



Cherokee Nation Tribal Council Health Committee Report

Claremore Indian Hospital

Month/Year of the report: December 2015

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Accomplishments:

- **Staffing:** Still recruiting physicians for Internal Medicine/Hospitalist and Surgery. Recruiting Chiefs of Service for, Internal Medicine/Hospitalists, Family Practice, Surgery and Pediatrics.
- **Visits:** Outpatient visits for December up 48.6% over the same period the previous year.
- **Revenues:** Revenues for FY2016 increased 18.58% over the same period the previous year.

Future Plans / New Initiatives:

- New Services:
 - MRI: Final testing in progress for repairs on MRI room. Retrofitting door to MRI room to repair RF leaking. MRI should be back up by end of February.
 - Orthopedic patients still being sent to Dr. in OKC. Still working on Request for Bid for same service in Tulsa/Claremore area.

Workload:

Actual numbers/month

Outpatient visits up	48.6%	21,915
Dental visits up	13.5%	744
Admissions down	22.4%	111
Newborns down	57.1%	21
New charts		346
Reactivated Charts		270

These statistics are compared to FY2015 statistics for the same time period. (December)
Occupancy rate for December 2015: 19%

Third Party Collections:

December collections

Medicare:	\$ 297,242.64
Medicaid:	447,822.59
Private Insurance:	956,344.79
V.A.	<u>22,982.25</u>

\$ 1,724,392.27

Year-to-date collections for FY 2016: \$ 5,610,399.20

Amount billed for December 2015: \$ 2.86 million

Collections are up compared to FY2015 collections for same time period. \$ 879,386.69

Percentage of account receivables pending for claims > 120+ days: 4%

CHS Activities:

December cases

Funded:	214 cases:	\$ 908,115.00
Denials:	201 cases:	\$ 209,154.00
Deferred:	396 cases:	\$ 627,960.00
CIH clinics:	43 cases	

Files to Committee 854

Cherokee Nation Tribal Council Health Committee report

Report By

Connie Davis, MSN, RN

Executive Director Health Services

January, 2016

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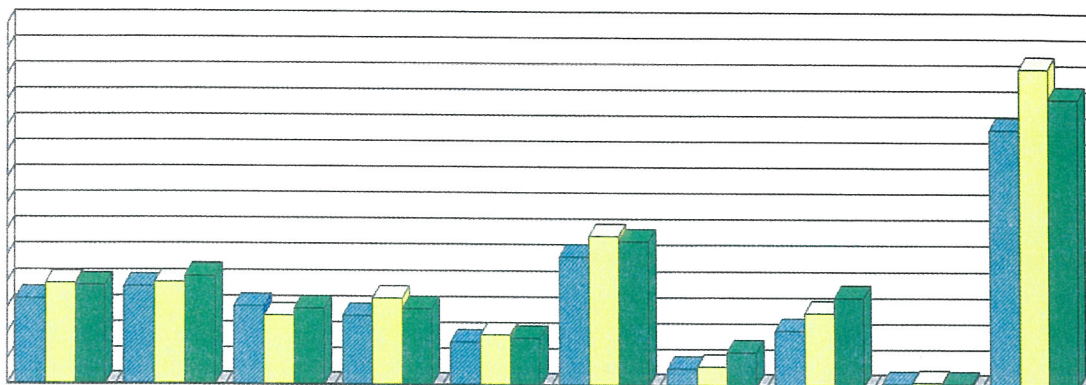
Summary Highlights for the month of December

