



# Cherokee Nation Tribal Council Health Committee Report

Claremore Indian Hospital

Month/Year of the report: August 2012

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## Accomplishments:

- **Staffing:** Still recruiting ER physicians, one OB/GYN and one Internist.
- **Visits:** Outpatient visits for August up 3.8% over the same period the previous year.
- **Revenues:** Revenues for FY2012 increased 26.04% over the same period the previous year.

## Future Plans / New Initiatives:

- New Services:
  - Orthopedic surgeon has started seeing a limited number of patients.
  - Baby Friendly Initiative- The Baby-Friendly Hospital Initiative is a recognition program for maternity facilities that have created an optimal environment for appropriate infant feeding and mother-baby bonding and the initiation of breastfeeding through implementation of the WHO/UNICEF Ten Steps to Successful Breastfeeding.
  - IPC Initiative branching out to women’s clinic and walk-in. Working well in both locations

## Workload:

### Actual numbers/month

Outpatient visits up	3.8%	23,364
Admissions down	12.5%	77
Newborns up	24.1%	22
New charts up	0.6%	361
Reactivated Charts up	11.5%	321

These statistics are compared to FY2011 statistics for the same time period. (August)

Occupancy rate for August 2012: 20.0%

**Third Party Collections:**

August collections

Medicare:           \$ 299,094.83  
Medicaid:           590,272.44  
Private Insurance:   691,546.74

\$ 1,580,914.01

Year-to-date collections for FY 2012: \$ 14,807,599.73

Amount billed for August 2012: \$ 2.54 million

Collections are up compared to FY2011 collections for same time period. \$ 3,059,536.59

Percentage of account receivables pending for claims > 120+ days: 5%

**CHS Activities:**

August cases

Funded:           440 cases: \$ 812,462.00  
Denials:           153 cases: \$ 380,971.00  
Deferred:         294 cases: \$ 184,320.00

Files to Committee   1217



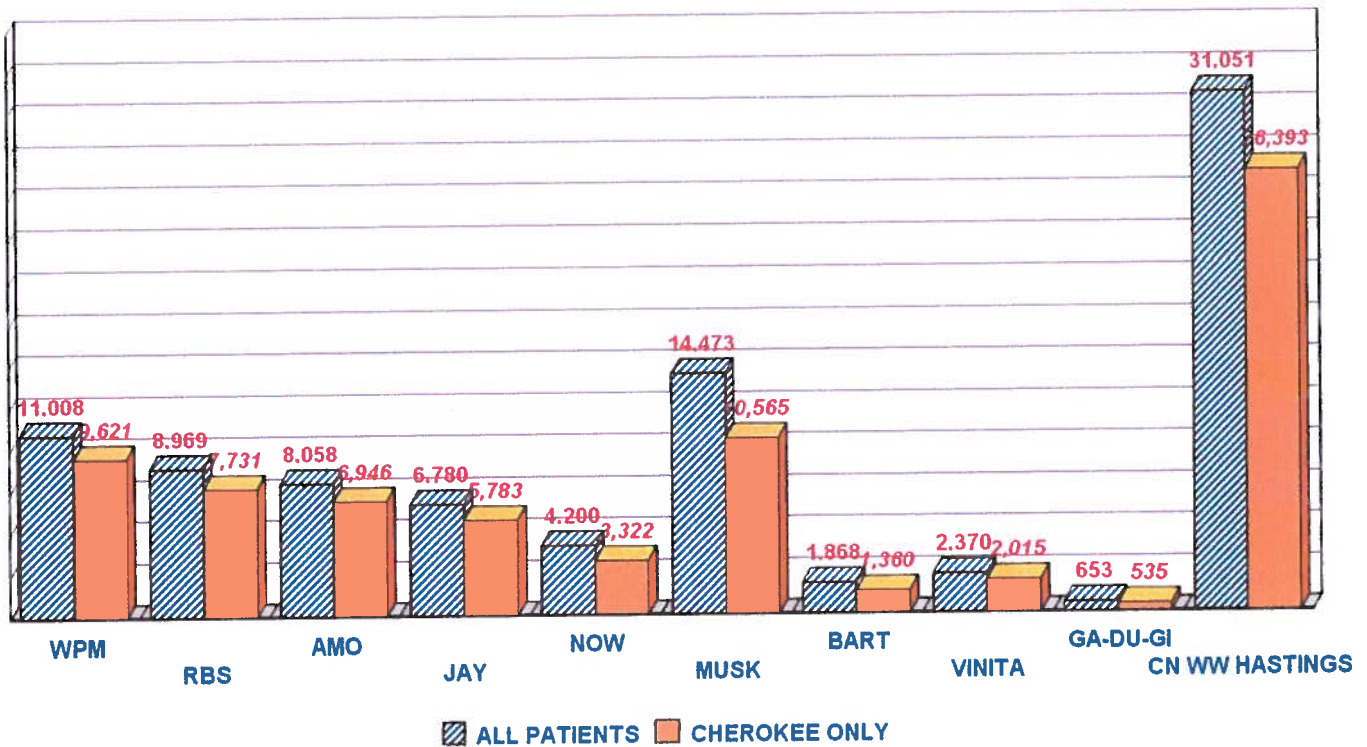
# Cherokee Nation Tribal Council Health Committee report

