KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, May 14, 2015 **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 *(April 9, 2015)*

F) GUESTS *(Ten Minutes Each)*

1. Emma Lee Perez, Grant Writer
2. Tina Weldin-Hockaday, HR Director
3. Debbie Bickford, Outreach Coordinator

H) OLD BUSINESS *(Five Minutes Each)*

1.

I) DIRECTOR REPORTS *(Ten Minutes Each)*

1. Patricia Hobbs, Children & Family Services (written report)
2. Patricia White, RPMS Site Manager (written report)
3. Eric Cutright, IT Director (written report)
4. Lessie Aubrey, Grants, Compliance, Accreditation Manager (written report)
5. Vickie Walden, Dental Office (written report)
6. Raul Recarey, Health CEO (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. Eileen Tiraterra
3. Laura Olivas
4. Raul Recarey
5. Barbara Snider
6. Tribal Council Members

N) SET DATE FOR NEXT MEETING ***(Thursday, June 11, 2015*** *at 3 PM in* ***Orleans, CA.***

OO) ADJOURN

Karuk Tribe – Health Board Meeting
April 9, 2015 – Meeting Minutes

Meeting called to order at 3pm by Chairman, Russell "Buster" Attebery.

Present:
Russell "Buster" Attebery, Chairman
Robert Super, Vice-Chairman
Joseph "Jody" Waddell, Secretary/Treasurer
Josh Saxon, Member at Large
Charron "Sonny" Davis, Member at Large
Alvis "Bud" Johnson, Member at Large
Elsa Goodwin, Member at Large
Arch Super, Member at Large

Absent:
Renee Stauffer, Member at Large

Sonny completed a prayer for the audience and Buster read the Mission Statement.

Agenda:
Elsa Goodwin moved and Robert Super seconded to approve the agenda with changes, 7 haa, 0 puuhara, 0 pupitihara.

Minutes of March 12, 2015:
Josh inquired about Patty providing Raul access to the files in which the health policies were uploaded. Patty noted that that was done. Josh then inquired about the Orleans District meeting discussion to have dental services in Orleans. Raul noted that Vickie was working on this and evaluating the possibility, but the group is still working on this to move it forward.

Arch Super moved and Sonny Davis seconded to approve the minutes of March 12, 2015, 7 haa, 0 puuhara, 0 pupitihara.

Guests:

1.) **Eileen Tiraterra, Billing Office:**
Eileen is present to seek approval of new assignments that are due to changes in Council Members and providers. She noted that they are for Medicare, Medical and Deacon. This will allow for Robert to sign for the Karuk Tribe in the absence of the Chairman.

Josh inquired about not having the CFO sign agreements. It was noted that that is not the policy.

Arch Super moved and Sonny Davis seconded to approve agreement 15-A-051, 7 haa, 0 puuhara, 0 pupitihara.

Eileen then sought approval for Dental Delta to add provider Carolyn Ash to provide billing for her services.

Arch Super moved and Bud Johnson seconded to approve agreement 15-A-049, 7 haa, 0 puuhara, 0 pupitihara.

Eileen then presented contracts for Medicare that will cover all three sites but the numbers are reflective of one for each site.

Josh Saxon moved and Elsa Goodwin seconded to approve agreements 15-A-046, 047 and 048, 7 haa, 0 puuhara, 0 pupitihara.

Old Business:

1.) **Pat Hobbs, Children & Family Services**:
Pat is present to review the policies that were submitted in the previous month and seek Council approval.

Josh Saxon moved and Bud Johnson seconded to approve the health and human services policies for the children and family services; 17-001-01, 17-001-02, 17-001-03, 17-001-04, 17-001-05, 17-001-06, 17-001-07, 17-001-08, 7 haa, 0 puuhara, 0 pupitihara.

Director Reports:

1.) Patty White, RPMS Site Manager:
Patty is present to provide an overview of her report. She noted that there was a reduction in Native American visits at the clinics, but she is unsure why. It generally runs around 51% Native American and has dropped to approximately 30%.

She is assisting in setting up and preparing for AAAHC. She will include the health program policies and procedures to the Tribes website. Patty noted that she and Amy continue to monitor and audit health vista imaging and they will continue to do this until someone is assigned to HIM.

Patty then went on to review the policies in which Lessie revised to meet the health program needs. Patty provided redlined versions, which include changes to orientation, include page numbers on all policies so they are easy for tracking, testing requirements, etc. The policies will be tabled to allow Raul to view changes and then presented back at the next Planning Meeting. Patty noted that the procedures are not required for approval by the Health Board but the policy itself. The procedures change with law and compliance and do not require Council approval.

Josh Saxon moved and Elsa Goodwin seconded to approve Patty's report, 7 haa, 0 puuhara, 0 pupitihara.

2.) Eric Cutright, IT Director:
Eric is present to seek approval of several action items. He had a Tribal Member make thank you cards and he would like to have the Tribal Council sign them to submit to USDA for funding toward the broadband project.

He then sought approval of agreement 15-A-044 which will be to implement direct trust messaging, which is a HIPAA secure email system, allowing for communication that is protected and secured. Raul further explained that moving toward direct communication will allow less paper and staff time to file paperwork.

Jody Waddell moved and Josh Saxon seconded to approve agreement 15-A-044, 7 haa, 0 puuhara, 0 pupitihara.

Eric then sought approval of procurement for a new server which is in Happy Camp.

Arch Super moved and Josh Saxon seconded to approve procurement and allow the purchase of a new server for Happy Camp, 7 haa, 0 puuhara, 0 pupitihara.

His next item is another procurement to purchase items toward the Orleans Broadband project. This will allow use for home equipment/installation for persons who want to have the broadband service in Orleans. This will be paid for out of the broadband project funding. Josh inquired if the sole source was allowable by USDA. Eric confirmed that it is and the price sheets for these the items were submitted in the grant for the project.

Josh Saxon moved and Bud Johnson seconded to approve procurement and allow the purchase of 100 Cedarlink modules, 7 haa, 0 puuhara, 0 pupitihara.

He then provided an amendment to an agreement with PG&E. It is amendment (2) to 14-A-037. The first agreement was for engineering and now the modification will allow for PG&E to provide the installation of a new utility pole, underground wiring, and wiring to the pole.

Jody Waddell moved and Robert Super seconded to approve modification (2) to agreement 14-A-037, 7 haa, 0 puuhara, 0 pupitihara.

Eric went on to seek a contractor to update the Karuk website. This will be under agreement 15-A-053 with Ameex Technologies Corp. This company will provide an update on the website which will be more mobile device friendly and complete an update to the underlying software.

Josh Saxon moved and Robert Super seconded to approve agreement 15-A-053, 7 haa, 0 puuhara, 0 pupitihara.

Eric then sought approval of a signature and approval of Cal-Ore Communications which is a part of the agreement which was approved last week. He just simply forgot to attach is last week.

Josh Saxon moved and Robert Super seconded to approve internet access between OR Elem School, Ishi Pishi Rd, 5 haa, 0 puuhara, 2 pupitihara (Elsa/Jody).

Josh inquired about CEQA cost as noted in Eric's report and the possibility of getting USDA to pay for that. Eric is tracking this and is hoping to submit a resolution to pay for the environmental document.

Eric provided an update on his pending items, including contractors beginning their work, power being wired to power poles, etc.

Arch Super moved and Robert Super seconded to approve Eric's report, 7 haa, 0 puuhara, 0 pupitihara.

3.) Lessie Aubrey, Health Program:
Lessie is on travel, report submitted.

Patty commented that Lessie is seeking approval of the Organizational Performance Improvement Plan because that is due to be submitted by next month. Robert asked about the structure reporting and it accurately reflecting the structure. After confirmation that the due date is later in May, the Health Board tabled it to the Planning Meeting.

Consensus: to table the entire report.

4.) Vickie Walden, Dental Program:

Vickie is present to review her report. She did follow up on the dental services in Orleans. She did research the request and the dental office will be able to do some care every three months in Orleans. They will provide screenings, fluoride varnishes on patients that are already on record, cleanings for youth and possibly adults (that is undetermined). She will need someone to do scheduling, plumbing in the room, and some space. There is not a plan to date but a staff member has volunteered from Yreka to assist. Vickie noted that this is one day a week every three months in Orleans. She noted that there needs to be exams and new patients seen by a dentist and registered at another site prior to being able to access the RDH services in Orleans. This is still in the planning phases and hasn't been finalized. Robert asked about the mobile dental van. Vickie noted that there was previous care provided in Siskiyou County but it wasn't very successful and the service was discontinued. Vickie noted that there were previous offers to have mobile care from UIHS but previous Council's weren't interested. Josh thanked Vickie for working on this. She noted that they will continue to work toward this and provide a plan to provide care. The Tribe already owns portable equipment, which will allow for basic youth care.

Josh then asked about the Non-Indian laboratory services and Native American laboratory services. It was significantly overspent. Vickie noted that the revenue generated by billing is budgeted to provide services to patients. Laura will assist in budgeting and funding to offset the costs.

Vickie noted that Dr. Baracea and Nikki Hokanson are going to be out on leave. This will have the clinic open to schedule patients but no provider.

<u>Arch Super moved and Elsa Goodwin seconded to approve Vickie's report, 7 haa, 0 puuhara, 0 pupitihara.</u>

5.) Raul Recarey, Health CEO:

Raul is present to review his report. He noted that moving toward the future the staff will begin to provide a more unified reporting system, which will incorporate progress on programs.

He has taken over the patient satisfaction survey, which has 6 questions, and he is receiving a good response. He would like to do this more often because it is a helpful tool to look at the patients' satisfaction.

He will be attending a training May 4th in Sacramento. Several topics will include overall management of the health program and needed tools to better serve the patient population. He went on to explain the TeleHealth option for care for patients that can be seen via TeleHealth. Health information exchange is important because with TeleHealth the patients will be accessing additional providers outside of the Tribes umbrella. There is discussion to allow access to RPMS and the patient record, or just the patient record if the outside sites do not use the RPMS. This is an initiative within Indian Health Services, which is a part of meaningful use.

He then discussed payment reform, which would be the discussion to decapitate the medical billing. It looks highly unlikely to be a positive change but a thorough evaluation of feasibility is being done. He believes that fee for service will change eventually as seen in the initiatives that are being put forth in the health industry.

Josh asked about incentives that are provided in Suzanna's report which show no payments. It is paid every quarter though, which is why it shows at zero.

Arch Super moved and Elsa Goodwin seconded to approve Raul's report, 7 haa, 0 puuhara, 0 pupitihara.

6.) **Patricia Hobbs, Children and Family Services:**
Pat is present to provide her report and review it with the Health Board. There were drug and alcohol policies that were provided to the Tribal Council. Angela noted that changes briefly and has other policies that are being updated including the AOD program, DUI program, and other programs operating under the AOD program. Pat thanked Angela and the other counselor for providing services along the river and continued efforts to provide services.

Buster asked Pat about the ICWA program and getting that into Tribal Court. Pat noted that that is a discussion that needs to be held. She further noted that there are different cases that stay in State Court and Tribal Court.

Pat noted that Title IVE funds aren't supposed to be paying the counselors that provide ICWA care. This will be further discussed and a meeting to clarify these items.

She would like a credit card for a counselor.

Robert Super moved and Jody Waddell moved to approve a credit card for Justina Harrison with Justina Harrison with a limit of $2,500, 7 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Elsa Goodwin seconded to approve Pat's report, 7 haa, 0 puuhara, 0 pupitihara.

Closed Session:
Tribal Member #FF discussion on the care that took place and the continued transport needs of the Tribal Member.

Arch Super moved and Sonny Davis seconded to approve Laura's financial report, 7 haa, 0 puuhara, 0 pupitihara.

Vickie Simmons: Arch Super moved and Josh Saxon seconded to approve the credentialing and privileging for Ben Jefferies, 7 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Jody Waddell seconded to approve the revised health and human services organizational chart, 7 haa, 0 puuhara, 0 pupitihara.

Elsa Goodwin moved to increase the PHN salary with position location in HC, Robert Super seconded, 7 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Jody Waddell seconded to approve the PM position description, 6 haa, 0 puuhara, 1 pupitihara (Elsa Goodwin).