- Cherokee Nation Health Services received official notification that we have achieved **ISO certification**, after seven (7) long years of hard work. This Accreditation is based on two sets of standards: NIAHO (CMS Conditions of Participation) and ISO 9001:2008 (Quality Management System). Although the CMS Conditions of Participation has been around for many years, ISO was a new concept for Health care. This accreditation is a remarkable achievement, and a sure sign that our health care system has demonstrated a spirit of excellence in providing health care to our patients.
- **Ambulatory Clinics Report**– **Cooweescoowee Health Center (CHC)** 118 new/re-activated charts, 22% increase in the # of new patients seen by/established with a Primary Care Provider, 51% increase in the # of same day appointments for Primary Care, 16% increase in patient satisfaction – 93%. **Redbird Smith Health Center (RSHC)**: Gym opened to public Monday thru Thursday 1 pm to 6:30 pm and Friday 1 pm to 5:30 pm; 59 new members. **Sam Hider Health Center (SHHC)**: Maryetta School – BMIs – 650 students; Zion School – BMIs – 420 students; Flu Clinics at Kansas WIC, Cleora School, District 9 Community Meeting in Kansas. **Tammy Stover** received the National JOM Program 3B Award for the Jay area. She will receive her award in Washington DC in February. **Cynthia Buzzard** received her 5 Year Crystal Award from the Boys & Girls Club for her service as a Board Member.
- **CN-WW Hastings Hospital**-The Emergency Department and Urgent Care provided care to **6,090** patients during December. **Patient Transport**-140 patients were transported during December, traveling 6,793 miles.
- In collaboration with the **Saint Francis Trauma Institute**, Cherokee Nation Health Services hosted the **Rural Trauma Development Course** on December 15, 2015. This course focused on improving trauma care in the rural hospital setting via case reviews conducted by Dr. David Duvall, MD. In addition to the didactic sessions participants engaged in hands-on, skill-based scenarios to improve the care they are able to provide.
- **Dental Services**: Clinical visits include Exams, Emergency Exams, Return Visits for Treatment, Diabetic Screenings, and Headstart Screenings- **5,948**. **Community Dentistry**-192 Screenings, 477 Fluoride applications and 30 sealants placed during this month. **Emergency Exams**- These are unscheduled walk in patients **1,035**. **Scheduled Dental Examinations** for routine care- **1160**.
- **Public Health Nursing**– provided 509 home visits, 55 post-partum checkups. In addition 321 patients were transported.
- **Vaccinations**–670 Influenza Vaccinations administered at Council Members' community meetings.
- **JBC** served 22 clients, of those 15 were males and 7 were females.
- **Dietary Services**–501 clients were provided dietary counseling services.
- **CN Emergency Medical Service**– served 415 clients. 463 participants received training, of those 205(44%) were Native Americans.

- **Staffing Report**– Total positions: 2,430 of these 2146(88%) are filled, 284(12%) are vacant. Four provider vacancies were filled.
- **Health facilities**- Completed 92% of the open orders, 85 preventive maintenance work orders and coordinated restoration of flooded gym at Markoma; flooding was due to torrential rains.
- **Diabetes Program**–Diabetes Self-Management Education classes were attended by 95 client during December. CN Diabetes program is working with Dr. Mark Horton, Director of the Joslin Vision Network (JVN) Program to obtain state of the art retinal cameras. With this new technology it is possible to identify patients at risk for retinopathy much earlier than with previous technology or with an eye exam. Dr. Horton plans to purchase 10 cameras and has offered to provide Cherokee Nation with 4 of them.
- **Diabetes Prevention Program**–Cherokee Nation DPP is the top program in the Nation according to a national pane. To-date the program has served 831 clients, of those 267 are currently active.
- **Healthy Living Program**- The program works directly with Cherokee communities, youths, and schools within CN Jurisdiction to support healthy lifestyles and sponsors risk prevention. The program offered Smoking Cessation classes at various locations. Staff contacted Fairfield, Greasy, Peavine and CC Camp about helping our elders. Dahlongnegah started a running/walking club and will sign up their students and parents for Wings. Staff conducted training for the Cherokee Nation Early Childhood Unit Family Advocates at Sequoyah Pre-K. The training provided several ways to promote healthy eating habits for young children. The Family Advocates were able to prepare simple fun snacks that could be done at home. Community Recreation Center-Total Members: 10,871; Total Visits: 6,695;Total Group Fitness: 1,623
- **Contract Health Services**– During the month of December 2015, CHS program processed 7,550, of those 7,417 (98.23%) were approved at the cost of \$ 3,568,195.
- **Behavioral Health Services**— A range of behavioral health Services were provided across. 1721 clients were served, the services provided ranged from psychiatric services to rigorous psychological assessments to parent-child interaction therapy and included individual, group, and marriage and family therapy.
- **Breast and Cervical cancer early detection Program** – The program served 163 Indian/Cherokee women (Clinical Breast Exam, Mammograms, Ultrasound, Pap smear, HPV testing, Colposcopy with or without biopsy, and Colposcopy w/ ECC and ECC) at the cost of \$19,451.47