Report by: Connie Davis, Executive Director Health Services  
Connie-Davis@cherokee.org

Month/Year of the report: September, 2012  
Phone number 453-5557

## CHARTS

# AMBULATORY PATIENTS VISITS BY CLINIC, AUGUST 2012



## TOTAL AMBULATORY PATIENTS VISITS -AUGUST 2012

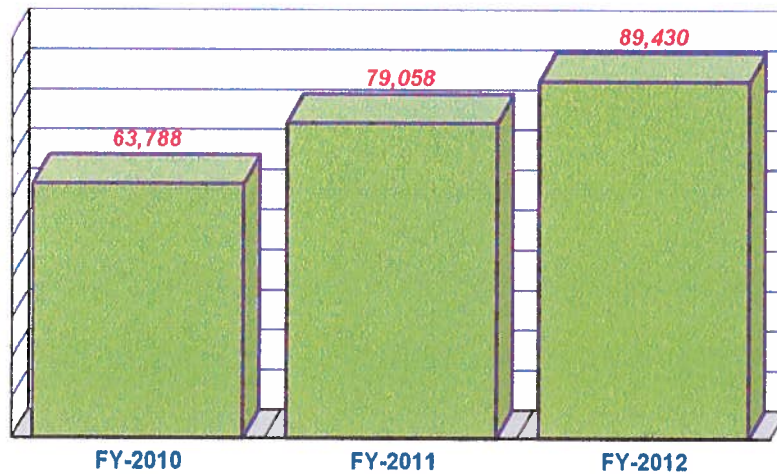
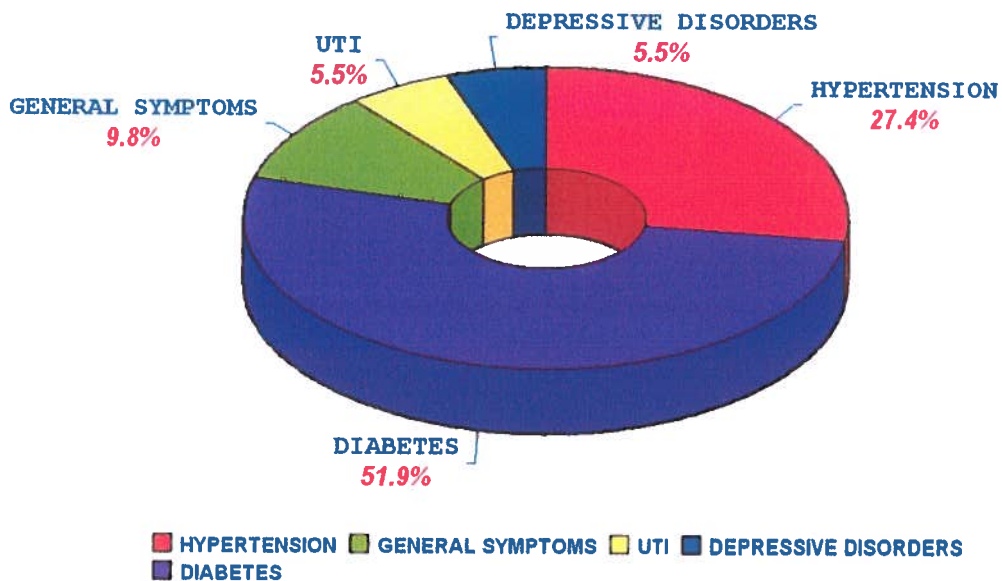
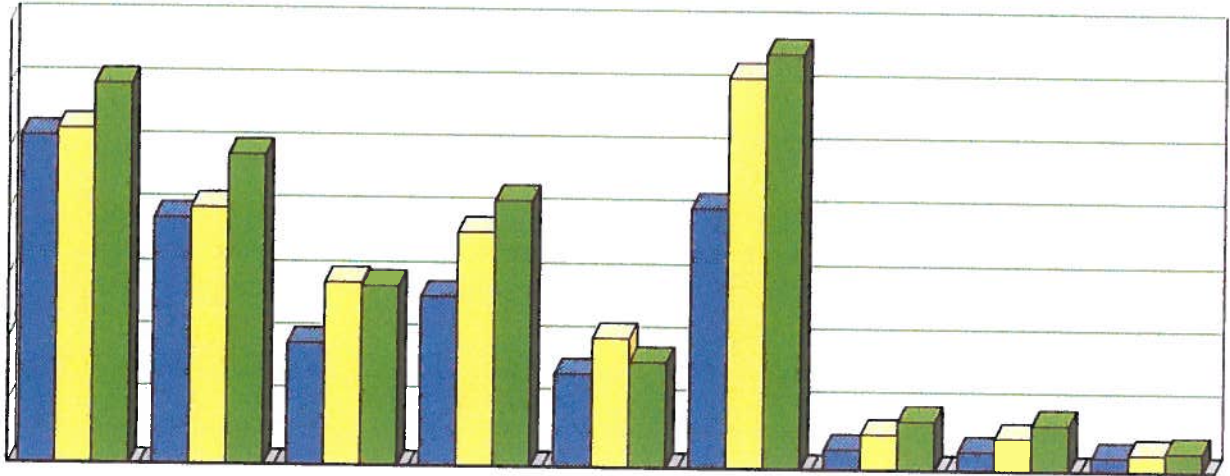


