnson from Indian Health Services has worked diligently with us and the programmers to create the claims in a new format to bill PHC. Hopefully next month will give us reason to celebrate.

I completed the "financial analysis" section of the HRSA report for this year and turned it over to Laura Mayton and Lisa Hillman by the deadline.

We will be working closely with all the medical staff and data entry folks to make the documentation and format work with PHC's demands.

Happy Camp data entry is a few weeks behind at this time. Orleans and Yreka are up to date. Billing is right on top of the data entry folks. Payment has been slow this month. But, there are no final financial reports because the month has not ended at this time.. We cannot close down a month until the last day; but at this point we have only collected \$65,652 which is highly unusual. I believe this is primarily because we have not been able to bill medi-cal for the clinics while the problems with PHC billing format has been worked out. This should pick back up to some degree next month, but then again you must remember that with PHC involved our MOA rate has been reduced until there is an end of the reconciliation. That will ultimately effect our monthly income. This added to the learning curve for all the payers and ACA things will be more tenuous. We will be doing triple the amount of work with less funds being brought into the health program; but we will do the best we can.

ICD -10 training has begun and I have attached the reports for the first two people who attended. Four of us will be going to HIS for ICD-10 class next month. Sheila Super is going to take her Certified coders exam in November. We purchased a study guide to assist her preparation

Respectfully submitted

Suzanna Hardenburger, CCS-P

To whom it may concern:

September 23, 2013

I had the opportunity to travel to Sacramento for a three day training session on ICD-10. This is the new codes that all practices will be required to use beginning 10/01/14.

Before the training I thought I had a pretty good grasp on what the codes would look like. After the training, I must say I have learned much more.

There are currently around 17,000 codes in ICD-9. When we change to ICD-10 it will be more like 700,000 and be better in some ways and more difficult in others.

The good: ICD-10 can capture injuries and sicknesses with one single code where in ICD-9 we must use several codes to indicate a situation.

There is only one code for immunizations in ICD-10 where now there is one for each immunization. Diabetic codes are going to be easier also. Just pick the correct one.

The bad: It may be difficult to pick the correct code because at times providers aren't as intricate in their description of an injury as will be needed. For example, M23.200 is for derangement of meniscus due to old tear or injury of the right knee. If the provider does not mention the fact that this is an old injury the code may inadvertently become S83.200D or S83.200S indicating a torn meniscus on the right knee but is currently being treated or the latter means it is the result of an old injury. Clarity in the providers' notes will be very important.

The last thing that I'd like to mention is that I learned much better how to go about finding codes and many rules about the coding manuals. They are much easier to use now and I plan to practice periodically in order to keep in mind what I learned.

Thank you for the chance to attend this training.

Sincerely

Diana Poeschel-biller

ICD-10-CM Training  
IHS Training  
September 17 – 19, 2013

As a medical billing clerk, I found the training for the upcoming mandatory implementation of the new International Classification of Diseases (ICD-10-CM) invaluable.

The class was held in Sacramento and was taught by a highly competent and personable trainer who encouraged class participation in the form of questions and personal stories of the students related to the field of medical coding.

ICD-9 has been in use since the 1970's and the new ICD-10 now includes 21 chapters and more than 70,000 codes compared to the 17 chapters and 10,000 codes in ICD-9; these all reflect the current medical knowledge related to new diseases as well as reclassification or reassignment of certain diseases. The U.S. remains the only industrialized nation that has not yet implemented ICD-10. The importance of ICD-10 for a biller is to check billing codes and how they are used in order to submit medical claims with correct information to insurers for reimbursement in a timely manner.

On the first day of class we covered ICD-10 codes for the first 7 chapters of the new codes that included infectious and parasitic diseases, neoplasms, diseases of blood and blood-forming organs, endocrine, nutritional and metabolic diseases, behavioral disorders, diseases of the nervous system, and of the eye.

On the second day of training I was introduced to the new ICD-10 codes for diseases of the ear, circulatory, respiratory, digestive, musculoskeletal and genitourinary systems as well as diseases of the skin.

On the third and last day the class covered codes for pregnancy and perinatal conditions, malformations and deformations, symptoms and clinical findings, injury, poisonings and external causes and factors influencing health status.