Charts

AMBULATORY CARE PATIENT VISITS BY CLINIC, DECEMBER 2014-2016



	WPM	RBS	AMO	JAY	NOW	MUSK	BART	VINITA	GADUGI	HASTINGS
■ FY2014	8,366	9,538	7,654	6,721	4,229	12,519	1,768	5,429	311	24,945
■ FY2015	9,859	9,996	6,740	8,480	5,007	14,482	2,005	7,160	422	30,815
■ FY2016	9,666	10,598	7,431	7,446	4,623	13,973	3,353	8,692	373	27,936

■ This report is based on ambulatory care visits provided by one or more of the following disciplines,
 ■ Physician, Physician's assistant, Nurse practitioner, Dentist, Pharmacist, Optometrist, Behavioral health clinicians and Nursing.

TOTAL AMBULATORY PATIENTS VISITS -DECEMBER 2015

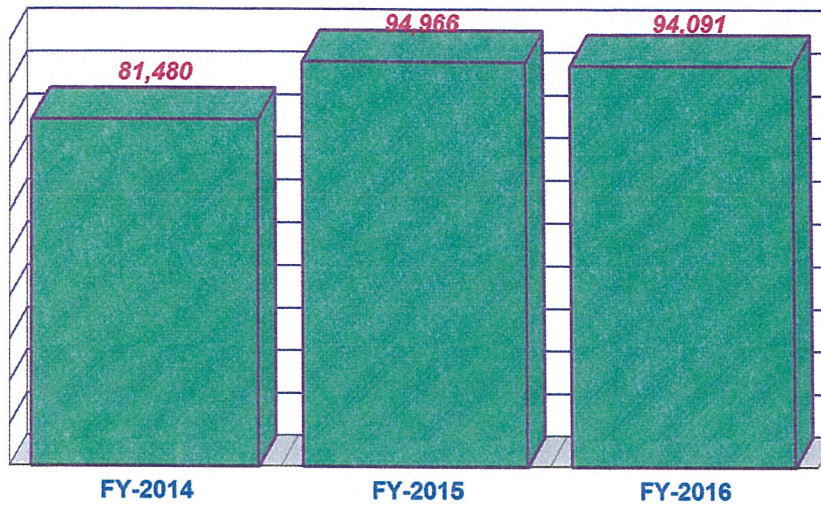
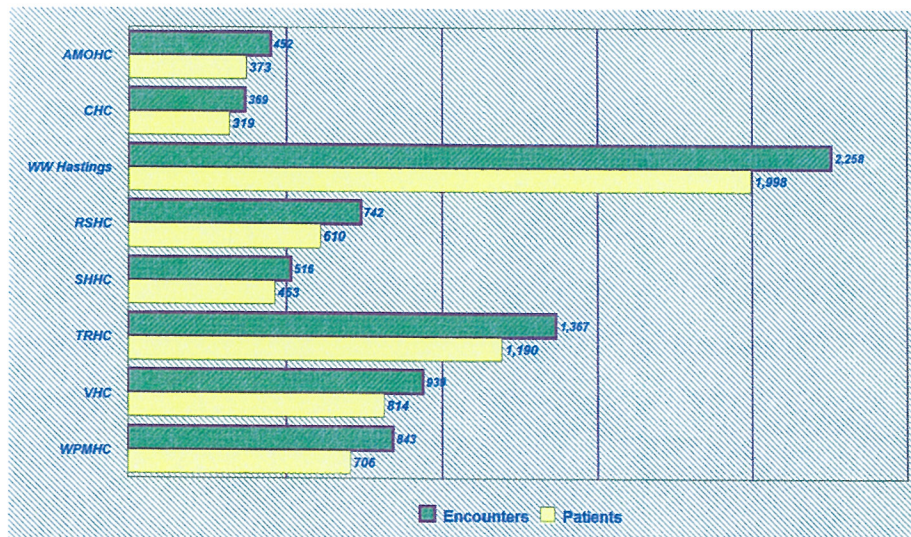
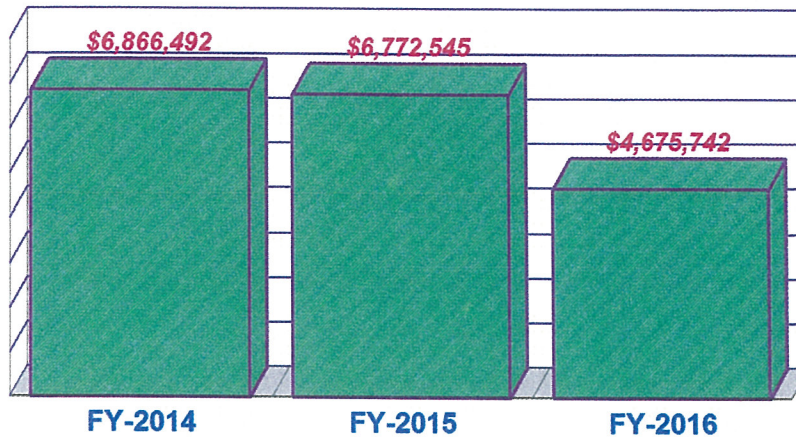