Chart Includes Ambulatory visits from clinics and CNWW Hastings Hospital

## TOP FIVE AMBULATORY CARE DIAGNOSIS FOR CNHSG, AUGUST 2012



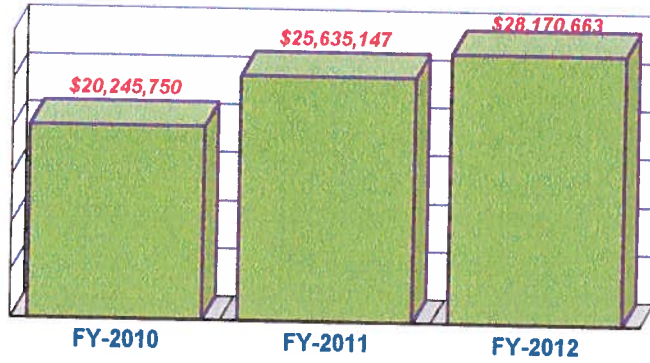
## Third Party Revenue By Clinic, AUGUST 2012 (YEAR TO-DATE)



	WPM	RBS	JAY	AMO	NOW	MUSK	BART	VINITA	GA-DU-GI
<b>FY2010</b>	\$5,190,672	\$3,903,715	\$1,952,196	\$2,702,560	\$1,498,555	\$4,114,643	\$331,841	\$319,205	\$232,363
<b>FY-2011</b>	\$5,310,812	\$4,065,204	\$2,909,200	\$3,719,987	\$2,056,007	\$6,195,655	\$574,334	\$524,950	\$278,996
<b>FY-2012</b>	\$6,034,490	\$4,922,168	\$2,866,907	\$4,222,885	\$1,682,261	\$6,582,412	\$795,074	\$739,718	\$324,748

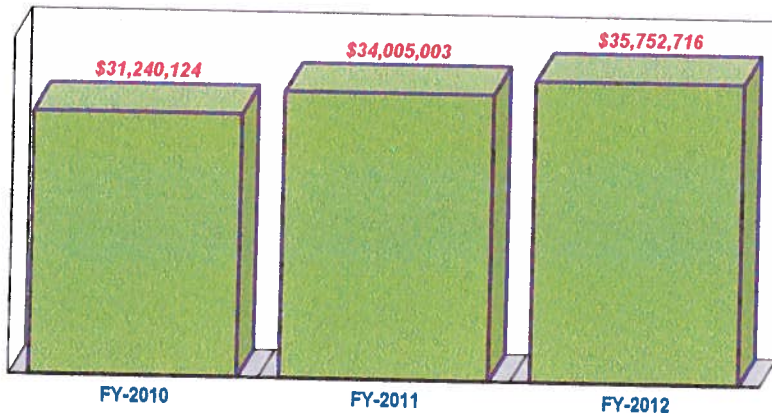


**TOTAL THIRD PARTY COLLECTIONS  
CN-CLINICS ONLY( YEAR TO DATE)**



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**TOTAL THIRD PARTY COLLECTIONS  
HASTINGS HOSPITAL ONLY( YEAR TO DATE)**



## Reports from Senior Program Directors:

### **Report from Lisa Pivec, Director of Community Health Promotion– August 2012**

Lisa Pivec, served as a tribal advisory committee member to the CDC at a meeting held in Connecticut. Cherokee Nation Community health Promotion program just received a “Community Transformation Grant- Small Communities (CTG)”(1.3 Million dollars for two year period). This program is administered and supported by the Centers for Disease Control and Prevention (CDC), approximately \$70 million was awarded to 40 communities to implement broad, sustainable, proven evidence-based strategies that will reduce health disparities and expand clinical and community preventive services that will benefit about 9.2 million Americans. The CTG program enables awardees to design and implement community-level programs that prevent chronic diseases such as cancer, diabetes, and heart disease. CTG concentrates on the causes of chronic disease, with awardees improving health and wellness with strategies that focus on areas such as: Clinical and community preventive services to prevent and control high blood pressure and High Cholesterol.

### **Report from Rhonda Cochran, Regional Clinic Director– August 2012 Report**

August 1 thru August 6 Rhonda Cochran escorted the new Outpatient Infection Preventionist, Jean Davis, RN, to all of the Cherokee Nation Health Centers. They met with Clinic Administrators, Public Health Nurses, Quality Improvement Nurses and Safety Officers at each site.

On August 6 the decision was made to temporarily close Redbird Smith Health Center (RSHC) for mold remediation. August 7 the leadership team at RSHC met with Rhonda Cochran and Quality Management Staff and came up with a plan to keep services up and running in the Annex building on the RSHC campus and later Connie Davis was able to secure the DaVita Dialysis Center from Tahlequah City Hospital to give us additional space. A meeting was held that day at 10 a.m. to outline what had happened, why it was happening and what the future plans were for RSHC with the staff.

August 8 Health Leadership met with Wallace Engineering and Selser Schaefer Architect, Building & Earth, and Bennett Surveying. A report was given on the condition of the subgrade systems of the Three Rivers Health Center.

August 14 Elton Sunday and Rhonda finalized art work plans for the Vinita Health Center. Plans for the Grand Opening for the new Vinita Health Center were developed by Elton, Dianna Turtle and Rhonda on August 16. The date is set for September 25 at 5 p.m.