Most importantly, I learned how to locate the codes, identify other codes to be added if needed, and when and how to use them properly so that I am able to bill the new ICD-10-CMS codes accurately.

As a member of the class I found that the many realistic scenarios that we worked through and discussed allowed me to grow my new coding skills as well as learn the idiosyncrasies of this new system that we will be using beginning October 1, 2014. Although I am relatively new to medical codes, I realize that learning in this field is truly an ongoing process and I am looking forward to more and better competency on my part.

Thank you for your interest in my continuing education, which in turn, furthers the success of the Billing Department and the Karuk Tribe.

Michele Wroblewski

**RPMS**  
**Karuk Tribal Health and Human Services Program**  
**Health Board Meeting**  
**October 3, 2013**  
**Patricia White, RPMS Site Manager**

I will be attending the California Primary Care Association (CPCA) conference in Sacramento at the time of this meeting.

**Action Items**

I have no action items for this month.

**User Assistance and Requests**

There were a total of 29 new documented requests for HHS users in August: 20 were assigned to Amy and 9 assigned to me. All were completed and closed. There may be others that I do not see that are assigned to other IT staff.

**Workload reports**

Attached is the August 2013 *Operations Summary* along with Tribal Statistics. During August we had 1873 visits at all locations. This is down by only 19 visits over July. 1006 of these visits were for Native American patients (54%). Graphs are also included with this report.

**Meeting / Conference Calls and other Activities –August 2013**

- September 5th- RPMS EHR Office Hours Conference Call
- September 10th-Meaningful Use Office Hours Conference Call
- September 12th-
  - RPMS EHR Office hours Conference Call
  - Health Board Meeting-Happy Camp
- September 13th-Orleans Clinic set up with Lessie and Rondi
- September 16th-Orleans Clinic dedication
- September 17th-IT Staff Meeting
- September 19th-RPMs EHR Office Hours Conference Call
- September 20th-Meaningful Use Reports Webinar/Conference Call-IHS
- September 24th-
  - Executive Directors Meeting/Conference Call
  - Meaningful Use Reports Webinar-new features Webinar/Conference Call IHS
- September 25th- Risk Analysis Consultation (all day)
- September 26th-RPMS EHR Office Hours Conference Call

**RPMS – EHR – EDR**

Security Risk Analysis: Over the past 10 months we have been working on a Security Risk Analysis of our program that is needed for us to meet Meaningful Use-Stage 1 requirements. This objective of the analysis is:

- "Protect electronic health information created or maintained by a certified EHR technology through the implementation of appropriate technical capabilities"
- "Conduct or review a documented security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process."

This process has been a long and labor intensive process. We are close to the completion of the analysis but had many questions about the process itself and if we are covering all that is needed. CRIHB and IHS have contracted with Infogard Laboratories, Inc. to help with the process for Tribes in California. Last month it came to my attention that we could ask for a consultant to come here and assist us with the process at no cost to us.

On Wednesday, September 25th, Marvin Byrd from Infogard came and conducted an analysis of our program here in Happy Camp. Amy, Eric, Lessie, and I participated in the day long process. He did a walk-through of the Business Office, Medical Clinic, Dental Clinic, Modular building, and the data center. He questioned us on everything from policies to physical access to our offices. He will send us a report of his findings within a month. Some areas of concern he discussed with us included building access and if we logged who had keys and combinations; fire systems in our offices; windows and potential for break-in; and computer privacy.

After we receive his report we will need to come up with plans to address areas of high risk. We will have 90 days to address and mitigate the high risk areas.

The analysis will need to be reviewed and updated on an annual basis.

VistA Imaging:

IHS is beginning to update our database in preparation for this upgrade. As you may recall this is the program that will allow us to scan document into our EHR, such as outside records and reports.

RPMS Dentrax Interface:

The interface is installed and tested successfully. The next step will be to either go with full productions or continue testing with an extended number of patients. I am waiting for more information from Cimarron and Henry Schein.

**Budget:** Information for current month not available at time of writing this report. I will provide the data with my next report.