Chart includes Ambulatory visits from clinics and CNWW Hastings Hospital

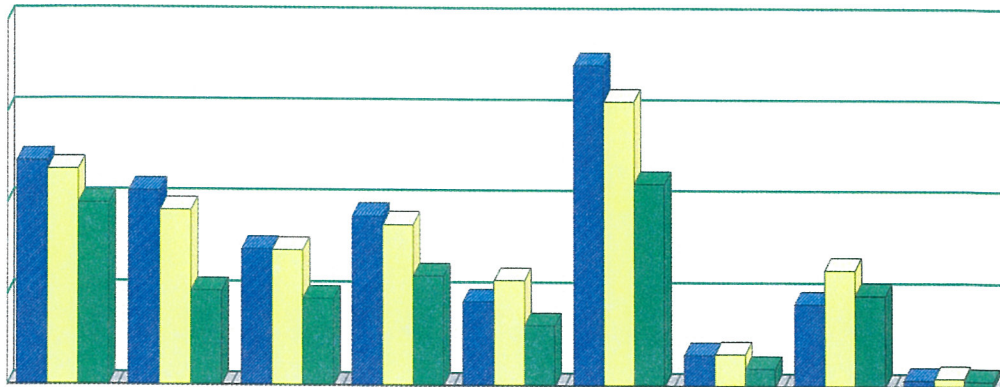
DENTAL SERVICES DECEMBER 2015



TOTAL THIRD PARTY COLLECTIONS CN-CLINICS ONLY(NOVEMBER)

