

Committee: Health
Date: 6-29-09 Committee Date: 7-14-09

Author: Melissa Gower
Sponsor: Bradley Cobb & Janelle Fullbright

RESOLUTION NO. 91-09

COUNCIL OF THE CHEROKEE NATION

A RESOLUTION AUTHORIZING THE SUBMISSION OF AN INDIAN HEALTH SERVICE TRIBAL MANAGEMENT GRANT APPLICATION

WHEREAS, the Cherokee Nation since time immemorial has exercised the sovereign rights of self-government in behalf of the Cherokee people;

WHEREAS, the Cherokee Nation is a federally recognized Indian Nation with a historic and continual government to government relationship with the United States of America;

WHEREAS, the Health Services Group has completed an operational assessment of Medical Records Departments at its health facilities and has identified opportunities for improving efficiency and reducing ongoing costs;

WHEREAS, the Health Services Group is in need of funding for modernization of the patient records system to automate the release of patient records;

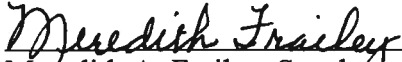
WHEREAS, the Indian Health Service has published a notice of availability of funding.

BE IT RESOLVED BY THE CHEROKEE NATION, that the Cherokee Nation Tribal Council hereby authorizes a proposal be prepared and submitted to the Indian Health Service for modernization of patient health records systems;


BE IT FURTHER RESOLVED BY THE CHEROKEE NATION, that the Principal Chief (or his designee) shall be authorized to conduct negotiations and execute all official documents in this regard.

CERTIFICATION

The foregoing resolution was adopted by the Council of the Cherokee Nation at a duly called meeting on the 10th day of August, 2009, having 17 members present, constituting a quorum, by the vote of 17 yea; 0 nay; 0 abstaining.


Meredith A. Frailey, Speaker
Council of the Cherokee Nation

ATTEST:

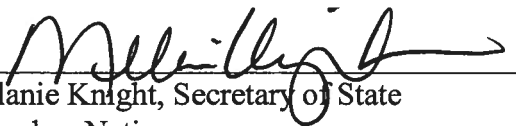

Don Garvin, Secretary
Council of the Cherokee Nation

Approved and signed by the Principal Chief this 10th day of August, 2009.

A large, stylized handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Chadwick Smith, Principal Chief
Cherokee Nation

ATTEST:

A handwritten signature in black ink, appearing to read 'Melanie Knight', written over a horizontal line.

Melanie Knight, Secretary of State
Cherokee Nation

06-29-09P04:43 RCVD

ADMINISTRATIVE CLEARANCE:

Program/Project Manager:
 Signature: Melissa Gower Date: _____

Department Director:
 Signature: Melissa Gower Date: _____

Group leader:
 Signature: Melissa Gower Date: _____

Finance Approval (if needed):
 Signature: _____ Date: _____

Government Resources Group:
 Signature: Lita Mays Date: 6/29/09

Administration Approval:
 Signature: Melissa Gower Date: 6/29/09

LEGISLATIVE CLEARANCE

Legislative Aide:
 Signature/Initial: Brittain Date: 6/29/09

Standing Committee:
Health

7-14-09
 Next Meeting Date

Chairperson:
 Signature/Initial: Cobb Date: _____

Returned to Presenter: _____
 Date

**Cherokee Nation
 Act/Resolution Proposal Form**

Act

Resolution

TITLE: A resolution authorizing the submission of an Indian Health Service Tribal Management Grant application.

Department Contact: Marge Burton

Resolution Presenter: Melissa Gower

Council Sponsor: Bradley Cobb

NARRATIVE:

(See Attached Outline for Information Needed)

The Nation will develop a centralized, automated system for processing disclosure of patient health records. Records will be collected from the Resource Patient Management System (RPMS) Electronic Health Record (EHR), scanned documents in the archived records, and paper documents in the traditional patient chart. These documents will be combined and distributed on CD/DVD instead of being copied and mailed.

The new system will improve patient care by making patient information digitally available to multiple providers the same day as requested instead of the usual 5 days required under the manual mail system. The new system will reduce staff time to fulfill multiple requests for the same records by 30% and reduce copying and mailing costs by 50%. The savings will be reprogrammed to expand direct patient care.

Funding of \$150,000 is being requested for Year 1 for start-up costs. Funding for \$75,000 is being requested for Year 2 to implement the project at the hospital and one clinic. Funding of \$75,000 is requested for Year 3 to implement the project at the remaining 8 clinics.

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Abstract

Who: The Cherokee Nation (Nation) is a federally recognized (Title V) Indian tribe with a registered population of 282,549 Tribal Citizens. It is one of the largest tribes in the country, and the largest tribe in the State of Oklahoma.

What: The Health Information Efficiency project decreases the time between when a provider requests records and when they are available to the provider. This allows the patient to receive needed care quicker. The project reduces the staff time required for records disclosure and reduces copying and postage costs. The savings are reprogrammed to expand direct patient care.

When: Beginning 1/1/2010, with project design and equipment purchases completed by 12/31/10, implementation at W. W. Hastings Hospital by 12/31/2011 and full implementation the outpatient clinics by 12/31/2012.

Where: The Project serves Nation's Tribal Jurisdictional Service Area (TJSA) encompasses fourteen (14) rural counties in the State of Oklahoma.

How: The Nation will develop a centralized, automated system for processing disclosure of patient health records. Records will be collected from the Resource Patient Management System (RPMS) Electronic Health Record (EHR), scanned documents in the archived records, and paper documents in the traditional patient chart. These documents will be combined and distributed on CD/DVD instead of being copied and mailed.

The new system will improve patient care by making patient information digitally available to multiple providers the same day as requested instead of the usual 5 days required under the manual mail system. The new system will reduce staff time to fulfill multiple requests for the same records by 30% and reduce copying and mailing costs by 50%. The savings will be reprogrammed to expand direct patient care.

Cost: Funding of \$150,000 is being requested for Year 1 for start-up costs. Funding of \$75,000 is being requested for Year 2 to implement the project at the hospital and one clinic. Funding of \$75,000 is requested for Year 3 to implement the project at the remaining 8 clinics.