Respectfully Submitted,

Patricia C White, RPMS Site Manager

**OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit**  
**FOR AUG 2013**  
**Prepared for October 3, 2013 Health Board Meeting**

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

**PATIENT REGISTRATION**

There are 17,888 (+5.0) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 93 (+32.9) new patients, 0 (\*\*) births, and 1 (-66.7) death(s) during this period. Data is based on the Patient Registration File.

**THIRD PARTY ELIGIBILITY**

There were 2,686 (-0.2) patients enrolled in Medicare Part A and 2,569 (-0.1) patients enrolled in Part B at the end of this time period.

There were 91 (+16.7) patients enrolled in Medicare Part D.

There were also 6,015 (+1.2) patients enrolled in Medicaid and 4,459 (+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 60,409.8 (+23.0). The number and dollar amount of authorizations by type were:

57 - DENTAL	6	5552
64 - NON-HOSPITAL SERVICE	913	54857.8

**DIRECT INPATIENT**

[NO DIRECT INPATIENT DATA TO REPORT]

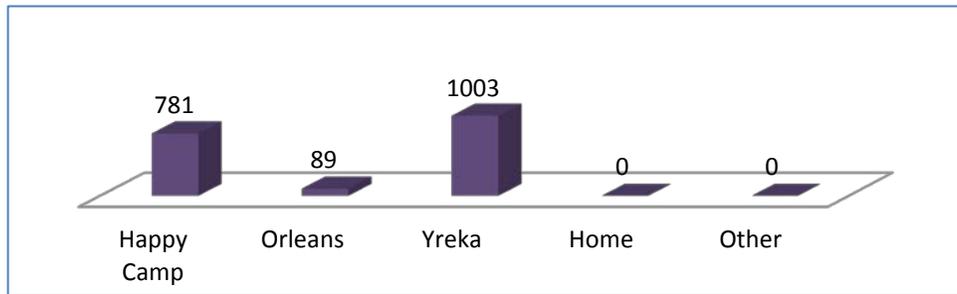
**AMBULATORY CARE VISITS**

There were a total of 1,873 ambulatory visits (+13.1) 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	1,873	(+13.1)
By Location:		
YREKA	1,003	(-3.6)
KARUK COMM HEALTH CLINIC	781	(+58.1)
ORLEANS	89	(-27.0)

## Visits by Location August 2013



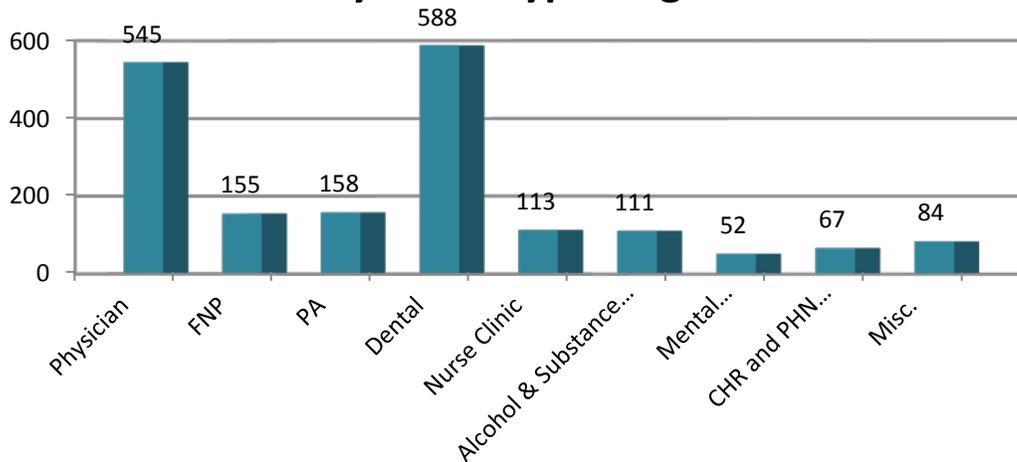
### By Service Category:

AMBULATORY	1,825	(+11.7)
TELECOMMUNICATIONS	45	(+104.5)
NOT FOUND	3	(**)