August 20 Rhonda participated in the Leadership Boot Camp for the Improved Patient Care (IPC-4) collaboration with Indian Health Service (IHS) in Phoenix, Arizona. Leadership from the Bartlesville Clinic, Will Rogers Health Center, and TRHC joined her on August 21 and 22. This collaboration is comprised of 33 IHS/Tribal/Urban sites that have committed to 15 months to learning and implementing an organizational team approach to caring for American Indian and Alaska Native people in a primary care setting.

August 27 all of the Health Center administrators met with Rhonda to develop the Balanced Scorecards for FY-13. These will be finalized before October 1. August 30 Rhonda met with all of the new staff for the Vinita Health Center as part of a Team Building Day to prepare for the opening on September 4. August 31 Rhonda participated with other Health Services Leadership in the meeting with Dr. Yvette Roubideaux, Director of IHS and the Director of the Oklahoma City Area, Kevin Meeks.

- **Cherokee Health Professional Recruitment Initiative**– During Fiscal Year 2012 the recruitment office made contact with **168 health professionals** of those **103** were offered positions (**39 were Cherokee**) in our system, and **69** providers were successfully hired (**26 were Cherokee**). It is worth noting there were **13 declinations** from Native American physicians, and of those **11 declinations** were Cherokee. These physicians opted to accept employment with other health systems. Currently we employ **242 health professionals** and have a total of **17 vacancies** within Cherokee Nation Health Services (CNHS) a total of **259 positions**.

### **W.W. Hastings Hospital Activity –**

- ER Physician – Letter of Intent being prepared for Dr. Digiovanna’s acceptance
- OB/GYN – Tschantre’ Dorsett, MD started 8/20/12 – welcome reception being planned
- OB/GYN – Amanda Whytal, DO start date 10/1/12 – Contract on hold - pending Oklahoma Medical License
- Certified Nurse Midwife – interviews complete – Lucinda Sparks presented with Letter of Intent
- Family Medicine – Beth Harp, DO has signed letter of intent for 8/2013
- Family Medicine – John Miller, DO has signed letter of intent for 8/2013
- CRNA – Three Native American Anesthesiologist interested and one CRNA (Commissioned Corp)
- Pediatrician – Matthew Misner, DO started 9/10/12 – welcome reception being planned
- Pediatrician – Melinda Greer, MD start date 10/1/12 – Pending executed contract
- Urgent Care Nurse Practitioner – Derek Wills, PA start date 11/5/12 – pending completion of documents
- Urgent Care Nurse Practitioner – Christy Boswell, APRN start date 9/4/12
- Urgent Care Nurse Practitioner – Angeline Wickliffe, APRN start date 9/17/12
- Radiologist – Candidate (Surnedi) unable to relocate to OK area. Recruitment is ongoing.
  - Pending phone interview with John Morelli, MD
- Dentist – Oral Surgeon – Vacancy posted with Oklahoma Dental Association. Two candidates declined
- Pharmacist – Linzi Allen, PharmD start date 11/1/12
- Pharmacist – Jordan Folkerts, PharmD started 8/27/12
- Pharmacist – Scotty Black, PharmD start date 10/1/12
- PRN/Physician – Dustin Beck, DO completing paperwork – 3<sup>rd</sup> year resident at WWH
- PRN/Physician – Amanda Bighorse-Dominick, DO start date 8/27/12 – 3<sup>rd</sup> year resident at WWH
- Health Partners – Stanley Gahring, MD – Pending direction from Cherokee Health Partners
- Health Partners – Charles Lutton, MD – Pending direction from Cherokee Health Partners
- Health Partners – Fred Ruefer, MD – Pending approval of compensation and contract
- Psychiatrist – Harold Ginzburg, MD resigned 9/10/12

### **A-Mo Health Center Activity –**

- Physician – Referred Michael Sammer, MD pending September interview
- Physician – Rachel Ray, DO start date 9/17/12

### **Bartlesville Health Clinic Activity –**

- Advanced Practitioner – Sarah McAuliff, APRN started 8/6/12

### **Redbird – Smith Health Center Activity –**

- Physician – Vacated by transfer of Dr. Duke – Recruitment is on-going

### **Sam Hider Health Center Activity –**

- Clinic Medical Director – Rita Westenhaver, DO effective transfer 8/13/12
- Physician – Robert Warren, DO to transfer from Vinita effective 9/10/12
- Dentist – Recruitment on-going

### **Three Rivers Health Center Activity –**

- Advanced Practitioner – Tasha Sandersfield, APRN – Interview 9/11/12
- Podiatrist – David Garrett, DPM, started 8/27/12
- Physical Therapist – New position FY13



**Vinita Health Center Activity –**

- Physician – Recruitment ongoing – qualified internal provider denied transfer
- Physician – Recruitment ongoing – qualified internal provider denied transfer – one qualified Pediatric candidate interviewed and denied. Another Pediatric candidate pending interview
- Physician – Sha-Rhonda Morton, DO declined
- Physician- Robert Warren, DO transferred to Jay 9/10/12
- Dentist – Recruitment on going
- Pharmacist (Supervisor) – Shawn Sanders, PharmD started 9/4/12
- Pharmacist – New to FY13 Budget – two candidates pending interview
- Behavioral Health Nurse Practitioner – Kimberly Mulanax, APRN – pending completion of documents – tentative start date 10/5/12
- Physical Therapist – New to FY13 Budget

**Will Rogers Health Center Activity –**

- Family Medicine – Clint Beeson, MD, effective 11/5/12 – pending Oklahoma License and contract

**Wilma P. Mankiller Health Center Activity –**

This location currently has no vacancies.