Elsa Goodwin moved and Jody Waddell seconded to approve the Grants Compliance and Accreditation position description with format changes, 7 haa, 0 puuhara, 0 pupitihara.

Consensus: to refer issue of staff covering for the other sites will be referred to Raul.

Consensus: to refer issue of positive UA screening to Raul to review, formal recommendation will come back to the Council. After verification of the process, that is all the Council will consider.

Arch Super moved and Josh Saxon seconded to approve offering Global Life Insurance, 7 haa, 0 puuhara, 0 pupitihara.

Informational: Raul provided an update on the provider review that took place.

Informational: TANF representatives will meet with TANF Director regarding several topics that have been referred to the Tribal Council.

Consensus: to deny services to Tribal Member #DM due to delinquent status.

Robert Super moved and Josh Saxon seconded to approve a pay increase for $1 per hour for employee #MS, 6 haa, 0 puuhara, 1 pupitihara (Arch Super).

Josh excused himself at 8:37pm.

Elsa Goodwin moved and Jody seconded to deny travel due to budget and priority of spending for Committee Member #MG, 6 haa, 0 puuhara, 0 pupitihara.

Next Meeting Date: May 14, 2015 at 3pm in Happy Camp.

Arch Super moved and Jody seconded to adjourn at 8:50pm, 6 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

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Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider

Karuk Child and Family Services Health Board Report - April

Submitted May 14, 2015

Patricia Hobbs MSW LCSW – Director Child and Family Services

Action Items:

Child Welfare Services

Approval of changes to Child Welfare Social Worker position description. Minor changes – see attachment.

Updates and Information

Mental Health

Contracted for an additional day of psychiatry services with Native American Mental Health. We currently have 23 patients on the wait list so should be no problems filling this additional day. The contract begins in June.

Continuing to provide services to individual community members in Happy Camp, Orleans and Yreka.

Alcohol and Other Drug Program

Anthony Ballard is a newly hired Alcohol and Other Drug Services counselor who will begin 5/11/2015.

Child Welfare Services

Sadly Maymi Preston Donahue will be leaving the agency on May 29, 2015. She is leaving to pursue other interests including completing her Master of Social Work.

Attachments: Client data for each department by site.

Requested changes in Social Worker position description.

Client Data

Mental Health				
Clinic	Yreka	Happy Camp	Orleans	Total
Mental Health	89	47	13	149
Psychiatry	14	4	1	19
Total	103	51	14	168

Alcohol and Other Drug				
Clinic	**Yreka**	**Happy Camp**	**Orleans**	**Total**
AOD	10	10	4	24
BIP	18	0	2	20
DUI	2	6	0	8
Total	30	16	6	52

Child Welfare		
Area	**Humboldt County**	**Siskiyou County**
ICW	9	9
Voluntary /Family Preservation	5	2
Total	15	11

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POSITION DESCRIPTION

Title: Full – Part Time Social Worker

Reports To: ~~Child Welfare Services Program Administrator~~ Child and Family Services Director

Location: Based in either Happy Camp or Orleans, will provide direct services in both Happy Camp and Orleans communities

Salary: $17.00- $21.75 per hour, depending on experience

Classification: Part – Full Time (20 hrs - 35 per week), Regular, Non-Exempt, Non-Entry Level

Summary: The Karuk Child and Family Services Department provides assessment, therapy, case management, substance and alcohol abuse counseling, and support services to eligible Tribal members and their families in order to promote stability and a safe environment for Tribal children.

The Child Welfare Services (CWS) Program offers access to support services such as: voluntary and/or court-ordered family preservation; reunification and short-term family maintenance to ensure child safety in the home and strengthen the family; relevant services for children/youth for whom a safe return home is not possible; assistance in identifying, certifying, and supporting Tribal Foster Homes in accordance with guidelines established by the Karuk Tribe; monitoring eligible ICWA state court cases and case manage, prepare court reports and appear in Tribal Court Cases

Responsibilities:

1. Shall work with a high degree of independence in administering services and in using agency or community resources.
2. Shall determine client's needs and develop and implement an appropriate service plan with the guidance of the Child Welfare Services Team.
3. Shall identify, certify and provide support services for Foster or Tribal Specified/Certified Homes.
4. Shall assist clients with the utilization of community resources; interpret rules and regulations and policies for the clients pertaining to resources being sought.
5. Shall make necessary home visits to carry out casework assignments.

6. Shall develop and maintain case records and documentation.
7. Shall provide the Department Administrator with necessary reports as needed.
8. Shall provide community outreach and classes such as but not limited to parenting.
9. Shall attend in-services and other training courses designated to further understanding of Tribal Child Welfare process.
10. Shall prepare reports and make appearances for the Tribal Court.
11. May prepare memos, attend and/or appear telephonically in relevant ICWA State Court Proceedings on behalf of the Karuk Tribe.
12. Shall deliver State ICWA case updates to the Karuk ICWA Committee.
13. Shall provide direct Child Welfare Services and other related services in homes, schools, clinics, job sites, and other community locations within the Karuk Tribe's communities of Yreka, Happy Camp, and Orleans.
14. Shall be available for local and out of the area travel as required for job related training. Shall attend all required meetings and functions as requested.
15. Shall be polite and maintain a priority system in accepting other position related job duties as assigned.
16. Responsible for the supervision of Social Worker Assistant.

Qualifications:

1. Demonstrates the ability to work effectively with Native American people in culturally diverse environments.
2. Exhibits the ability to manage time well and work under stressful conditions with an even temperament.
3. Displays the ability to establish and maintain harmonious working relationships with other employees and the public.

4. Demonstrates the ability to understand and follow oral and written instructions.
5. Displays the skill and depth of job knowledge in assessing problem situations and formulating plans for service.

Requirements:

1. Must possess a BA/BS Degree in Social Work, Administrative of Justice, and Psychology, Sociology or related field or equivalent experience. (MSW or ASW preferred)
2. Must have two years social work experience in public, Tribal, or private services agency.
3. Must have familiarity with Child Welfare Practices.

4. Must have demonstrated ability to work with Native American families.
5. Must be able to type at least 45 words per minute and have documented word processing and computer usage experience.
6. Must have the ability to communicate effectively in both oral and written form.
7. Must have demonstrated ability to work with the local Indian community as well as legal and outside agencies.
8. Must possess valid driver's license, good driving record, and be insurable by the Tribe's insurance carrier.
9. Must adhere to confidentiality and HIPAA policies.
10. Must successfully pass a drug screening test.
11. Must adhere to an investigation of character as required by the **Indian Child Protection and Family Violence Prevention Act.** The minimum standards require an investigation that shall include: a check of fingerprint files with the Federal Bureau of Investigation (F.B.I.) and to appropriate local law enforcement agencies. The applicant must not have been found guilty of, or entered a plea of no contender or guilty plea to, any felonious offense, or two or more misdemeanor offenses under Federal, State or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; an offense committed against children.

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Tribal Preference Policy: In accordance with the TERO Ordinance 93-0-01, Tribal Preference will be observed in hiring.

Veteran's Preference: It shall be the policy of the Karuk Tribe to provide preference in hiring to qualified applicants claiming Veteran's Preference who have been discharged from the United States Armed Forces with honorable and under honorable conditions.

Council Approved: Revised June 14, 2007, Revised March 28, 2013, Updated January 24, 2014, Updated November 4, 2014. Updated 5/4/2015.

Chairman's Signature: _____

Employee's Signature: _____

RPMS
Karuk Tribal Health and Human Services Program

Health Board Meeting-Yreka
April 9, 2015
Patricia White, RPMS Site Manager

Workload reports

Attached is the March 2015 "Operations Summaries" including Tribal Statistics. During March 2015 there were 2,260 visits at all locations. This is an increase of 314 visits over February 2015 numbers. Yreka (+211) and Happy Camp (+86) were both up and Orleans (-17) was down over the previous month. 756 of these visits were for Native American Patients (34%) See chart at the end of the operations summary.

User Assistance and Requests

During April Amy and I had 23 document requests for support, assistance, or data. Three of these remain open and are still in process. I have one task that is still in process from April. The requests vary from data reports to user assistance.

Meeting / Conference Calls / Training March 2015

- 04/02 - RPMS/EHR Officer Hours conference call-IHS
- 04/06 – Clinical Reminders Ver 2.0 conference call-IHS
- 04/08 – ACQI Monthly Meeting
- 04/09 – Health Board Meeting, Yreka CA
- 04/15 – Biannual Health Staff Meeting, Happy Camp
- 04/16 - RPMS/EHR Officer Hours conference call-IHS
- 04/28 – CAO VistA Imaging Monthly Call – IHS
- 04/30 - RPMS/EHR Officer Hours conference call-IHS

Projects in Process

- **AAAHC**- We continue to prepare for accreditation, by reviewing health program policies. I continue to assist Lessie with the 2015 policy manual as needed.
- **Dentrix**-We are scheduled to upgrade the EDR (Electronic Dental Record) later this month. A test upgrade will be on May 19th and the live upgrade on May 26th. The test upgrade will be done in copy of our database to see if all functions properly before we go live.

Budget: At the time of this writing I am under budget for the current fiscal year.

Program	RPMS
Budget Code	3000-75
Program Year	2014-2015
Appropriation	$235,336.60
Expenses to Date	110,226.42
Balance	125,110.18
Percent used	34.44%

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR MAR 2015
Prepared for May 14, 2015 Health Board Meeting
Happy Camp, CA

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

PATIENT REGISTRATION

There are 19,005 (+4.0) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 83 (+31.7) new patients, 1 (-75.0) births, and 2 (+100.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,856 (+0.4) patients enrolled in Medicare Part A and 2,728 (+0.5) patients enrolled in Part B at the end of this time period.

There were 111 (+8.8) patients enrolled in Medicare Part D.

There were also 7,104 (+4.1) patients enrolled in Medicaid and 6,265 (+8.3) 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 79,362.55 (+90.2). The number and dollar amount of authorizations by type were:

57 - DENTAL	18	13425.05
64 - NON-HOSPITAL SERVICE	842	65937.5

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 2,260 ambulatory visits (+28.6) during the period for all visit types except CHS.

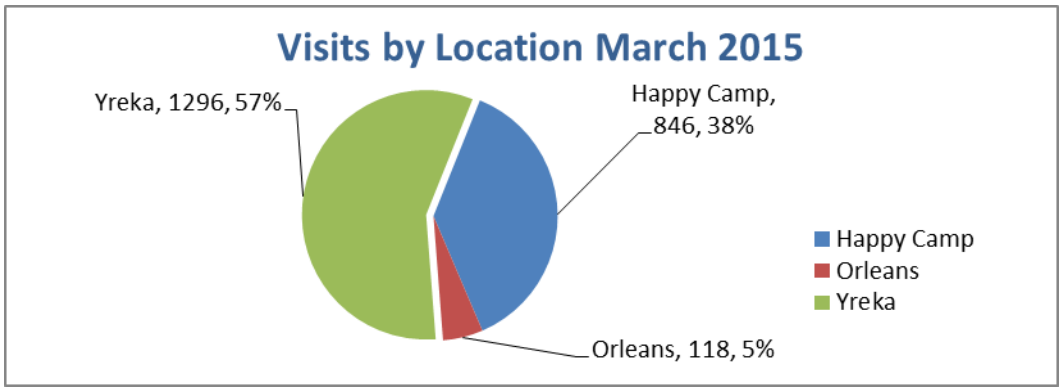
They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses. These do not equate to 'official' APC Visits which are identified in other PCC Reports.