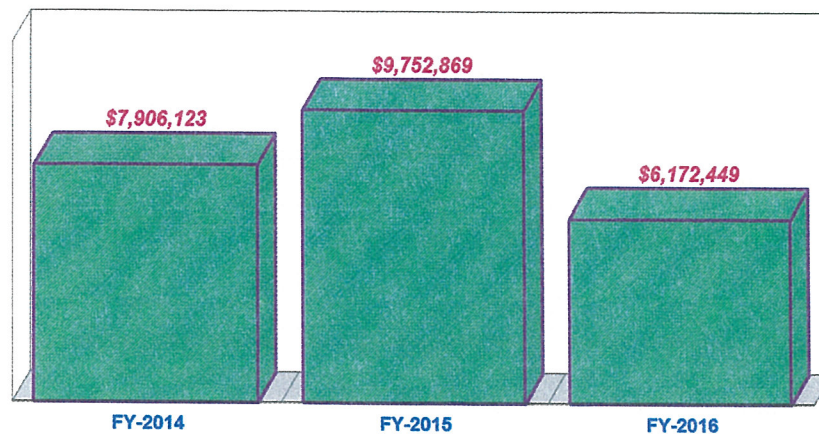


Third Party Revenue By Clinic, November FY2014-2016

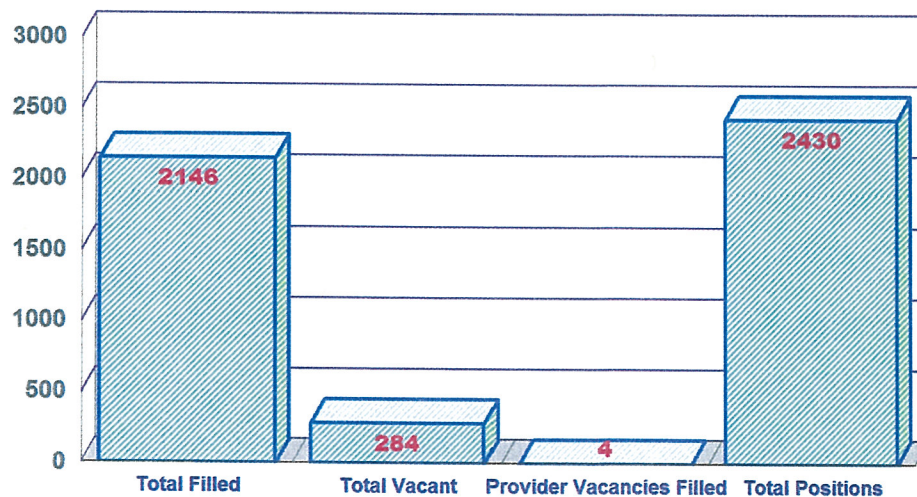


	Stillwell	Sallisaw	Jay	Salina	Nowata	Muskogee	Ochelata	Vinita	Ga Du Gi
FY14- Nov	\$1,228,308	\$1,063,185	\$749,584	\$929,535	\$464,048	\$1,761,372	\$175,441	\$453,945	\$41,074
FY15 - Nov	\$1,180,616	\$956,084	\$745,560	\$883,166	\$578,524	\$1,558,728	\$177,591	\$642,963	\$49,313
FY16 - Nov	\$997,320	\$518,825	\$477,635	\$603,061	\$332,320	\$1,108,111	\$100,634	\$502,978	\$34,858

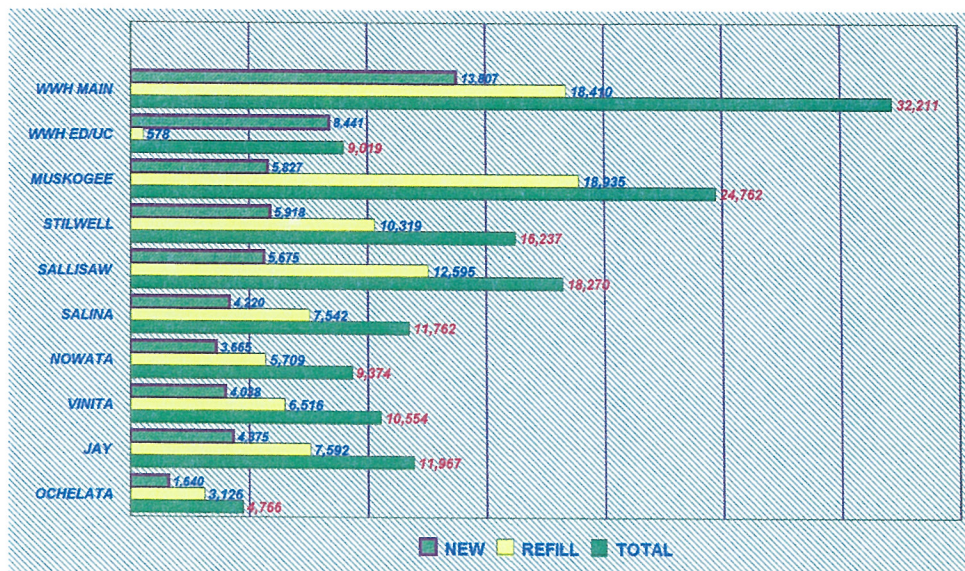
TOTAL THIRD PARTY COLLECTIONS HASTINGS HOSPITAL ONLY(YEAR TO DATE)