100 South Bliss Avenue, Tahlequah, OK 74464  
918-458-3100

## Memorandum

To: Connie Davis

cc: Sohail Kahn

From: Brian Hail

Date: August 22, 2012

Subject: August 2012 Executive Summary for W.W. Hastings Hospital

During August 2012, Cherokee Nation W.W. Hastings Hospital (CNWWH) performed 400 surgical procedures and provided care for 3,524 emergency patients.

In order to address concerns from CNWWH Surgical Services staff, a meeting was held with senior leadership from Hastings and Health Services to provide staff members an opportunity to express concerns in an open environment. Based on the staff members' insight, a list of items to be addressed has been developed and is being worked on to improve the experience for patients and staff. These meetings between executive leadership and the Surgical Services staff members will continue on a monthly basis to assure any concerns are resolved.

Friday, August 10<sup>th</sup>, Cherokee Nation Health Services hosted a sendoff at CNWWH for Lori Enlow, APRN for our CNWWH Medicine Clinic. On August 18<sup>th</sup>, Lori completed "*The Race Across the Sky*" a 100 mile race with altitudes up to 12,000 feet in Leadville Colorado. There were over 800 who entered the race. Lori was one of only 361 that completed the race. We are very proud of the positive example she provides to other staff and, most of all, our patients.

On August 13, we held meeting with Cherokee Nation Businesses and their subsidiary, Mobility Plus, to discuss opportunities to maximize utilization of Mobility Plus by Hastings providers. We also discussed coordination with Contract Health Services to minimize financial impact on patients in need of durable medical equipment (DME).

A site visit was conducted at Hastings by the New Mexico Cancer Tumor Registry and National Cancer Institute staff; our Cherokee Nation Cancer Tumor Registry is funded by these two institutions and is one of the few registries operated by tribal health services.

The first issue of the newly revived Hastings Hotline was published on August 16, 2012 and will be published on a monthly basis in order to provide our staff with up-to-date information and a venue for departments to recognize staff for accomplishments.

Brandon Taylor, Director of Pharmacy Services at Hastings, reports that all vacant pharmacist positions have been filled and that as of October, Hastings will be functioning with its full complement of pharmacists. A great deal of our success in recruitment of pharmacists is due to the pharmacist residency program here at Hastings and the excellent relationship with Southwestern Oklahoma State University (SWOSU) and its pharmacy program.

An overview of Cherokee Nation Health Services and W.W. Hastings Hospital was provided to the Cherokee Nation Government Relations Retreat on August 29, 2012 at the Hard Rock Casino and Resort.

Along with the Attorney General for the Cherokee Nation and Dr. Roger Montgomery, on August 20, 2012, we hosted lobbyists from Cornerstone Government Affairs to provide insight for them on our needs and challenges so they can direct their focus in Washington, D.C.

The Performance Improvement Awards Ceremony was held August 17<sup>th</sup> in Health Administration. This consisted of 7 teams and 18 Health Services staff, who completed the accelerated Improvement Professionals training. Thirty formal improvement projects were generated from this training and since the Improvement Science Workshop; we have achieved an estimated return on investment of 2.5 million dollars. Numerous projects have been launched and completed by our graduates since workshop completion as we continue to find ways to improve.

Women's Clinic passed their MQSA inspection. It is an annual inspection of the quality control testes performed on the mammogram equipment. This ensures our patients get exceptional standards of care.

Bronze Oak, our general contractor, will start construction for the covered walkway along Bliss Avenue in front of the hospital on Monday, August 20<sup>th</sup>. Once this is complete, Orthopedic clinic and Optometry clinic will be moving into the new expansion.

If you have any questions or comments, I will be available for questions.

### **CN WW Hastings Hospital Dental Health Services Report– For the month of August 2012**

- 1113 New Patient Exams – These are exams for patients that are new to our system or have been previously treated and completed and are returning for a check-up.
- 1256 Emergent Care Patients Seem – These are patients seen for emergency care only.
- 487 Patient were completed – All treatment recommended by the dentist was completed.
- 83 Patients were referred for Dentures or Partials – (Fuel Tax Contact Services)
- 67 Patients were referred for Contracted services we could not provide. (Contract Health Funds)
- 348 Diabetic patients were identified and seen as a priority for Exams.
- 1063 Sealants were placed on children – This is part of our prevention services.

#### **Current Projects:**

- Training and Preparing to open Vinita Dental Clinic.
- Currently working to improve the Billing and A/R process to facilitate the recovery of Medicaid and 3rd party payer sources.
- With the addition of Dr. Woodard we now have at least one day a week coverage for Endodontics at all our Dental Clinics. We hope to be able to identify and employ other specialties as well.
- We are currently working to coordinate the Head start programs and Schools to get our Sealant program underway. We will be using portable equipment to go to schools in the Sallisaw area while Redbird Smith Clinic is closed.
- We are currently evaluating services provided at all our facilities so that we can develop a consistent scope of quality care we can offer to all our patients regardless of the community they live in. Though this we hope to not only identify where services are needed but also to extend the services provided.