By Type:

TRIBE-638 PROGRAM	2,260	(+28.6)

By Location:

YREKA	1,296	(+49.1)
KARUK COMMUNITY HEALTH CLINIC	846	(+15.9)
ORLEANS	118	(-25.8)

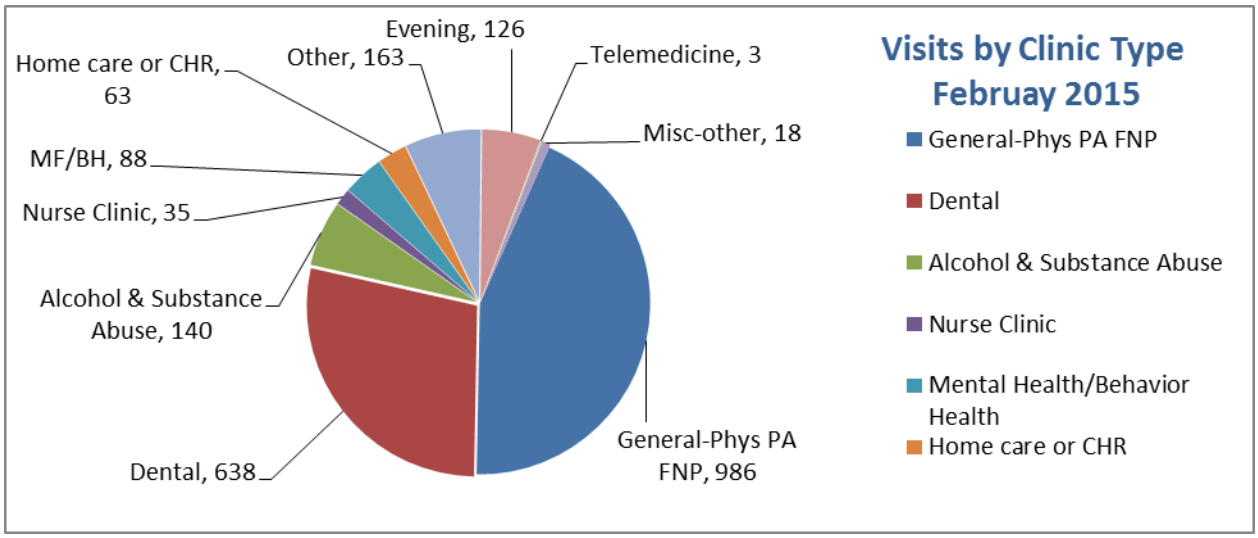


By Service Category:

AMBULATORY	2,164	(+26.4)
TELECOMMUNICATIONS	96	(+108.7)

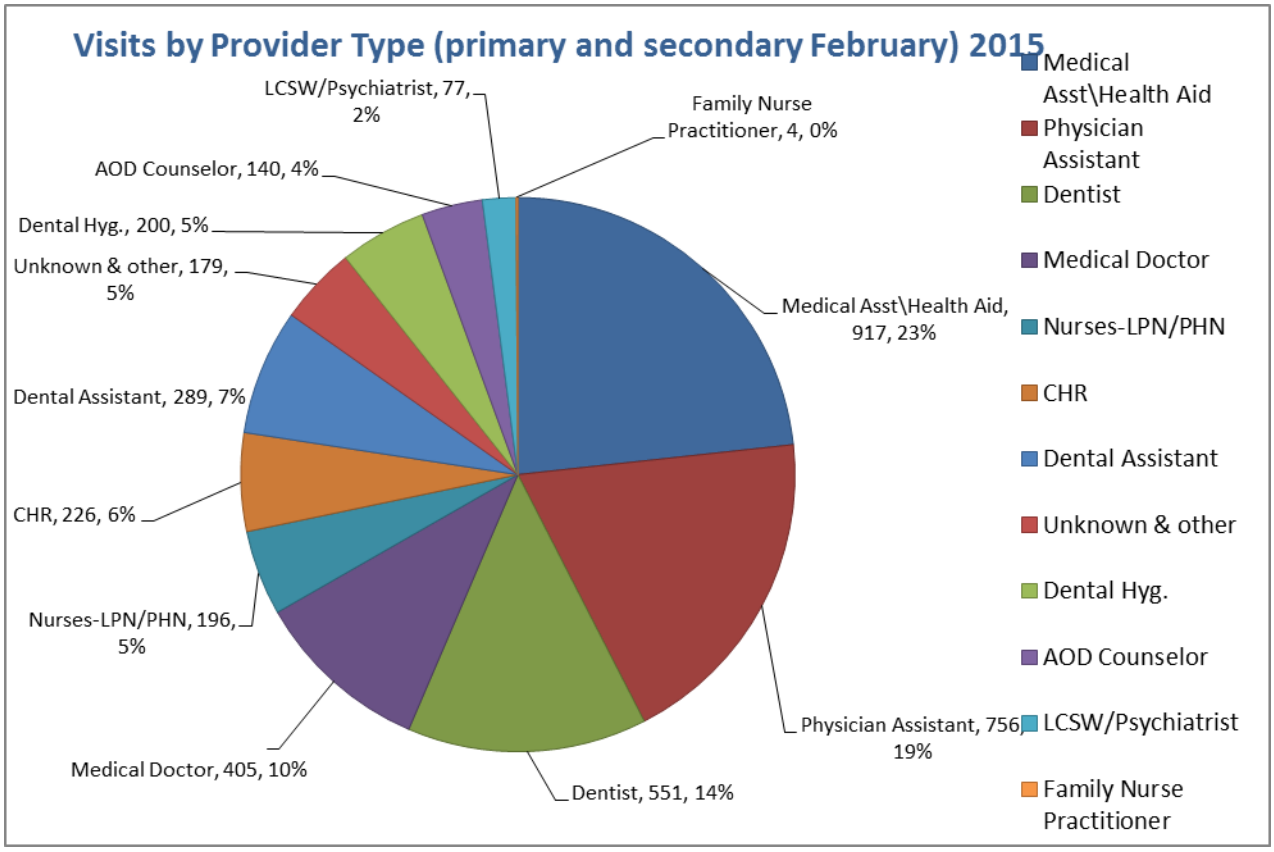
By Clinic Type:

GENERAL	986	(+66.6)
DENTAL	638	(+21.5)
OTHER	163	(+307.5)
ALCOHOL AND SUBSTANCE	140	(-23.1)
EVENING	126	(-0.8)
MENTAL HEALTH	72	(+56.5)
HOME CARE	63	(+472.7)
NURSE CLINIC	35	(-64.6)
BEHAVIORAL HEALTH	16	(**)
TELEPHONE CALL	13	(-35.0)
CHART REV/REC MOD	3	(+0.0)
TELEMEDICINE	3	(**)
PHYSICAL THERAPY	2	(+100.0)



By Provider Type (Primary and Secondary Providers):

PHYSICIAN ASSISTANT	756	(+329.5)
MEDICAL ASSISTANT	703	(+54.2)
DENTIST	551	(+24.4)
MD	405	(-19.0)
DENTAL ASSISTANT	289	(+542.2)
COMMUNITY HEALTH REP	226	(+334.6)
HEALTH AIDE	214	(+62.1)
DENTAL HYGIENIST	200	(+25.0)
LICENSED PRACTICAL NURSE	190	(-1.6)
UNKNOWN	157	(**)
ALCOHOLISM/SUB ABUSE COUNSELOR	140	(-23.1)
LICENSED CLINICAL SOCIAL WORK	77	(+126.5)
HEALTH RECORDS	22	(-84.7)
PUBLIC HEALTH NURSE	6	(+20.0)
NURSE PRACTITIONER	4	(-96.7)



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

By ICD Diagnosis

1).	DENTAL EXAMINATION	641	(+22.1)
2).	OTHER SPECFD COUNSELING	257	(+375.9)
3).	HYPERTENSION NOS	117	(+15.8)
4).	ALCOHOL ABUSE-UNSPEC	87	(-35.1)
5).	HYPERLIPIDEMIA NEC/NOS	77	(+113.9)
6).	LUMBAGO	67	(+24.1)
7).	LABORATORY EXAM NEC	67	(+3,250.0)
8).	DMII WO CMP NT ST UNCNTR	54	(+1.9)
9).	THERAPEUTIC DRUG MONITOR	52	(+33.3)
10).	TOBACCO USE DISORDER	47	(+4.4)

CHART REVIEWS

There were 937 (-24.3) chart reviews performed during this time period.

INJURIES

There were 99 visits for injuries (+54.7) reported during this period. Of these, 35 were new injuries (+84.2). The five leading causes were:

1).	ACC-CUTTING INSTRUM NOS	9	(**)
2).	FALL STRIKING OBJECT NEC	3	(**)
3).	FALL ON STAIR/STEP NEC	2	(**)
4).	NONVENOM ARTHROPOD BITE	2	(-33.3)
5).	FALL FROM SLIPPING NEC	2	(**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 492 patients (+14.2) seen for Dental Care. They accounted for 638 visits (+21.5). The seven leading service categories were:

1).	PATIENT REVISIT	436	(+25.6)
2).	HYPERTENSION SCREENING	250	(+47.1)
3).	PREVENTIVE PLAN AND INSTRUCTION	189	(+16.7)
4).	INTRAORAL - PERIAPICAL FIRST RADIOG	166	(+41.9)
5).	LOCAL ANESTHESIA IN CONJUNCTION WIT	163	(+26.4)
6).	TOPICAL APPLICATION OF FLUORIDE VAR	158	(+35.0)
7).	FIRST VISIT OF FISCAL YEAR	156	(+13.9)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,742 new prescriptions (+19.0) and 0 refills (**) during this period.

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TRIBAL STATISTICS MARCH 2015

	Registered Indian Patients	Indian Patients Receiving Services March 2015	APC Visits by Indian Patients March 2015
Karuk	2098	433	479
Descendants residing in CA	1904	224	175
All other Tribes	2208	114	102
Total	6210	771	756

Eric Cutright Information Technology Health Board Report
May 7, 2015

Expenditure/ Progress Chart – IT Dept Indirect Budget April 30, 2015

Program	Code	Total Budget	Expensed to date	Balance	% Expended
IT Systems	1020-15	$336,073.60	$198,224.94	$137,848.66	58.98%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/1/2014 to 9/30/2015	12	7	5	58%	N
Comments:					
This is the budget to maintain the IT Department and the IT resources spread throughout tribal offices. The majority of the budget goes to salaries for IT personnel.					

IT Department Activities:

- At April Health Board Meeting the council approved an agreement with Inpriva to setup Direct Trust mailboxes, which will assist the health program to reduce the costs and reduce the reliance on fax machines, and also to improve efficiency and security in the health clinics. Five Direct Trust mailboxes have been set up, one for each Karuk medical and dental clinic.
- The consultant who is helping the IT department with our website upgrade has begun work. IT is currently meeting with the consultant to discuss any design changes to the karuk.us website.
- The phone server that provides phone service for all Karuk Yreka offices was upgraded with brand new hardware and the latest software on Saturday, May 2. The new server allows IT better central management of all of the phones spread throughout the Yreka offices, and also fixes some long standing bugs for the phones in Yreka.
- The wifi internet at the DNR office is working again. TANF & DNR may now connect to the internet on Karuk mobile computers.

Project Title: Happy Camp Server Room Equipment Failure and Repair

Deliverables:
Task One – Replace Data Storage System in Happy Camp IT Room

1. The data storage system in the IT server room in Happy Camp is getting close to its natural end of life. Also, storage space on the system is nearly full.
2. The new data storage system has arrived and is undergoing testing.
3. Installation of the new storage is planned as soon as testing is complete.

Project Title: Orleans Broadband Project

Expenditure/ Progress Chart – USDA Community Connect Grant

Program	Code	Total Budget	Expensed to date	Balance	% Expended
USDA RUS	2061-00	$1,141,870.00	$674,235.03	$467,634.97	59.05%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/24/2011-10/24/2017	72	42	30	58.33%	N
Progress Report Due Date	**Completed?**	**Date Completed.**	**Fiscal Report Due Date**	**Completed?**	**Date Completed.**
03/31/2015	Yes		10/17/2017	No	
Comments:					
This grant funds the construction of broadband infrastructure to Orleans.					

Construction Progress:

- The fiber optic installation contractor started work on April 7, and has nearly completed the fiber install along Ishi Pishi Road. There is a conflict with CalTrans over the installation along highway 96. CalTrans does not want the Karuk's contractor working at the same time as the current bridge crew. I have contacted the CalTrans Tribal Liaison to see if there is something that can be done to allow the fiber contractor to complete the infrastructure.
- The communications tower and accompanying equipment hut are fully constructed. The tower still needs a generator and utility power installed. Utility Power has been purchased from PG&E, and installation is schedule for later this month.
- Once the tower utility power is installed, the wireless installation may be scheduled.
- All construction must be complete and the network fully functional by October 24, 2015, else the Karuk Tribe cannot meet the requirements of the USDA RUS grant agreement.