Staffing Summary-December 2015



RX BY SITE DECEMBER 2015



Top Diagnoses by Clinical Site

Sam Hider HC	#	A- MO HC	#
Essential (primary) hypertension	369	Essential (primary) hypertension	339
Type 2 diabetes mellitus without complications	209	Type 2 diabetes mellitus without complications	338
Other Non-specified diabetes mellitus without complications	133	Encounter for Immunization	245
Encounter for immunization	120	Encounter for Screening, unspecified	231
Type 2 diabetes mellitus with hyperglycemia	79	Administrative Examinations, unspecified	164
Ochelata HC	#	Redbird HC	#
Essential (primary) hypertension	210	Essential (primary) hypertension	382
Encounter for immunization	100	Encounter for immunization	268
Type 2 diabetes mellitus without complications	81	Type 2 diabetes mellitus without complications	231
Hyperlipidemia, unspecified	70		
Gastro-esophageal reflux disease without esophagitis	58	Gastro-esophageal reflux disease without esophagitis	107
-	-	Hyperlipidemia, unspecified	94
Ga Du Gi HC	#	Wilma P Mankiller HC	#
Acute sinusitis	97	Essential (primary) hypertension	358
Encounter for immunization	22	Encounter for immunization	263
Allergic rhinitis, unspecified	17	Type 2 diabetes mellitus without complications	224
Acute upper respiratory infection, unspecified	16	Type 2 diabetes mellitus with hyperglycemia	158
Urinary tract infection, site not specified	16	Other Non-specified diabetes mellitus without complications	136
Three Rivers HC	#	Vinita HC	#
Encounter for immunization	351	Type 2 diabetes mellitus without complications	201
Encounter for routine child health examination	198	Essential (primary) hypertension	191
Essential (primary) hypertension	187	Encounter for immunization	175
Type 2 diabetes mellitus without complications	154	Presbyopia	101
Other non-specified diabetes mellitus without complications	149	Hyperlipidemia, unspecified	96
Will Rogers HC	#	WW Hastings HC	#
Essential (primary) hypertension	282	Essential (primary) hypertension	1000
Hyperlipidemia, unspecified	157	Encounter for immunization	670
Encounter for immunization	106	Pregnant state, incidental	512
		Hyperlipidemia, unspecified	473

Type 2 diabetes mellitus without complications	102		
Other Non-specified diabetes mellitus without complications	86		

Health Professional Recruitment Activity- December/January 2016

W.W. Hastings Hospital & Behavioral Health					
Department	Status/Specialty	Vacated by	Recruitment Activity	Start Date	Ethnicity
OB/GYN	R/FT CNM	Rebecca Stephenson	Candidate Selected		
Urgent Care	R/FT Physician	New	Recruiting		
Urgent Care	R/FT Midlevel	Sarah McAuliff	Selection made. Pending documents.		
Urgent Care	PRN Physician	Matt Wiley	Candidate Selected		
Urgent Care	PRN Physician	Lana Myers	Recruiting		
Urgent Care	PRN Midlevel	Ashley Couch	Candidate Selected		Caucasian
ER	R/FT Physician	New	Recruiting		
ER	R/FT Physician	Franklin	Candidate Selected		
Pharmacy	R/FT Pharmacist	New	LOI-candidate submitted packet	Pending 2/8	
Pharmacy	R/FT Pharmacist	New	hold for current intern; CO	Summer 2016	
Pharmacy	R/FT Pharmacist	Stacy Tacket	Conducting Interviews		
Dental	R./FT Dentist	New	Candidate Selected		
Dental	R/FT Endodontist	Brandon Rogers	Advertising		
Surgery	R/FT General Surgeon	Jack Myers	LOI Pending documents.	Pending	
Surgery	R/FT General Surgeon	Bobbi Fishinghawk	Recruiting		
Anesthesia	R. FT CRNA	David Forsythe	Conducting Interviews		
Anesthesia	PRN CRNA	Paula McQueen	Candidate Selected	Pending 2/1	
Orthopedics	PRN PA	Cheryl Tarver			
Behavioral Health	R/FT APRN	Angela Phillips	Recruiting		
Behavioral Health	R/FT Psychologist	BJ Boyd	Recruiting		
Behavioral Health	R/FT APRN	Damaris Deutsch	LOI signed, Waiting on documents.	Pending	Caucasian

Health Facilities					
Location	Specialty	Vacated by	Status	Start Date	Ethnicity
SHHC, Jay	R/FT Physician	Westenhaver	Recruiting		
SHHC, Jay	R/FT APRN	NEW FY16	On Hold		
SHHC, Jay	R/FT APRN	Terri Brashear	Reinstate former Nurse Prac. in 2016	Pending	
SHHC, Jay	R/FT Physical Therapist	NEW	2 IHS Candidates Interviewing		
A-Mo, Salina	R/FT Physician	NEW	Candidate Interviewed		
A-Mo, Salina	R/FT Physician	Clinton Childs	Recruiting		