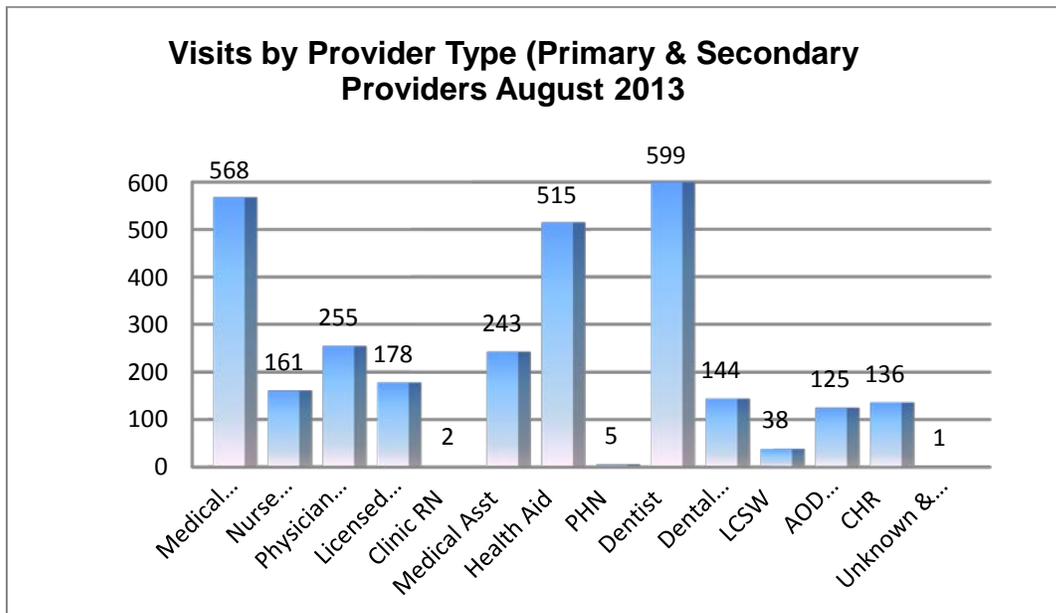
### By Clinic Type:

DENTAL	588	(+44.5)
PHYSICIAN	545	(+73.6)
PHYSICIAN ASSISTANT	158	(-27.2)
FAMILY NURSE PRACTITIONER	155	(-57.5)
NURSE CLINIC	113	(+48.7)
ALCOHOL AND SUBSTANCE	111	(-2.6)
TRANSPORT	75	(+368.8)
CHR	64	(+156.0)
MENTAL HEALTH	38	(-58.7)
BEHAVIORAL HEALTH	14	(**)
TELEPHONE CALL	7	(-12.5)
PHN CLINIC VISIT	3	(+200.0)
TELEMEDICINE	2	(+0.0)

## Visits by Clinic Type August 2013



By Provider Type (Primary and Secondary Providers):		
DENTIST	599	(+46.5)
MD	568	(+70.1)
HEALTH AIDE	515	(+3.2)
PHYSICIAN ASSISTANT	255	(-8.6)
MEDICAL ASSISTANT	243	(+49.1)
LICENSED PRACTICAL NURSE	178	(-44.4)
NURSE PRACTITIONER	161	(-57.4)
DENTAL HYGIENIST	144	(+23.1)
COMMUNITY HEALTH REP	136	(+231.7)
ALCOHOLISM/SUB ABUSE COUNSELOR	125	(+0.8)
LICENSED CLINICAL SOCIAL WORK	38	(-58.7)
PUBLIC HEALTH NURSE	5	(+400.0)
CLINIC RN	2	(+100.0)
HEALTH RECORDS	1	(+0.0)



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	588	(+44.5)
2). OTHER SPECIFD COUNSELING	149	(+1,046.2)
3). SCREENING FOR ALCOHOLISM	100	(**)
4). HYPERTENSION NOS	96	(-22.0)
5). OBESITY NOS	95	(+137.5)
6). LUMBAGO	62	(+77.1)
7). DMII WO CMP NT ST UNCNTR	60	(+3.4)
8). DIETARY SURVEIL/COUNSEL	60	(**)
9). ALCOHOL ABUSE-UNSPEC	58	(-31.0)
10). HEALTH EXAM-GROUP SURVEY	49	(+28.9)

#### **CHART REVIEWS**

There were 1,156 (-13.5) chart reviews performed during this time period.