Pending Action Items for this project:

- Wireless equipment purchase – Purchase of the subscriber modules needed to hook up customers to the network. The grant will pay for the first 100 modules, allowing us to offer discounts to customers who sign up early. This purchase is attached to this report.
- Wireless Installation contract – This contract scope of work is under IT review before forwarding to compliance.
- Contract for excavation services to support the underground power installation by PG&E

Reimbursement Requests:

- On October 6, 2014 the Karuk Tribe received the first reimbursement from RUS for this grant for an amount of $113,040.00
- The second reimbursement request for $152,492.90 was submitted on December 12, 2014. On January 30 RUS paid $150,743.00.

- The third reimbursement request for $168,606.48 was submitted on March 18, 2015. On April 14 RUS paid the entire request.
- The fourth reimbursement request is currently being prepared.

Permitting Services:
- All government permits in hand as of December, 2013.
- All extensions to existing permits have been filed and received to match the current construction schedule.

Continued federal oversight by USDA Rural Utilities Service (RUS):
- The annual report to the funding agency, RUS, was submitted on March 31, 2015. The next report is not due until March 31, 2016.
- The RUS Field Service Representative assigned to this project visited and saw the current state of construction on April 22.

Karuk Internet Service Provider (ISP) Business:
- A budget for the first year of running the internet business in Orleans has been developed. Using that budget, pricing for the various service plans was approved by council on May 7.
- Does the council want to operate the broadband business under the name Karuk Tribe, or assume a business name? For instance, Karuk Tribe dba KarukNet.
- The IT department is researching the necessary equipment and software to run the ISP. Purchase of these items will take place over the next few months, and procurements will be presented to the council as necessary.
- Advertising in Orleans will begin shortly. Advertising will primarily consist of flyers and a phone number that residents may call for more information.
- Once the installation is complete, a ribbon-cutting ceremony with press releases should be planned for the community.

Project Title: Klamath River Rural Broadband Initiative (KRRBI)

Deliverables:
Project Management Services:
- 2nd quarter report due July 10, 2015.

Engineering Services:
- Fiber engineering field survey completed on April 9. The GPS data from the trip is currently being processed, and installation methods determined for the entire route.
- Wireless engineering primarily consists of distribution for the town of Orick. Orick site visit complete, engineering is under way.

Environmental Review:
- National Environmental Protection Act (NEPA):
    - Because both state and federal environmental compliance is required on this project, to save costs, a joint environmental document will be prepared that meets the standards of both NEPA and CEQA.

- California Environmental Quality Act (CEQA):
    - The funding agency, the California Public Utilities Commission (CPUC) is responsible for CEQA compliance on this project. The CPUC has hired a contractor to review the CEQA compliance. A preliminary field visit is being scheduled with this contractor later in March.
- CEQA Cost concerns:
    - On March 19 the Karuk Tribe received a letter from the CPUC describing the process to address the unbudgeted and increased costs for CEQA compliance. The CPUC recommends that the Karuk Tribe submit for a modified funding resolution from the CPUC once the environmental process costs are fully known.

Permitting Services:

- Required Federal permits:
    - USDA Forest Service Special Use Permit – Application submitted
    - National Park Service Special Use Permit – Application submitted
    - US Army Core of Engineers Klamath River Crossing Consultation – May not be necessary
    - BIA is acting as the federal lead agency for NEPA compliance
- Required State Permits:
    - CalTrans Encroachment Permit – Application waiting on fiber engineering
    - CEQA State of California Environmental Report – Waiting on environmental assessment
    - California State Parks Special Use Permit – waiting on fiber engineering
    - California State Lands Commission Easement – waiting on fiber engineering
    - California Dept Fish and Wildlife Endangered Species Impact Report – Waiting on fiber and wireless engineering
- Cultural Resources Reports:
    - SHPO Cultural Resources Approval – Waiting on cultural survey
    - Yurok THPO Cultural Resources Approval - Waiting on cultural survey
    - Karuk THPO Cultural Resources Approval - Waiting on cultural survey
- Required County Permits:
    - Humboldt County Special permit for tower construction – Waiting on wireless engineering
    - Humboldt County Building permit for tower construction – Waiting on wireless engineering
    - Humboldt County MOA for Right-of-Way Amendment – Waiting on fiber engineering
    - Humboldt County Encroachment Permit for County Roads – Waiting on fiber engineering
- Required Tribal Permits:
    - Karuk Resource Advisory Board Approval – Waiting on fiber and wireless engineering
    - Yurok Tribe Transportation Encroachment Permit – Waiting on fiber engineering
- Other Required Permits:
    - Right-of-Way Easements with Independent Landowners – Waiting on fiber engineering

Expenditure/ Progress Chart – KRRBI – California Advanced Services Fund (CASF)

Program	Code	Total Budget	Expensed to date	Balance	% Expended
KRRBI - CASF	6661-00	$6,602,422.00	$148,779.00	$6,453,643.00	0.02%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/17/2013-10/17/2015	24	18	6	75%	Y
Progress Report Due Date	**Completed?**	**Date Completed.**	**Fiscal Report Due**	**Completed?**	**Date Completed.**
07/10/2015	No		At 25% Expended	No	
Comments:					
This grant expands on the Orleans Broadband Project and partners with the Yurok Tribe to provide internet service to several unserved and under-served communities in Northern Humboldt County.					

Report Attachments:

- Cell phone usage report for April 2015 billing period

Manager of Grants, Compliance and Accreditation

Board Report | May 14, 2015 | Lessie Aubrey, Manager

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Requirements:

I am preparing material to submit 2016 FTCA application. Policies needed approved this meeting for the application is:

1. 04-001-166 - Hospital Tracking Policy
2. 04-001-168 - Referral Tracking Policy
3. 12-000-686 - Laboratory (Diagnostic) Tracking Policy
4. 02-001-045 - Credentialing and Privileging Policy and Procedures
5. 02-001-052 - Plan for Annual Medical Malpractice/Risk Management Training
6. 05-003-230 - Claims Management

Budget:

For 7 months we should be at 58% and the CQI budget is at 56.52% for period ending 4/30/2015.

CQI Reports:

1. BMI/Obesity Project: Goal is to reduce weight in patients with BMI $\geq$ 30 by 1%. Increase of 10%
2. Yreka Dental Record Audit: All charts in order and accurate by 90%. Improved in 2 areas. Treatment Plans signed/dated from 45% to 85%. Medications from 55% to 75%.
3. Happy Camp Dental Record Audit: 100%
4. Unofficial GPRA Report: We are at 36% meeting the 2015 GPRA Measures; we still have time before the final report later in the year.
5. Re-review of the 2013 patient satisfaction survey revealed good results from the patients answering the questions.

Policy Approvals:

1. 12-000-685 - Laboratory Services Policy
2. 07-001-111 - Annual Employee Flu Immunization Policy
3. 04-004-190 – Nursing Policies
4. 02-002-065 - KTHHS Personnel Policy
5. 03-001-135 - Provider Recruitment and Retention Plan
6. 05-001-2014 – Receiving Complaints

Policy Reference Code: **01 () 02 () 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 (X) 06 () 07 () 08 ()** **17 () 18 () 19 () 20 ()**	**09() 10 () 11 () 12 ()** **21 () 22 ()**
Function: Quality Management and Improvement	**Policy #:** 05-001-2014	**Policy Title:** Receiving Complaints
Tribal Chairman: **Date:** **Signature:**	**Medical Director:** **Date:** **Signature:**	**Cross References:** **01-001-000 Patient's Rights and responsibilities**
New Policy 2015		

Purpose: To clarify the kind of complaints and who will receive them and resolve them.

Policy: The Karuk Tribal Health and Human Service Program shall receive oral and written complaints.

Procedure:

1. Oral complaints shall be received by the clinic manager where the patient was seen.
2. The clinic manager will resolve the complaint and if unable to do so, will ask the patient to put their complaint in writing.
3. The written complaint will be forwarded to the Quality Management Department, who will initiate an investigation.
4. Results of the investigation will be documented and kept on file in the Quality Management Department.
5. Results of the investigation will be mailed to the patient.
6. If the patient is not satisfied with the results, they may appeal to the Karuk Health Board.
7. Health Board decision will be final.

Karuk Health and Human Services Policy Manual

Policy Reference Code: **01 () 02 () 03 () 04 (x)** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 () 19 () 20()**	**09() 10 () 11 () 12 ()** **21() 22() 23 ()**
Function: **Quality of Care**	**Policy #:** **04-001-166**	**Policy Title:** **Hospitalization Tracking Policy**
Tribal Chairman: **Date: 05/14/2015** **Signature:**	**Medical Director:** **Date:** **Signature:**	**Cross References:**
Supersedes Policy 04-001-166, 01/12/2012		
No changes		

POLICY: The KTHHSP shall track inpatient admissions of patients in our user population and shall coordinate the patient's follow up care with the facility discharge planner.

PROCEDURE:

1. When a Provider receives notification from another provider or from a hospital that one of their patients has been admitted as an inpatient to a hospital, the KTHHSP Provider will enter a note in EHR.
2. The note will be in the form of an EHR Quick Note entitled, "Patient Hospitalized". The note will say that the patient was admitted as an inpatient to the hospital and the Provider will provide the ICD-9/10 code of the admission.
3. The Provider will add our nurse/case manager as an additional signer to the Patient Hospitalized note. Our nurse/case manager shall coordinate the patient's follow up with the discharge planner at the inpatient facility.
4. At the end of each reporting period, the HRN numbers of the patients admitted will be generated in a list. A hand audit of those EHR records and consult notes will lead to a tabulation of the number of patients admitted... by reporting period, by provider, and by ICD-9/10 code.

Policy Reference Code: 01 () 02 () 03 () 04 (X) 13 () 14 () 15 () 16 ()	 05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 ()	 09() 10 () 11 () 12 () 21 () 22 ()
Function: **Quality of Care Provided**	**Policy #:** **04-001-168**	**Policy Title:** **Referral Tracking Log**
Tribal Chairman: **Date:** **Signature:**	**Medical Director:** **Date** **Signature:**	**Cross References:**
New Policy 2015		

Policy:

The Karuk Tribal Health and Human Service Program clinics shall employ a referral clerk to maintain a referral tracking log at each clinic and to ensure receipt of care not available at Karuk clinics. A referral tracking log will allow for follow-up, (was appointment kept, do they need to reschedule, and was the consultative report received on time).

Procedure:

1. When the provider refers a patient he/she will notify the referral clerk to make arrangements with the specialist and the patient.
2. The referral clerk will maintain in RPMS and/or a referral log which will include:
    - Initial Date
    - Patient name
    - Appointment date and time
    - Vendor name and reason for referral
    - Consultant report received
    - Information faxed
3. After the patient's appointment and a consultative report has been received, the referral clerk will enter that the appointment was kept and the consult report received.
4. The referral clerk will audit the referral log to determine if:
    - A consultant's report has been received, and if
    - The patient kept his/her appointment
5. If needed, the referral clerk will contact the patient to determine why the patient did not keep his/her appointment. If possible, the referral clerk will try to make arrangements to assist the patient with the referral.
6. If a consultant report has not been received, but the patient kept his appointment, the specialist will be contacted to obtain the report.
7. Receipt of report will be entered into the referral log.

Policy Reference Code: **01 () 02 () 03 () 04 ( )** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 () 19 () 20 ()**	**09() 10 () 11 () 12 (X)** **21 () 22 ()**
Function: **Laboratory Services Policy and Procedures**	**Policy #:** **12-000-686**	**Policy Title:** **Laboratory (Diagnostic) Tracking Log**
Tribal Chairman: **Date:** **Signature:**	**Medical Director:** **Date** **Signature:**	**Cross References:**
New Policy 2015		

Policy:

Quest Labs: The Karuk Tribal Health and Human Service Program has a Bi-directional Interface with Quest Labs. Lab results are entered directly into our electronic health records. The KTHHSP shall perform verifications to ensure lab work has been properly completed.