We are continuing to move forward to make our Dental Program better and more efficient with direct patient care and achieve our goal of being "The patient's first choice not a last choice" for dental services.

Respectfully,

R. Stephen Jones D.D.S.

Senior Dental Director

Cherokee Nation Health Services

## Health Program reports–

- **Wilma P. Mankiller Health Center** –Immunizations rates for children 0-27moths is 88%. Ideal glycemic control is at 41% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 85 minutes. The customer satisfaction rate is 85%.
- **A-Mo - Salina Community Clinic** –Scholl sports physicals were done at the Kenwood School. Dr. Johnson has left the clinic to pursue another job, efforts are underway to fulfill his position very soon. Immunizations rates for children 0-27moths is 94%. Ideal glycemic control is at 46% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is only 55 minutes. The customer satisfaction rate is 95%.
- **Redbird Smith Health Center** – The main clinic facility remains closed due to mold. Plans are underway to provide remediation for this problem, the process will begin in September. Services are still being delivered in clinic Annex and temporary trailer. Jerry Caughman has started as the clinic administrator. Immunizations rates for children 0-27moths is 83%. Ideal glycemic control is at 40% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is not reported . The customer satisfaction rate is not reported.
- **Sam Hider Jay Clinic** –The clinic staff hosted prenatal classes, annual diabetes clinics, diabetic shoe clinic, CDIB registration, Mobile mammography. Immunizations rates for children 0-27moths is 100%. Ideal glycemic control is at 45% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 72 minutes. The customer satisfaction rate is 85%.
- **Three Rivers Health Center** – Dr. David Garrett has started as the new Podiatrist. A team from NCI made visit to the clinic and they were very impressed with the quality of care provided at the facility. Dr. Lee will as PRN only at the clinic. Immunization rate for children 0-27moths is 88%. Ideal glycemic control is at 50% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 66 minutes. The customer satisfaction rate is 83%.
- **Will Rogers Health Center** – Clinic Medical Director and two Nurse Case Managers attended the Mid America Diabetes Association training at Wichita State University. Clinic dietitian attended the Oklahoma Dietetic Association Spring Conference. The Public Health Educator presented a workshop to the Nowata Boys and Girls Club on Cherokee history and Culture. Immunizations rates for children 0-27moths is NA Ideal glycemic control is at NA. Cycle time tracking (toe in toe out, including the pharmacy) is NA. The customer satisfaction rate is NA.
- **Vinita Clinic** – Clinic Administrator attended meetings for the Construction project during the month. These meetings were regarding equipment, construction, and art for the new facility. Clinic Administrator continues to work on interviews and selections for the new facility, as well as ordering equipment and coordinating installation of the equipment. The Craig County Fair Run was held this month. Staff have reported that the number of participants this year was double that of last year's event. This was a partnership with the Craig County Community Partnership in Vinita. Immunizations rates for children 0-27moths is NA. Ideal glycemic control is at NA . Cycle time tracking (toe in toe out, excluding the pharmacy) is NA. The customer satisfaction rate is NA.
- **CN W.W. Hastings Hospital**– the Performance Improvement Awards Ceremony was held August 17<sup>th</sup>. This consisted of 7 teams and 18 individuals who completed the accelerated Improvement Professional training. The awards recognized those that have completed the intensive training and required performance improvement projects that have generated excellent returns on this investment of time and effort.
- Cherokee Nation W.W. Hastings (CNWWH) Security Officers will complete Basic Life Safety training on the 25<sup>th</sup> of September and 10<sup>th</sup> of October so they can provide immediate life-saving care such as cardiopulmonary resuscitation (CPR) to anyone experiencing a medical emergency on the Hastings medical campus.
- CNWWH had nine new employees complete new employee orientation in August. The CNWWH Radiology Department and Women's Clinic passed their MQSA inspection. It is an annual inspection of the quality control tests on the mammogram equipment. This accreditation helps assure our patients receive care that meets the highest nationally recognized standards.  
Bronze Oak, the general contractor for several ongoing projects at Hastings, has started construction of the covered walkway along the front of the hospital. Completion of this covered walkway will allow patients to walk between the newly opened clinic expansions (e.g. Orthopedics, Optometry, and Podiatry) and the main hospital building without being exposed to rain and snow.
- **Diabetes program**– We were notified by the American Diabetes Association on August 23<sup>rd</sup> that the Cherokee Nation Diabetes Program is the 2012 John Pipe Voices for Change Outcomes awardee. The John Pipe Voices for Change Award recognizes Special Diabetes Program for Indians (SDPI) programs that have excelled in the following categories: Advocacy, Outcomes, and Innovation. The awards are named in memory of long-time

diabetes supporter John Pipe of Wolf Point, Montana, who was a dedicated diabetes advocate and served as a member of the Association's Native American Initiatives Subcommittee. The Special Diabetes Program for Indians (SDPI) is a \$150 million per year grant program that is funded through Congressional legislation and administered by the Indian Health Service. In the Balanced Budget Act of 1997, Congress passed legislation to create the SDPI to treat and prevent diabetes in American Indians and Alaska Natives. SDPI provides this funding to 404 IHS, Tribal, and Urban Indian health programs, including the Cherokee Nation's Diabetes Program and Diabetes Prevention Program.