**INJURIES**

There were 112 visits for injuries (+24.4) reported during this period. Of these, 22 were new injuries (-26.7). The five leading causes were:

- 1). ACCID-OTHER HAND TOOLS 2 (\*\*)
- 2). FALL FROM LADDER 1 (\*\*)
- 3). DOG BITE 1 (\*\*)
- 4). EXPLOSIVE GASES ACCIDENT 1 (\*\*)
- 5). UNDETERMIN CIRCUMST NOS 1 (\*\*)

**EMERGENCY ROOM**

[NO EMERGENCY ROOM VISITS TO REPORT]

**DENTAL**

There were 470 patients (+44.2) seen for Dental Care. They accounted for 588 visits (+44.5). The seven leading service categories were:

- 1). PATIENT REVISIT 466 (+37.5)
- 2). HYPERTENSION SCREENING 234 (+75.9)
- 3). LOCAL ANESTHESIA IN CONJUNCTION WIT 184 (+127.2)
- 4). PREVENTIVE PLAN AND INSTRUCTION 136 (+86.3)
- 5). FIRST VISIT OF FISCAL YEAR 124 (+77.1)
- 6). INTRAORAL - PERIAPICAL FIRST RADIOG 124 (+19.2)
- 7). TOPICAL APPLICATION OF FLUORIDE VAR 98 (+88.5)

**IN-HOSPITAL VISITS**

There were a total of 1 In-Hospital visits (+0.0) during the period for all visit types, including CHS. They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses.

- By Type:
  - TRIBE-638 PROGRAM 1 (+0.0)
- By Location:
  - HAPPY CAMP 1 (+0.0)
- By Outside Location:
  - not entered--- 1 (+0.0)
- By Provider Type (Primary and Secondary Providers):
  - HEALTH AIDE 1 (+0.0)
- By ICD Diagnosis
  - JOINT PAIN-L/LEG 1 (\*\*)

**PHARMACY**

There were 1,522 new prescriptions (-5.3) and 0 refills (\*\*) during this period.

**KTHHSP Tribal Statistics for August 2013**

	Registered Indian Patients	Indian Patients Receiving Services August 2013	APC Visits by Indian Patients August 2013
Karuk	2057	444	555
Descendants residing in CA	1860	222	287
All other Tribes	3982	124	164
Total	6039	790	1006

## DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting

October 3, 2013

Rondi Johnson

September Report



**\*\*I'M OUT ON TRAVEL FOR CPCA CONFERENCE \*\***

**ACTION ITEMS:** NONE

### **AUGUST ACTIVITIES:**

1. Health Board Meeting September 12th, Orleans New Clinic Grand Opening September 16<sup>th</sup>, Front Office/Billing Meeting September 18<sup>th</sup>, CHS Annual Policy Meeting September 18<sup>th</sup>, HC Dental Staff Meeting September 19<sup>th</sup>, HC Front office Meeting September 19<sup>th</sup>, Yreka Clinic Visit September 23<sup>rd</sup>, ED Advisory Committee Meeting September 24<sup>th</sup>, Orleans Clinic visit September 26<sup>th</sup>,

### **AUGUST TRAININGS/CONFERENCES & WEBINARS:**

HCCA/HIPAA Webinar September 4th, FTCA Virtual Conference September 11<sup>th</sup> & 12<sup>th</sup>, CPCA Webinar/PCHH Training September 19<sup>th</sup>, HANC/QIP Conference September 20<sup>th</sup>

### **ACQI COMMITTEE MEETING:**

The September 11<sup>th</sup> ACQI meeting was cancelled.

**BUDGETS:**

See below. Budget through 9/26/13. At this time I'm well under budget.

<b>Program</b>	<b>CQI</b>
<b>Budget Code</b>	300002
<b>Program Year</b>	2012-2013
<b>Expenses to Date</b>	\$113,982.83
<b>Balance</b>	\$99,519.65
<b>Percent Used</b>	53.42%
<b>Period Usage</b>	12 months

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