Other Laboratory and Diagnostic Test shall be entered into the RPMS system and returned results documented or scanned into the EHR.

Procedures:

1. Designated staff at each clinic will be responsible for monitoring logs and timely retrieval of results. This is done on a daily basis.
2. The RPMS Site Manager and the Clinical Applications Coordinator will perform quality verifications to ensure staffs are performing verifications daily.
3. Staffs responsible for monitoring the logs are responsible for ensuring that providers review and sign test results.
4. It is the provider's responsibility to advise the patient of the test results and to document in the patient's chart.

Policy Reference Code: **01 () 02 (X) 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 () 19 () 20()**	**09() 10 () 11 () 12 ()** **21() 22()**
Function: **Governance**	**Policy #:** **02-001-052**	**Policy Title:** Plan for Annual Medical Malpractice/Risk Management Training
Tribal Chairman: **Date:** **Signature:**	**Medical Director:** **Date:** **Signature:**	**Cross References:** 02-001-050 Educational Activities 02-002-067 Karuk Tribal Health and Human Services Personnel Policy
New 2015		

CEU's: The Karuk Tribe supports and encourages licensed personnel to attain CEU's as required, (see cross references above).

Policy: The Karuk Tribe shall require the Medical staff to participate in Medical Malpractice/Risk Management training annually.

Procedure:

1. HRSA offers ECRI Webinars free of charge to the Karuk Tribe. Notices will be sent out to staff members of forthcoming webinars and they will be instructed to participate. ECRI subject matter is appropriate to Medical Malpractice/Risk Management Training.
2. Employees may request participating in other conferences or training that pertains to Medical Malpractice/Risk Management.
3. The Quality Management Department will collect all training certificates or documentation and place them in the employee's education folder.
4. The Accreditation Manager will monitor annual training and will assign webinars to staff who have not complied with requirement.

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: **01 () 02 () 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 (X) 06 () 07 () 08 ()** **17 () 18 () 19() 20 ()**	**09() 10 () 11 () 12 ()**
Function: Quality Management and Improvement	**Policy #:** 05-003-230	**Policy Title:** Claims Management
Tribal Chairman: **Date: May 22, 2014** **Signature:**	**Medical Director:** **Date:** **Signature:**	**Cross References:** **06-006-290 – Subpoenas** **06-004-279 – Records Retention** **01-001-020 – Govt. Inspections.**
Supersedes policy 05-003-230, 05/22/2014		
No changes reviewed 4/24/15		

Purpose: To establish a process for handling claims filed against the organization or one of its practitioners in a deemed health center.

Policy: The Karuk Tribe, as a deemed health center under FTCA, shall ensure that all claims will be filed with the Public Health Service (PHS) Claims Office. In the event that actions are filed in a State Court, the health center shall follow the steps listed in PIN 2011-01 (FTCA Health Center Policy Manual), Section J.

Procedure:

1. All state court complaints and notices of intents and FTCA (SF-95) shall be submitted to the following address when contacted by a plaintiff or plaintiffs' attorney.

   U.S. Department of Health and Human services
   Office of general Counsel, General Law Division
   Claims and Employment Law Branch
   330 C Street, SW
   Attention: Claims
   Switzer Building, Suite 2600
   Washington, DC 20201
   Fax No: 202-691-2035
   HHS-FTCA-Claims@hhs.gov

2. The deemed health center shall follow instructions provided by the Office of General Council, which may include:
    a. Deeming letters
    b. Wage and Tax Forms for individuals involved in the incident.
    c. Declaration signed by practitioner that he is licensed to practice and that he does not bill privately.
    d. Medical Records
    e. Insurance Policies (gap/wrap-around)
    f. Narrative Statement

3. Review in PIN 2011-01 (FTCA Health Center Policy Manual), Section J. and follow steps that have not been taken above, which shall include:

    a. preserve all potentially relevant documents

    b. all records will be retained indefinitely (policy 06-04-279)

    c. Records may be retained in the original or as accurate reproductions (policy 06-04-279)

4. Use the Federal Tort Claims Act (FTCA) Health Center Policy Manual found online, for further guidance.

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: **01 () 02 () 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 () 19() 20 ()**	**09() 10 () 11 () 12 (X)** **21 () 22()**
Function: Pathology and Medical Laboratory Services	**Policy #:** 12-000-685	**Policy Title:** Laboratory Services Policy
Tribal Chairman: **Date:** **Signature:**	**Medical Director:** **Date:** **Signature:**	**Cross References:** **Lab Procedure Manual**
Supersedes Policy 12-000-685, 07/13/2011		

Purpose:
To establish a system for providing quality laboratory services in an environment where CLIA-waived and physician-performed microscopy are performed.

Policy:
The Karuk Tribal Health and Human Services medical departments shall maintain a Certificate of Registration for CLIA-waived testing and physician-performed microscopy services at each clinic. The Orleans Medical Clinic is certified under the Yreka Clinic's CLIA registration.

Personnel authorized to perform CLIA-waived test are the Physicians, Family Nurse Practitioners, Physician Assistants, RNs, and LVNs, and Medical Assistants. Annual laboratory proficiency testing will be completed on each employee performing CLIA-waived tests. ~~(A separate Laboratory Procedure Manual is available for staff reference.~~

Employees will adhere to KTHHSP infection control policies and will comply with the Universal Precautions.

~~Onsite test include urinalysis, automated urine micro albumin, blood glucose, HA1c, urine pregnancy, fecal occult blood, pro time, automated hemoglobin, group A strep, screen (throat), KOH preparations, wet mounts and microscopic test.~~

Onsite CLIA-waived tests include the following:

- Automated Hgb A1c
- Automated urinalysis (10 tests)
- Blood glucose
- Hemoglobin
- INR
- Fecal occult blood
- Group A β-hemolytic streptococcus (25 tests)
- Hcg (50 tests)
- HIV antibody

~~Outgoing test shall be logged into a book requesting the name of the patient, date of service, and names of test. Incoming test reports shall be logged into the book by writing in the date the test was received. Then the report is sent to the provider to review, date and initial prior to filing in the patient record.~~

Test required beyond our scope shall be provided by Quest Laboratories, which meets all assurances. Specimens are collected in the appropriate Quest-provided, container, and stored until collection at the appropriate temperature: room, refrigerated, or frozen. All specimen containers are appropriately marked for test requested, patient identification, and date of collection. Specimens are collected daily by the Quest courier. Outgoing Quest tests are entered into an automated bi-directional system, with results automatically entered into the EHR, for the provider to review and to sign electronically. Results out of range generate a specific notification on the ordering provider's EHR.

Panic values require immediate telephone notification by the laboratory performing the test. The employee receiving the report must repeat the information back to the laboratory for confirmation. The provider shall be notified of the test results immediately. It is preferred that the provider should receive the results directly, when available. If the ordering provider is not in the clinic for the day, the Medical Director will be notified.

At the Yreka clinic, tests which require immediate results and cannot be performed within the clinic are performed by the Fairchild Medical Center (FMC) lab. All specimen containers are appropriately marked for test requested, patient identification, and date of collection. Specimens are immediately transported to the FMC lab in the appropriate container, in an appropriate temperature-controlled environment. Tests results are requested STAT, and results are telephoned and faxed to the clinic. The results are immediately reported to the ordering provider.

Other tests and consult results are scanned into the EHR for the provider to review and to sign electronically.

External quality controls shall be monitored for all waived testing and shall follow the guidelines set forth by the manufacturer. A log of all controls shall be maintained and reviewed by the clinic physician, or designee, who will evaluate unexpected results ~~are~~ and suspected discrepancies. Contract laboratories perform internal quality controls as specified in their reference manuals.

The following section should be replaced by the Laboratory Procedure Manual.

~~Procedures~~

~~Collection of Venous Blood Specimens:~~

~~Equipment:~~
~~Vacutainer holder~~
~~Needle or syringe~~
~~21 gauge needle or 21 gauge butterfly apparatus~~
~~Gloves~~
~~Tourniquet~~
~~Skin preparation pads~~
~~Cotton balls~~
~~Specimen tubes~~
~~Tape or band-aid~~

~~Procedure:~~
1. ~~Identify the patient by full name and birth date~~
2. ~~Record on lab requisition provider name, fasting/non-fasting~~
3. ~~Obtain blood from anticubital vein if possible. However, veins in other sites may be used.~~
4. ~~Position the patient sitting in a chair or lying on the table.~~
5. ~~Place and tighten a tourniquet on the upper arm to cause venous congestion and prevent venous return.~~
6. ~~Prepare and clean the sight prior to collecting the specimen by briskly rubbing the area with alcohol or betadine. Allow the air to dry. Do not re-palpate the site.~~
7. ~~Don gloves and perform venipuncture, observe for a rapid return of blood.~~
8. ~~Vacutainer tubes, if used are drawn in the following order:~~
   - ~~Yellow – blood culture~~
   - ~~Light blue~~
   - ~~Red/tiger top~~
   - ~~Green~~
   - ~~Lavender~~
   - ~~Pink~~
   - ~~Gray~~
   - ~~Dark blue~~
9. ~~When hemostasis has been achieved, cover the puncture site with a band-aid or other sterile dressing.~~
10. ~~The volume of specimen needed is 4.5 to 10 ml (fill tube completely). If an insufficient specimen was obtained; note this on the lab form with the reason (i.e., difficult draw, etc.)~~
11. ~~These procedures are reviewed annually and revised as needed. Relevant staff will be notified of revisions at staff meetings.~~

~~Clinical decisions:~~

1. If difficulty is encountered in obtaining blood:
   a. Warm the extremity
   b. Allow extremity to remain in a dependant position.
2. Hematomas can be prevented by:
   a. Releasing the tourniquet before blood is aspirated.
   b. Applying sufficient pressure over puncture site after completion of the procedure.
3. Prolonged use of the tourniquet causes stasis of blood, produces hemoconcentration and causes changes that make the blood unsuitable for a blood count.
4. If oozing from the puncture wound is difficult to stop, elevate the area and apply a pressure dressing. Stay with the patient until the bleeding stops.

A. Preparation of Specimens for Transport:

1. Fasting samples are often the specimens of choice, especially for chemistry profiles.
2. Hemolysis and lipemia interfere with many procedures. Provide serum or plasma free from hemolysis and lipemia if at all possible.
3. Do not use expired tubes or media for specimen collection.
4. Whenever possible obtain specimens prior to the administration of antibiotics.
5. Sterile containers must be used for any culture.
6. Collection containers should be closed securely and precautions taken to prevent leaking of sample drug during transport. These specimens may constitute a biohazard.
7. Refer to the contract laboratory manual for appropriate tube selection.

B. Serum:

b.1. Red stopper tube (no anticoagulant or separating gel)

1. One full 10 ml tube is recommended for every 4 ml of serum needed.
2. Allow the blood to clot, then centrifuge within 45 minutes of venipuncture. Centrifuge for appropriately 5 to 10 minutes. (Caution: prolonged centrifugation may cause hemolysis and evaporation).

b.2. Mottled red/grey or cherry red stopper tube:

1. Follow the same venipuncture technique for serum separator tubes as for red stopper tube.
2. Gently invert the serum separator tube six times to mix the clot activator and blood.
3. Allow blood to clot for about 30 minutes. Centrifuge at full speed for 5 to 10 minutes. A barrier will form between the serum and the cells. If a complete barrier is not formed above the cells, either re-spin immediately for five minutes or transfer serum to a plastic transfer tube. Do not re-spin if more than an hour has lapsed since venipuncture.