We received this specific award for demonstrating outcomes—significant improvement on clinical measures of patient care for diabetes patients throughout the Cherokee Nation health system, and for demonstrating measurable success in healthy lifestyle change and weight loss in people with pre-diabetes who participate in the Cherokee Nation Diabetes Prevention Program.

98 patients attended the Diabetes Self-Management Education classes in August. Staff as a group completed the Assessment of Chronic Illness Care (ACIC), a twice-yearly required measure for the SDPI Diabetes Grant, at five Cherokee Nation Health facilities in August: Muskogee on August 1<sup>st</sup>; Jay, Aug 14<sup>th</sup>; Vinita and Salina, Aug 17<sup>th</sup>; and Stilwell, Aug. 24<sup>th</sup>.

- **IPC (Improving Patient Care Project)**– The first Learning Session for Improving Patient Care 4(IPC 4) was held August 20-22nd in Phoenix. Improvement Team staff, including clinic administrators and clinical staff, attended from our three IPC 4 sites: Three Rivers Health Center, Will Rogers Health Center, and Bartlesville Health Center. Rhonda Cochran represented senior leadership. Teresa Chaudoin, Diabetes Program Director, attended as Faculty. All three teams prepared storyboards for display to showcase their facilities and their teams' pre-work assessments and activities.
- Teams completed pre-work assignments and team assignments from the Learning Session and posted to the IPC server by the end of August.
- **Diabetes Prevention Program (DPP)** – Started Group 22 in Sallisaw with 8 patients on August 28, 2012. Completed annual, follow-up and midyear lab assessments in Stilwell, Muskogee, Tahlequah, Sallisaw, and Salina with 95 patients. Completed the 10K a day weighins with 35 challenge participants. Cherokee Nation Diabetes Program and Diabetes Prevention Program were awarded the ADA Awakening the Spirit award for program outcomes and invited to attend NIH to receive award on September 26, 2012. Coordinator collaborated with CN Rec Center to incorporate a Zumba class program. Coordinator was selected and was to receive a sponsorship to attend the NPHIC Annual Symposium for the work in the DPP.
- **Cancer Program** – The program served 254 women served( Clinical Breast Exam, Mammograms, Ultrasound, PAP smear, HPV testing, Colposcopy) during the month of August at a cost of \$28,795. During the month of July 103 Clinical Breast Exams, 94 Mammograms and 52 Pap Smears were performed. **Comprehensive Cancer Program(CCC program)** Educational presentations were given on Skin Cancer Awareness to diverse groups in the TJSA. Meetings with COTTA, NACDD, Cherokee County BEST, Circle of Hope Survivor meetings, Healthy Community Action Institute, New Mexico Tumor Registry Staff during the month of August. **Cancer Registry Report**– We now have 5,872 Cancer cases in our registry. Lung and Bronchus, Breast, Prostate, Kidney, Urinary Bladder and multiple sites make up the top five cancer sites. A new five year contract is being worked out with National Cancer Institute and the University of New Mexico.
- **WIC program**– served 7,426 clients and spent \$512,632 on these services. The program also promotes Breastfeeding and has served 183 clients during May.
- **CN Emergency Medical Service**– handled 414 calls, of those 160 required emergency transport, 119 were transferred. In addition program provided EMS training to 703 participants of those 378 were Native Americans.
- **Jack Brown Center**–The JBC currently has 16 residential clients and an additional 13 clients on the waiting list. Staff offered educational sessions though out tribal jurisdiction.
- **Pharmacy Services**– the program filled 145,777 prescriptions (an increase of 41% from last year) @ the cost of \$1,369,509.

#### **Pharmacy Program Updates through date of 09/17/2012 concerning Audiocare and recent issues:**

- Chart numbers are now required to use Audiocare doing away with need for SS number. Birthdate is needed for validation due to numerous duplicate chart numbers. A prompt to enter the pound sign was missing but has now been added.
- We will be adding the option allowing patients to speak to a pharmacy staff member during hours of operation while using Audiocare. As of 09/15/2012 this has been added to the system and all sites will offer an option to speak to a pharmacist.