~~C. Plasma:~~

1. ~~Draw blood into a tube containing the appropriate anticoagulant such as EDTA, heparin or sodium citrate. When using a syringe to draw the specimen, transfer the blood immediately to a tube containing anticoagulant. To prevent hemolysis, puncture the rubber stopper with syringe needle at an angle so the blood is drawn down the side of the tube. Allow the blood to be drawn into the tube. Do not force the blood from the syringe into the tube. Overfilling may cause hemolysis, alter the blood/anticoagulant ratio, or cause the stopper to become loose.~~
2. ~~Promptly invert the tube gently (do not shake) about six (6) time to mix the blood anticoagulant.~~

~~D. Whole Blood:~~

1. ~~Draw blood into a tube containing the appropriate anticoagulant such as EDTA, heparin, or sodium citrate. When using a syringe to draw the specimen, transfer blood immediately to a tube containing anticoagulant. To prevent hemolysis puncture the rubber stopper with the syringe needle at an angle so the blood is drawn down the side of the tube. Allow the blood to be drawn into the tube. Do not force the blood from the syringe into the tube.~~
2. ~~Promptly invert the tube gently (do not shake) about six (6) time to mix the blood anticoagulant.~~

~~Hemoglobin A1c:~~

~~Equipment:~~

~~Hemoglobin A1c reagent kit~~
~~Laboratory sheet~~
~~Gloves~~
~~Patient samples~~
~~Lint-free tissue~~
~~Timer~~
~~Lancets for capillary blood collection~~
~~Sharps container~~
~~Band-Aid~~

~~Procedure:~~

1. ~~Identify the patient~~
2. ~~Open reagent cartridge package, do not touch optical window~~
3. ~~Don gloves~~
4. ~~Collect blood sample; touch the tip of the capillary to a small drop of blood until capillary is filled.~~
5. ~~Wipe the side of the capillary with lint-free tissue.~~
6. ~~Inspect the capillary for bubbles; if bubbles are obvious discard and repeat procedure.~~

7. ~~Carefully insert the capillary holder into the reagent cartridge (flat side toward cartridge) until the holder snaps into place.~~
8. ~~Hold the cartridge so that the barcode faces to the right.~~
9. ~~Insert the barcode into the track above the dot.~~
10. ~~Quickly and smoothly, slide the cartridge down. A beep and display change indicate a successful scan; repeat if not successful.~~
11. ~~Hold the barcode so the barcode faces to the right.~~
12. ~~Open the door and insert the cartridge into the compartment until a click is heard.~~
13. ~~Slowly and firmly pull to remove the flexible tab.~~
14. ~~Close the door to start the test.~~
15. ~~Wait until the test is complete (approximately 6 minutes)~~
16. ~~Select print to print results~~
17. ~~Secure results to laboratory sheet~~
18. ~~Select next, then open the door~~
19. ~~Push and hold down the button on the right side.~~
20. ~~To unlock gently push the tab on the cartridge to the right~~
21. ~~Pull out the cartridge~~
22. ~~Discard the cartridge into biohazard container.~~

~~Quality control checks are recommended on a monthly basis and with a new lot of reagents or a new shipment of reagents.~~

~~Hemoglobin Meter:~~

~~Equipment:~~
~~Hemoglobin Meter~~
~~Laboratory sheet~~
~~Disinfectant wipes~~
~~Sharps container~~
~~Lancets for capillary blood collection~~
~~Hemoglobin test card~~
~~Gloves~~
~~Band-Aid~~

~~Procedure:~~

1. ~~Identify patient~~
2. ~~Explain the procedure to patient and/or guardian~~
3. ~~Wash your hands~~
4. ~~Turn on the power~~
5. ~~Insert test card into card holder until it locks into place when symbol flashes~~
6. ~~Don gloves~~
7. ~~Perform a finger stick or heal stick and wipe away the first drop of blood.~~
8. ~~Position a free flowing drop of blood over the center of the test card, touch drop of blood to the reagent pad into the center of the test card.~~
9. ~~After applying the sample to the center of the test card, the countdown to the test results will begin. The test may finish before reaching zero.~~
10. ~~Record the results on the laboratory sheet.~~

11. ~~The meter will automatically shut off after 2 minutes.~~
12. ~~To retrieve the last test, turn the meter on and press the up button.~~

~~Quality control shall be done with each new lot of test cards, once for each test kit and monthly.~~

~~Urinalysis with Clinitek Analyzer:~~
~~Equipment:~~
~~Gloves~~
~~Laboratory sheet~~
~~Paper Towel~~
~~Test strip~~
~~Patient strip~~
~~Tissue~~

~~Procedure:~~

1. ~~Identify the patient/sample~~
2. ~~Don gloves~~
3. ~~Turn on analyzer~~
4. ~~Select strip test on screen~~
5. ~~Remove reagent strip from the bottle~~
6. ~~Replace the bottle cap~~
7. ~~Touch start on the prepare test screen~~
8. ~~Within 8 seconds~~
    a. ~~Dip strip in urine sample~~
    b. ~~Drag edge of strip against side of sample container as you remove it.~~
    c. ~~Blot edge of strip to paper towel to remove excess urine~~
    d. ~~Place strip in channel, with test pads facing up.~~
    e. ~~Slide strip to end of channel. Do not touch the pads on the strip.~~
9. ~~After 8 seconds, test table will automatically be pulled into analyzer~~
10. ~~When analysis is complete, the results screen will display.~~
11. ~~Touch MORE to view the second results screen~~
12. ~~Discard reagent strip~~
13. ~~Wipe table insert with damp tissue between tests to remove urine residue.~~
14. ~~Print results, add patient ID and attach to laboratory sheet.~~

~~Quality control test should be done with each reagent bottle.~~

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: **01 () 02 () 03 () 04 (X)** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 () 19 () 20 ()**	**09() 10 () 11 () 12 ()** **21 () 22 ()**
Function: Quality of Care Provided	**Policy #:** 04-004-190, 04-004-191, 04-004-192, 04-004-193, 04-004-194, 04-005-195, 04-005-196	**Policy Title:** Nursing Policies
Tribal Chairman: **Date: 05/10/2012** **Signature:**	**Medical Director:** **Date: 04/18/2012** **Signature:**	**Cross References:** **Nursing Procedure Manual** **Lab Procedure Manual**
Supersedes policies 01-004-190/196 dated 11/03/2011 & 04/09/2009, 05/10/2012		

Purpose:

To provide guidance for the nursing staff, (RN's, LVN's, and MA's).

04-004-190 **Administration of Medication**

Registered Nurses, Licensed Vocational Nurses, and Medical Assistants shall administer medication per order or protocol of the attending physician or mid-level under his/her supervision.

04-004-191 **Screening Procedures**

Registered Nurses, Licensed Vocational Nurses, and Medical Assistants shall administer screening procedures per scope of training or supervision. ~~such as, but not limited to the following:~~

- ~~Hearing and Audiometric~~
- ~~Hematocrit~~
- ~~Vision~~
- ~~Blood Glucose~~
- ~~Blood Pressure~~
- ~~INH~~
- ~~PT~~
- ~~HIV screen~~
- ~~UA~~
- ~~H Pylori~~
- ~~Fecal Occult blood~~
- ~~Wet Mount~~
- ~~Venipuncture~~

04-004-192 **First Aid and Emergencies**

Registered Nurses, Licensed Vocational Nurses, and Medical Assistants shall administer first aid or emergency procedures per scope of training or supervision in accordance with established procedures.

04-004-193 **Other Medical Procedures**

Registered Nurses, Licensed Vocational Nurses, and Medical Assistants shall work within their scope of practice or under direct supervision and shall follow established procedures where available.

04-004-194 **Laboratory Testing**

Registered Nurses, Licensed Vocational Nurses, and Medical Assistants shall perform "CLIA Waived" testing at Karuk Tribal Health Clinics in accordance to competence, and shall comply by Karuk Tribal Health Laboratory policies.

04-005-195 **Committees.**

Registered Nurses, Licensed Vocational Nurses, or Medical Assistants shall serve on the Karuk Tribal Health Program committees; e.g., Contract Health Services Managed Care, Performance Improvement, or the Medical Records Committee.

04-005-196 **Patient Education**

Patient education is one of the most important ~~aspects~~ roles of medical professionals. ~~nursing care and the role of the nurse as a health educator offers a constant challenge. In an effort to help each individual patient achieve maximum health, the nurse shall assists the patient in learning to practice health promotion activities and adjust to conditions or diseases that effect health and lifestyles.~~ KTHHSP is committed to helping patients achieve their maximum health potential. Professional staff, licensed to provide formal education, will attempt to help patients reach their potential. This policy acknowledges the patients' role in their self-care. However, the medical team's approach to helping patients maximize their self-care is essential. An approach, starting with where the patient ought to be and what the patient ought to do, is generally successful only with the most motivated of patients. The greatest success can be achieved by starting with the patient's baseline perception of what she/he can and wants to achieve. If the baseline does not match the estimated potential, the medical team will coach their patients, patiently and in in a stepwise manner, to reach their potential. This policy does not exclude the value of medical staff members, who are not licensed to provide formal patient education. All staff members can encourage our patients in their journey to optimal health, and are encouraged to do so.

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: **01 () 02 () 03 (X) 04 ()** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 () 19 () 20 ()**	**09() 10 () 11 () 12 ()** **21 () 22 ()**
Function: **Administration**	**Policy #:** **03-001-135**	**Policy Title:** **Provider Recruitment and Retention Plan**
Tribal Chairman: **Date:** **Signature:**	**Medical Director:** **Date:** **Signature:**	**Cross References:**
Supersedes Policy 03-001-135 dated 2009, 11/03/2011		

PHILOSOPHY: The Karuk Tribal Health and Human Services Program (KTHHSP) will recruit primary care providers dedicated to the provision of high-quality, comprehensive, cost-effective medical care. KTHHSP will maintain and support an on-going Provider Recruitment and Retention Plan that provides:

- A comprehensive recruitment package designed to employ primary care medical providers committed to the mission of community based Tribal health centers and dedicated to meeting the health care needs of the KTHHSP patients.
- A work environment that supports the personal and professional needs of primary care medical providers and their families, thus encouraging long-term employment commitments to the KTHHSP.

CENTER REQUIREMENTS: The success of the KTHHSP Provider Recruitment and Retention requires the KTHHSP to provide:

- A clear and definitive role of primary care providers as team leaders among the medical support staff in the provision of health services.
- An effective and efficient medical support team that works with primary care providers in meeting the overall health needs of Clinic patients and special needs populations.
- A work environment that encourages the successful completion of established clinical goals.
- A work environment where administrative/management teams and primary care providers understand the unique organizational and financial structure of the Tribal health program, and work cooperatively in the planning, management, and evaluation of the health center.
- An opportunity for primary care providers to participate in community based Tribal health care initiatives, networks, and cooperative agreements and/or develop affiliations with other health care entities for the purpose of continued personal, professional, and/or academic growth and development.

RECRUITMENT OF PROVIDER STAFF:

1. **Determine Need and Recruitment Strategy**
   The entire staff of the clinic will be involved in the process at varying stages. The following steps will be taken to ensure the most desirable outcome:
   a. Determine the need for recruitment, involving the provider staff in the process.
   b. Determine desirable provider attributes and position qualifications.
   c. Determine the feasibility of desirable recruitment methods.
   d. Select the method(s) that best suit KTHHSP's needs.
   e. Include mailings of the position profile containing a concise description of the practice opportunity:
      1. Specialty needed
      2. Practice opportunity location
      3. Description of the medical opportunity
      4. Brief summary of the compensation package
   f. Target graduating residents from Family Practice Resident Programs.
   g. Target the search area to the six or seven closest states, and to expand the area as necessary.
   h. Develop a "sourcing action plan" considering all likely resources:
      1. Residency programs
      2. Medical school alumni list/publications
      3. Publication, e.g., newspapers, journals
      4. Internet searches
      5. State medical scholarship programs
      6. Directories of state licensure boards
      7. JAMA's annual education issue
      8. National Health Service Corps
      9. Professional Recruitment Services
      10. Recommendations from current KTHHSP providers

2. **Development of Candidates**
   Do not assume that all inquiries about the position are serious. Initial screening activities should include:
   a. Review the candidate's resume for qualifications
   b. Conduct a phone interview to ascertain the level of interest, to answer questions about the practice opportunity and explain the recruitment process.
   c. If the candidate is viable, send a recruitment package with a sample contract and schedule an in-depth phone interview.

d. If five or more viable candidates complete this phase, select the top three for further consideration, based upon all available data.