- We will request individualized messages for each site; if accomplished this will allow relevant information to be communicated for each individual site....improving communication to our patients. Still under review by AC for possibilities
  - We are looking into the possibility of a Cherokee Language option and ordering via the Internet or e-mail. Likely not feasible.
  - The current variance in phone systems will not allow for a unified call in number outside of the Audiocare toll free line for sites such as Sallisaw, Stilwell, and Jay. These sites have not been converted to the Cisco phone system.
  - CNWWH – satellite outpatient pharmacy is still in the build out phase along with the new ER and urgent care areas. It is anticipated
  - 10. 90 day solutions: There have been several meetings for developing a plan and proposal to resolve this issue. The last being July 25<sup>th</sup>, a proposal has been submitted to the group and is being modified and reviewed by the committee for consideration by legislative and administrative officials. No change or updates to the communication of this policy.
  - Eligible beneficiary employee clinic patients may now get medications CN carries in formulary from their local CN health site pharmacy.
- 
- **Healthy Nation Program**– 42 Schools that have been awarded a School Health Leadership Grant participated in FITNESSGRAM Training and received software to implement at their school sites- The FITNESSGRAM assessment and report are intended to provide teachers (and parents) with accurate information about children's physical fitness. Essentially the goal of the FITNESSGRAM program is to promote regular, enjoyable, physical activity for students so that they can reach and maintain a level of physical fitness that will contribute to good health and well-being. FITNESSGRAM helps teachers to determine student needs and guide students in planning personalized physical activity programs. FITNESSGRAM also helps parents/guardians understand their child's needs so they can help the child develop and stick to a plan of regular physical activity--one that's focused on enjoyable activities the child can do throughout his or her life.
  - Began heavily promoting our Facebook page and developed our new ads for this fall on heart disease,
  - Started Wellness clubs for teachers at Stilwell Schools. Wilma P Mankiller Clinic also started a walking club for employees.
  - Due to the new complete street resolution the City of Collinsville was able negotiate an in-kind addition of crosswalks, crossing lights, and warning signs to a newly refurbished highway/city street intersection.
  - Laura Sawney-Spencer a Public Health professional from CN attended the "Sixth Annual Muscogee Creek Nation Citizens' Diabetes Awareness Summit" and presented a presentation on the importance of Public Health in Tribes as a means to reduce our health disparities and improve the health, well-being and happiness of our people. The presentation also informed Tribal communities about Public Health accreditation and how this process will improve and expand Tribal Public Health systems to allow Tribes to provide higher quality of health/public health services for our people which again, will ultimately benefit the health and lives of our people.
  - **The Recreation center** located in Tahlequah now has **8,796 members**, total numbers of visits: **10,818**.
  - **Public Health Accreditation** – completing Tribal Public Health Assessment, Tribal Public Health Improvement Plan, and Strategic Plan.
  - **Dietary Services**- Reports that they **served 711 clients** during the month of August. The worksite activities included weight management classes, Lipid control classes, food exhibits and cooking demonstrations, creating diet menus for patients, nutritional therapy coverage, Cherokee youth shelter menu review and advice, SHS menu review and advice.
  - **Cherokee Elder Care (CEC)** – Today Cherokee Elder Care participant census was 103 for the month of August with 6 new enrollees scheduled to begin in September. On average we continue with daily participant attendance of 50. We have 45 FTE and 8 PTE's. We are pleased to celebrate our fourth year of operations. This year's celebration included an Open House breakfast which was a great success.
  - **Staffing Summary**– Health services currently has 1,933 employees, of these 295 were Providers(132 PRN's). 7 provider vacancies were filled, there are 22 current provider vacancies.
  - **Biomedical Engineering**–Complied CAF Packets for FY 13 service agreements. Began data entry inventory for Vinita Health Center. Provided support for Redbird Smith mold remediation project. Completed installation and survey of new Gendex Expert DC intraoral X-ray units
  - At the new Vinita Health Center.



- **Health Facilities**– Salina automatic door operators completed, also completed the sidewalk repair. First half of 40’ 60’ slab for metal storage building poured at Three Rivers. Remodel stairwells at Three River has begun. Assisted with relocation of Redbird Smith Health Center. Completed a large number of storage shelves for temporary storage containers. Constructed ADA ramp and built interior walls in temporary laboratory trailer. Performed numerous electrical connections to the temporary facilities. Frame of storage building at Salina collapsed, it will be restarted in late September.
- **Health Property**– Moved surplus equipment to CNE warehouse from Jack Brown Center, Male Seminary Campus, Mankiller, Redbird Smith, and Sam Hider health centers. Assisted with the relocation of staff and equipment at the Redbird Smith Health Center. Transported portable x-ray unit from Hastings to Redbird Smith Health Center. Picked up 3 exam tables for upholstery work
- Moved X-ray films from Redbird Smith Health Center to Mankiller Health Center and Three River Health Center for safekeeping. Moved Ultrasound Machine from Redbird Smith Health Center to Three Rivers Health Center. Transported broken equipment to the landfill

- **Contract Health Services**– the CHS program processed 5,632 referrals, of those 5,435(96.5%) were approved at the cost of \$3,108,969.
- **CHS Special funding initiative update**– The program was established as a result of passage of “Cherokee Nation Corporation Health Dividend Act of 2011 (Cherokee Code Annotated: Title 18, Article 3 § 18) which was amended in November 2011 to increase the amount of the monthly dividend from CNB profits from 30% annually to 35%. The additional 5% of the corporate dividend will be used exclusively to provide services to Cherokee Nation citizens living within the jurisdictional boundaries of the Cherokee Nation. The services covered include, but are not limited to, eyeglasses, dentures, prosthesis, cancer treatments and hearing aids. At present, the process of handling these claims are as follows:
  - Most of these referrals are termed “Call In’s”. These are emergent referrals where patient access health care services via an ambulance or an emergency room, bypassing the typical Indian Health Services route. Once we receive the request one of three outcomes are possible the referral can be **approved**, **deferred** pending further medical information or **denied**.
  - Referrals are deferred pending further medical information for a few reasons. For example, the medical information on these referrals is minimal due to the emergent nature of the situation.

CIH Review Summary - August 2012						
Eligible	Approved		Pended		Denied	
	#	\$	#	\$	#	\$
171	119	118,250	47	14,256	5	2,155

# Five % CNHS FUNDS DISTRIBUTION BY COMMUNITIES\_AUGUST 2012