3. **Candidate(s) Site Visit**
   Before the candidate visits the site, certain preparations need to be completed, including the following:
   a. A pre-visit planning call to determine the objectives of the candidate.
   b. Arrangement of travel, lodging, and written itinerary for the visit two weeks prior to the visit, including recommendations for proper clothing for weather and events.
   c. A meeting of the recruitment/reception committee to review the site visit plans, their roles and preparation for the interview and responses to the candidate's questions regarding the community.
   d. Explain the benefits of working for the Karuk Tribe, such as assistance with the student loan payments, relocation assistance, and the lost cost of living in the area.
   e. Allow time to discuss the contract thoroughly before the visit ends.
   f. Encourage the candidate to ask questions regarding the practice or the community. Offer each candidate interviewed a tour of the facility at which she/he will be working.
   g. Make every effort to ensure that the visit is pleasant and ends on a positive note.

4. **Selecting the Candidate**
   Selecting the final candidate will include input from the provider staff, Health Board representatives, EDHHS, and other members as appropriate. Consideration will be based on:
   a. Candidate who best fits the qualifications and other desired attributes and requirements for the position.
   b. Candidate who best fits the health clinic practice site and community.
   c. The most mutually financially beneficial relationship for the health center and the provider.
   d. Overall fit and satisfaction of the candidate with the community.

5. **Follow-up/Making the Offer**
   Immediately following the site visit and selection process by the recruitment committee, the following steps will be taken:
   a. Send a letter to the selected candidate which includes:
      1. An expression of thanks for visiting the program.
      2. An offer to accept the position with a designated time frame for reply.

b. Encourage the recruitment committee members to also write letters.
c. Send thank you letters to other candidates invited to visit the center.

6. Follow-up Acceptance Letter

The following steps will be taken to bring closure to the recruitment process:

a. Immediately confirm the following in writing:
   1. The candidate's acceptance has been received.
   2. The acceptance is based upon the agreed contract.
   3. The expected start date.
b. Finalize plans to relocate with candidate.
c. Keep lines of communication open.

7. Retention

a. **Health Center Orientation:** A provider will be assigned to each new recruit to:
   1. Introduce the new provider to the clinic.
   2. Provide orientation to the health center.
   3. Provide information about responsibilities of the medical staff, such as attendance at meetings, chart completion expectations, and protocols for scheduling patients.
   4. Assist with establishing the provider in becoming acquainted with the community.

b. **Community Orientation:** The KTHHSP will work to assist the new provider in becoming acquainted with the community.

c. **Open Communication:** Do not assume that the new provider will be integrated into the practice situation after the initial few days or weeks. The normal orientation phase takes about six months. During this initial period, it is important that the Medical Director communicate regularly with the new provider regarding the adjustment to the practice and community. Maintaining an open line of communication may prevent misunderstandings and conflicts from arising later.

d. **Team Building:** Retention depends a great deal on instilling a "team" atmosphere for the new provider. It is important that the new provider become a part of the organization as quickly as possible. This process can be facilitated by a planned approach to involving the new provider in health center functions. The retention strategy will also incorporate teaching the history, traditions, and customs of the clinic and community.

e. **Salary and Benefits:** These policies and procedures are particularly important for the retention of existing providers, as well as recruitment of new providers.

Karuk Health and Human Services Policy Manual

Policy Reference Code: **01 () 02 () 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 (X) 08 ()** **17 () 18 () 19 () 20()**	**09() 10 () 11 () 12 ()** **21() 22()**
Function: **Infection Prevention and Control**	**Policy #:** **07-001-111**	**Policy Title:** Annual Employee Flu Immunization Policy
Tribal Chairman: **Date: 05/10/2012** **Signature:**	**Medical Director:** **Date: 05/09/2012** **Signature:**	**Cross References:** **Influenza Immunization Forms**
New Policy 2012		

Background:
Unvaccinated health care personnel may be the cause of spreading the highly contagious influenza virus, which places ~~vulnerable~~ patients at risk. Especially vulnerable are those 65 years or above, those with chronic conditions, ~~and~~ those who are pregnant ~~women~~, and young children. In addition to placing their patients at risk, they are putting their fellow staff members, their families, and themselves at risk.
~~Flu~~ Influenza vaccinations are the number one vaccine-preventable cause of death, and the public health goal is to vaccinate individuals working in all healthcare settings. Healthcare employers are asked to launch annual ~~immunization~~ vaccination and educational programs.

Purpose:
~~To provide, an easily accessible avenue for healthcare personnel to be annually immunized and educated, regarding the flu vaccination, benefits, and associated risk.~~ To provide healthcare workers with easy and cost-free access to annual influenza vaccinations, and to education regarding the benefits of immunization and the risks associated with not being vaccinated.

Policy:
The Karuk Tribal Health and Human Service Program (KTHHSP) will offer free annual influenza ~~flu~~ ~~immunizations~~ vaccinations to all healthcare personnel, volunteers, and students, who have close patient contact or frequently visit the clinic for administrative or other ~~technical maintenance~~ official responsibilities. Those ~~workers~~ staff members, who decline influenza vaccination for other than medical contraindications, must sign a Declination of Influenza Vaccination form.

This policy may be superseded in the event a regulating organization, with the legal authority to overrule KTHHSP influenza immunization policy, mandates changes that exceed KTHHSP requirements.

~~Flu vaccination clinics will be held in a meeting room of each facility during the months of October, November and December (schedule will be attached below). Vaccinated employees will be given a (sticker, clip or button) to wear as a sign of being vaccinated.~~

Procedure:

1. ~~Flu vaccinations~~ Influenza vaccination will be offered to employees at the time of their initial employment physical and annually thereafter.
2. ~~The Public Health Nurse and/or a provider will set up a clinic at each facility in a room accessible to all staff at all times i.e. conference room or break room.~~
3. A screening questionnaire will be completed on by adult patients and parents of children to be vaccinated. Employees who have been immunized shall receive a token of immunization, which will be worn on their name badge during the influenza season. ~~Employee getting the flu vaccination will receive a sticker, clip or button as an indication of being vaccinated, which shall be worn with their name badge during the months of October through April.~~
4. Employees refusing ~~the flu~~ influenza vaccination shall sign a Declination of Influenza Vaccination form~~, see attached~~.
5. Employees ~~with a fever~~ with a temperature exceeding 100ºF may not enter the clinic while febrile. ~~must stay home from work.~~
6. Employees with respiratory symptoms, but whose temperature does not exceed 100ºF, may work at the clinic, but must wear an A-95 face mask while in the clinic. ~~Personnel, who have respiratory symptoms but no fever, may work but they must wear a mask.~~
7. Patients entering the clinic with respiratory symptoms will be asked to wear a face mask while in the clinic, and to apply anti-bacterial hand sanitizer, at the earliest possible moment. These products will be available at each clinic's entryway at no cost to the patient.

Karuk Tribal Health and Human Services Policy Manual

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Function: **Administration**	**Policy #:** HE 20.10, 20.12, 30.10-.15, 40.10-.14, 50.10, 60.10, 70.10-.11, 71.15, 80.10, 90.10-.11, 100.10, 110.10-.11, 120.10, 130.10, 140.1-.12	**Policy Title:** Karuk Tribal Health and Human Services Personnel Policy
Tribal Chairman: **Date:** **Signature:**	**Medical Director:** **Date:** **Signature:**	**Cross References:**
Supersedes KTHHSP Personnel Policy dated 8/13/2009		

HE.20.10 **Staffing:**

The Karuk Tribal Health and Human Services Program shall hire employees who have qualifications and experience commensurate with position description responsibility and authority.

HE.20.12 **OIG List of Excluded Individuals:**

No employee shall be employed by the Karuk Tribal Health and Human Services Program if their name is found to be listed on the OIG's (Office of Inspector General) List of Excluded Individuals.

HE.30.10 **Professional Licensor and/or Certifications:**

Verification of all applicable licensors or certifications shall be required initially and upon renewal dates.

HE.30.11: It shall be the responsibility of each individual to obtain and maintain his/her license.

HE.30.12: Renewal fees shall be paid by KTHHSP upon request.

HE.30.13: Licensed personnel must report to work with a current license on file.

HE.30.14: Licensed personnel reporting to work with an expired license shall be sent home until a current license is obtained and/or on file.

HE.30.15: All licensed or certified personnel shall certify and remain current in CPR.

HE.40.10 Licensed Independent Practitioners:

Licensed Independent Practitioners (LIP's) shall be Credentialed and Privileged at time of initial appointment and every two years thereafter (reappointment).

HE.40.11: Core criteria for appointment/reappointment shall include:

- Current licensor/and DEA, if applicable
- Relevant education, training, and experience.
- Current competence, and
- Ability to perform requested privileges

HE.40.12: Licensed Independent Practitioners must be granted privileges to practice at KTHHSP clinics.

HE.40.13 Licensed Independent Practitioners shall maintain privileges for fulfilling their scope of work.

HE.40.14: Mid-level practitioners shall be credentialed and privileged but will also maintain a Supervising Agreement with their supervising physician.

HE.50.10 Adverse Decisions/Appeals:

See Appeals, C and P Policy

HE.60.10 National Practitioner Data Bank:

KTHHSP shall query the NPDB for adverse action or claims information on any practitioner applying for employment, and biannually thereafter.

HE.60.11: It shall be the policy of the KTHHSP to report any adverse actions, settlements or claims made on a practitioner during his/her employment with the Tribe.

HE.71.15 Tele-consultation:

The practitioners who provide KTHHSP with Tele-consultation are not required to be credentialed by the Karuk Tribal Health and Human Services Program.

Telemedicine is not practiced at KTHHSP facilities.

HE.80.10 Continuing Education Units (CEU), and Continuing Medical Education (CME):

The Karuk Tribal Health and Human Services Program shall pay the expense for job related CEU/CME attendance for all licensed personnel (see educational activities policy) when educational request are approved by the employee's supervisor.

HE.90.10 Committees and Taskforce:

All employees shall be assigned to one or more committees or taskforce and shall actively participate in their meetings and/or activities.

HE.90.11: The Accreditation Continuous Quality Improvement (ACQI) Committee shall have jurisdiction over all committees, taskforce, and teams except CHS Managed Care, the C and P Committee, and Compliance.

HE.100.10 Orientation:

Prior to assuming work responsibilities, health personnel, which includes students, ~~SWEEP~~ OJT, ~~youth~~ workers, volunteers, and outside placements (NCIDC, etc.), shall be given two orientations.

1. A New Employee Orientation – orientation given to all Karuk Tribe employees. It includes fiscal, insurance, personnel policy, cultural, citizenship, safety, and other organizational information. This orientation is presented to the new employee by the KT Human Resource ~~Manager~~ Director or designee.

2. A Health Orientation – is an additional orientation given to Karuk Tribal Health and Human Services employees, students, and volunteers and includes mission, vision, and value statements, confidentiality of health records, blood borne pathogens, safety, requests to be excused, and other relevant information. This orientation is presented to the new employee by their immediate supervisor or designee.

3. A performance evaluation shall be conducted initially to assess competence and the need for training. This assessment begins when a new employee reports to work and must be completed within 30 days. This assessment must be completed by a peer.

HE.110.10 Staff Request to be Excused:

At the time of orientation, a new employee must declare if there is any aspect of care that conflicts with his/her personal cultural values, ethics or religion.

HE.110.11: Employees must explain in writing why they must be excused from this care if not declared at time of orientation (see Staff Request to be Excused Policy).

HE.120.10 Contractors/Outside Services:

When hiring a contractor, KTHHSP must follow the guidelines of Karuk Tribe's Contract Compliance Specialist. This may include a three bid requirement and approval by the Contract Compliance Specialist, the Chief Financial Officer and the Karuk Tribal Council.

In some instances, if not covered in the contract or MOA, a Business Associate Agreement will be required by the HIPAA Privacy Officer.

Contractors or consultants shall provide proof of competence relevant to their scope of practice and experience.

The KTHHSP shall define in writing the scope of care or services requested of outside contractors, which shall include that these services meet ambulatory care AAAHC standards.

Contract staffs who provide direct patient care or support services shall receive a periodic performance evaluation based on their contract or MOA with emphasis placed on the quality and safety of their performance.

HE.130.10 Housekeeping Services/Volunteers/Contractors:

Housekeeping/Janitorial, volunteers and/or contractors shall receive safety and infection control training prior to assuming work-related responsibilities.

HE.140.10 Health Exams:

All employees, students, youth workers, SWEEP, and volunteers, who work in KTHHSP clinics, shall have a health history and physical evaluation completed within 15 days of employment and annually thereafter.

HE.140.11: Hepatitis B immunizations will be offered and measles will be required unless documentation of immunization or immunity is provided (see Employee Health Exams and Records Policy).

HE.140.12: TB testing/evaluation will be done on all health employees and volunteers initially and annually thereafter.

Karuk Tribe

Karuk Tribal Health Board Report
For May 14, 2015 Meeting

Dental Department April 2015 Report

1. *Dental Department Activities*
    a. **Action Item Clinic Closure Request -** There is a Dental Joint Staff Meeting scheduled for July 23, the dental clinics are scheduled to be closed from 9:30 am to 3:30 PM for the meeting. Happy Camp Dental is asking for permission to be closed on that day so they can travel to Yreka for this quarterly meeting,
    b. Yreka Dental Hygienist's schedule change- She is now working 3 right hour days a week.
    c. Yreka Dental has a staff meeting scheduled for May 7, 2015.
    d. Dental provider peer reviews have been completed.
    e. Yreka Hygienist Allison completed the second round of dental screenings and applications of Fluoride Varnish at the Karuk Yreka Head Start. Her report is attached.
    f. Half of the dental staff will be out on training this month so we expect to see a drop in the visits for May.

2. *Vickie Walden's Projects* and Tasks
    a. Co-Managers with Patti White of the of the Dentrix Computer System works continue
    b. No update on Installing Dental Intra-Oral Cameras – This is on the It project/work list and is not a high priority.
    c. Preparing for AAAHC Survey – I continue working on my assigned Health Policies, reviewing clinical procedures and AAAHC standards to see if we are in compliance.
    d. Happy Camp & Yreka Visit entries- I am working on Happy Camp's March visit entries and hope to be caught up soon. Susan is working on the visits for April and we work with on coding procedures, visit entry issues and error corrections.
    e. Eric, Patti in the It Department and I have been working on getting updates done for the dental Dentrix/ Electronic Dental record. This week we scheduled a date to do a test run and plan to go live with the new update on May 26, 2015.
    f. Digital X-Rays – No update on this project, still a work in progress.
    g. Orleans Hygiene Project is set to start on May 27, On Monday May 11 I'm scheduled to take dental supplies to Orleans, give Babbie training on the dental paperwork and set up dental charts. Patti White is setting up a hygiene schedule and as soon as it is done Babbie will start scheduling patients. I need to follow up with Eric and see if we can get set up to access the dental electronic (Dentrix) patients records at that clinic. I have attached the flyer, which Babbie will be posting and handing out in the community.
    h. Reviewing and updating dental staff job descriptions.
    i. Attending regular monthly meetings

Report Respectfully Submitted by Vickie Walden RDA on May 7, 2015

Attachments:

- I.H.S. 3000-41 Yreka Dental – Budget Appropriations $ 1,150,028.54
  - Year to Date Expenditures $ 415,120.77
  - Outstanding Encumbrances $ 1,177.30
  - Unencumbered Balance $ 736,085.07 35.99% Used
- I.H.S. 3000-42 Happy Camp – Budget Appropriations $ 648,960.38
  - Year to Date Expenditures $ 323,549.71
  - Outstanding Encumbrances $ 0
  - Unencumbered Balance $ 325,410.67 49.86% Used
- Third Party 3900-00-7600.00 Dental Lab Indian – Budget Appropriations $ 120,000.00
  - Year to Date Expenditures $ 51,746.78
  - Outstanding Encumbrances $ 19,478.78
  - Unencumbered Balance $ 48,774.44 59.35% Used
- Third Party 3900-00-7606.06 Yreka Dental Supplies Budget Appropriations $ 75, 000.00
  - Year to Date Expenditures $ 30,392.08
  - Outstanding Encumbrances $ 7,707.46
  - Unencumbered Balance $ 36,900.46 50.80% Used
- Third Party 3900-00-7606.07 HC Dental Supplies Budget Appropriations $25,000.00
  - Year to Date Expenditures $ 5,012.27
  - Outstanding Encumbrances $ 98.80
  - Unencumbered Balance $ 19,888.93 20.44% Used
- Third Party 3900-00-7601.00 Dental Lab Non-Indian– Budget Appropriations $12,000.00
  - Year to Date Expenditures $ 8,649.04
  - Outstanding Encumbrances $ 7,980.86
  - Unencumbered Balance **$ -4,629.90** **138.58% Used** **-**

    *This line item always varies from year to year. I am not overly concerned about being over budget on this one line item. Currently we are at 56.40% spent for the overall budget and are on target to stay within the budgeted amount.
- HRSA 3400-15-7500.03 Dental Supplies Budget Appropriations $50,000.00
  - Year to Date Expenditures $ 16,402.96
  - Outstanding Encumbrances $ 5,442.11
  - Unencumbered Balance $ 28,155.44 43.69% Used

May 6, 2015

Dear Karuk Tribal Council Members:

On May 6, 2015 I had the pleasure to provide a fluoride varnish clinic at the Karuk Head Start in Yreka. The following are facts that I gathered during my visit.

AM Class, 12 children under age of 4 (20 enrolled)-

- 9 children with no visible decay
- 3 children with visible decay
- 2 children stated that they had tooth pain
- All children had plaque present

PM Class, 16 children under age of 4 (19 enrolled)-

- 8 children with no visible decay

- 1 child with possible decay
- 6 children with visible decay
- 1 child was uncooperative
- All children had plaque present

All children whom participated received a toothbrush and sticker. Parent reports were also sent home with the children. The staff was accommodating and a pleasure to work with.

The following are facts regarding bay teeth.

These "first teeth" are necessary for a child to chew and speak. But baby teeth serve another very important purpose--they save space for the child's future permanent teeth. A baby tooth usually remains in the child's mouth until a permanent tooth underneath it is ready to emerge through the gums.

Respectfully submitted,

Allison Ortiz, RDH

Karuk Tribe

Orleans Dental

Hygiene Clinic May 27, 2015

Location: Orleans Medical Clinic -Appointments can be made at

The Orleans Medical Clinic or by calling them at

Phone # 530-627- 3452

Registration papers are available at the Karuk Happy Camp Dental, Yreka Dental & Orleans Medial

Clinic starts on May 27, 2015 at 9:30 AM

With –Lunch 12:00 to 1: 00 PM and Closes at 3:30 PM

The Hygienist will be doing Oral Health Education, Tobacco Cessation, Screenings for Oral Diseases and Fluoride Treatments

Health Board Update
Raul Recarey – 04/09/2015

REPORTING:
Patient Satisfaction Results – for the Medical department were tallied for the whole month of April – Dental is being tabulated in May. Surveys were gathered at the end of the day at each location, then scanned and emailed to me directly. The patient satisfaction statistics for the Medical department are as follows:

Medical			
Yreka	Happy Camp	Orleans	
9.29	9.15	9.88	How would you rate your ability to make an appointment?
9.05	8.59	8.63	How would you rate your wait time to make an appointment?
9.68	9.37	9.88	How satisfied are you with our staff?
9.52	9.42	8.63	How satisfied are you with your provider?
9.55	9.10	8.75	How likely are you to recommend us to family & friends?
9.53	9.17	9.88	How would you rate your OVERALL experience with us?
9.44	**9.13**	**9.27**	Total Average Score
455	253	37	Patients seen
211	71	8	Surveys received
46.37%	28.06%	21.62%	% Response rate

INDIAN HEALTH SERVICES – Update.
I attended the IHS Program Directors meeting in Sacramento on May 4th. Had a chance to hear a more in-depth discussion about IHS' HIE/HIT plans from the IHS CIO (Michael Toedt). My report is not so encouraging; I did not leave with the impression that the IHS CIO has a full grasp of the big picture and how the healthcare transformation agenda will impact health systems like ours. It appears meeting Meaningful Use objectives is taking up all of their mental and other resources. I pointed out that Meaningful Use was always intended to be a bare minimum, not a high-bar or altruistic goal. I expressed my concern that their plan as described would result in RPMS eventually becoming an ineffective EHR solution and place organizations like ours – that are dependent on RPMS for our success – at a significant disadvantage. I do not feel this situation is not an immediate or front-burner issue, but do want to bring attention that this is an area I am concerned about.

PAYMENT REFORM – PILOT DISCUSSION – Final update:
At last month's HB meeting I reported that we were investigating the possibility of participating in a payment reform pilot with MediCal . Laura Mayton, Suzanna Hardenburger and myself participated in the discussions and review of information and the final conclusion is that our current fee for service payment structure is more advantageous than anything being offered by the pilot – so we are not moving forward with participating at this time.

MEETINGS – No out of state meetings are scheduled for the month of May at this time.

KARUK TRIBE HEALTH AND HUMAN SERVICES
BUSINESS OFFICE HEALTH BOARD REPORT
May 14, 2015

Beacon/Chipa (managed medi-cal) for the Behavioral Health visits continues to have payment problems. We have still heard nothing from them regarding the owed back payments. But I do know they are finally working on our contract that was submitted early summer of 2014. This does not effect our billing issues though.

After Eileen Tiraterra did such a fine job of completing the medi-cal annual managed care reconciliation report we are now waiting for word and final payment for that time period. This process took Eileen 8 hours per day for a little more than a week. It is a claim by claim reconciliation process.

Sharon Meager, Data Analyst for the Orleans clinic has now officially retired. Travis King, has assumed her poisition and is coming along satisfactorially for a new data entry person. It takes approximately two years to completley train someone for that position. And actually it is always a work in progress as payers and government entities make changes in documentation and billing factors.

We are now working towards submitting more insurance payers claims electronically. Saving paper, enevelopes, postage and time. If this new Medicare submission works through Office Ally we will be able to bill the medicare secondary payer claims electronically.

CRIHB is having the first ICD-10 training for the year. One half of the department will attend the June session and the other half of us will attend the July session. The division is because we cannot leave the department void of staff. If there is more trainings offered than that, only the actual coders and I will attend any further ICD 10 training. Hopefully the Providers are studying this on their own also. April Spence, Sheila Super and I try share pointers with them each month. But as with all matters, this is something they must study and learn on their own. Hiring a professional trainer would also be an asset for them.

Financial reports are attached.

Respectfully Submitted
Suzanna Hardenburger, CCS-P

	MONTHLY REVENUE REPORT			**BUSINESS OFFICE**	
	APRIL 2015	**Happy Camp**	**Yreka**	**Orleans**	**KTHP**
	Revenue Medical	$99,914.39	$120,801.70	$14,825.35	$235,541.44
	PHC Capitation	$7,776.36	$11,570.22	$2,572.33	$21,918.91
	HPSA Quarterly Incentive	$663.67	$1,794.27	$172.36	$2,630.30
	Revenue Dental	$29,374.35	$93,191.47		$122,565.82
	Revenue Mental Health	$5,225.97	$16,818.39	$144.64	$22,189.00
	Revenue Telehealth	$4.93	$940.83	$278.27	$1,224.03
	Revenue Homecare	$0.00			$0.00
	Revenue Total	**$142,959.67**	**$245,116.88**	**$17,992.95**	**$406,069.50**
		Happy Camp	**Yreka**	**Orleans**	**KTHP**
	Billing APRIL Medical	$115,428.57	$ 178,878.73	$15,795.37	$310,102.67
	Billing APRIL Dental	$70,449.20	$ 95,353.50	0	$165,802.70
	Billing APRIL Mental Health	$7,740.20	19,934.65	1464.27	$29,139.12
	Billing APRIL Telehealth		$ 873.58		$873.58
	Billing APRIL Homecare				
	Billed Grand Total	**$193,617.97**	**$ 295,040.46**	**$17,259.64**	**$505,918.07**
	BILLING DEPARTMENT BUDGET 2015				
					AVAILABLE %
PROGRAM	YEAR END ANNUAL	EXPENSES TO			Could be spent
YEAR	BUDGET	DATE	BALANCE	% USED	at this date
FY 2015	**$504,963.97**	**$271,823.10**	**$232,878.45**	**53.88%**	**58.38%**