Vinita	R/FT Physician	Pearish(to Med Dir.)	Recruiting		
Vinita	R/FT Physician	Hardy	Recruiting		
Vinita	R/FT Physician	New	Recruiting		
Vinita	R/FT Mid-level	Matthew Rumsey	LOI	2.22.16	
Vinita	R/FT Mid-level	Kim Mularax (toBH)	LOI	5.1.16	Cherokee
Vinita	R/FT Physical Therapist	Lindsey Schultheiss	LOI	8.1.16	Creek
Vinita	R/FT Dentist	Lee Shackelford	Recruiting		
Cooweescoowee, Ochelata	R/FT APRN	New	Recruiting		
WPM, Stilwell	R/FT Physician	Carmelo Echeverria	Recruiting		
WPM, Stilwell	R/FT Physician	NEW FY16	Recruiting		
WPM, Stilwell	R/FT APRN	NEW FY16	Commission Officer transfer from WWH	3.21.16	Cherokee
WPM, Stilwell	R/FT APRN	Powell	Recruiting		
WPM, Stilwell	R/FT APRN	NEW FY16	Packet Sent; Pending LOI		
WPM, Stilwell	Pharmacist	Jack Pittman(to Refill Ctr)	Packet Sent; Pending Commissioning		
WPM, Stilwell	Pharmacist	NEW FY16	Recruiting		
Redbird, Sallisaw	R/FT Physician		Recruiting		
Redbird, Sallisaw	R/FT Physician		LOI	PENDING	
Redbird, Sallisaw	R/FT APRN	NEW FY16	LOI	2.22.16	Caucasian
Redbird, Sallisaw	R/FT Physical Therapist	NEW	LOI	1.25.16	Caucasian
TRHC, Muskogee	R/FT Physician	Stephen Hammock, PA	Interviewing		
TRHC, Muskogee	Internal	Lisa Ortiz	LOI	PENDING	Cherokee
TRHC, Muskogee	R/FT Physician	Rebecca Moore, APRN	LOI	2.22.16	Caucasian
TRHC, Muskogee	R/FT APRN	NEW FY16	LOI		
TRHC, Muskogee	R/FT APRN	NEW FY16	LOI	3.21.16	Cherokee
TRHC, Muskogee	Dentist	NEW			
TRHC, Muskogee	Dentist	McKinney	Recruiting		
TRHC, Muskogee	Pharmacist	NEW FY16	WWH Transfer	2.15.16	

As of 1/22/16	WWH & BH	Health Facilities
Vacancies for Replacement	17	19
New FY16	4	14
Total Vacancies:	21	33
Vacancies Filled	10	15
To be Filled	11	18
FY16 YTD started	11	10

New U.S. dietary guidelines: Everything you need to know about what to eat and what not to eat

Highlights.

- *Salt*: Less than 2,300 milligrams/day for everyone. That's one teaspoon. (Previously, if you were African-American, older than 50 or had certain chronic conditions, the recommended limit would have been 1,500 mg/day.)
- *Coffee*: Up to 5 cups a day.
- *Dairy*: Stick to low-fat or skim milk.
- *Sugar*: Keep added sugars to less than 10 percent of daily calories.
- *Cholesterol*: No limit anymore, but the report still cautions not to consume too much.
- *Alcohol*: Up to one glass a day for women, two for men.
- *Meat*: It is suggested to consume a variety, go for lean and watch out for saturated fat (see next line).
- *Saturated fat*: Keep to less than 10 percent of daily calories.

Eat more of:

- A variety of vegetables: dark green, red and orange, legumes (beans and peas), starchy and other vegetables. Select “a variety of colors” when eating produce.
- Fruits, especially whole fruit
- Grains, at least half of which are whole grain
- Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages
- A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), soy products, and nuts and seeds
- Oils, including those from plants: canola, corn, olive, peanut, safflower, soybean and sunflower. Oils also are naturally present in nuts, seeds, seafood, olives and avocados.

Eat less of:

- *Added sugars*: Less than 10 percent of daily calories should come from added sugars. *ChooseMyPlate.gov* provides more information about added sugars, which are sugars and syrups that are added to foods or beverages when they are processed or prepared. These do not include naturally occurring sugars, such as those consumed as part of fruits.
- *Saturated and Trans fats*: Less than 10 percent of daily calories should come from saturated fats. Foods that are high in saturated fat include butter, whole milk, meats that are not labeled as lean and tropical oils such as coconut and palm oil. Saturated fats should be replaced with unsaturated fats, such as canola or olive oil.
- *Sodium*. Adults and children 14 years and older should limit sodium to under 2,300 milligrams per day, and children younger than 14 should consume even less. Use the Nutrition Facts label to check for sodium, especially in processed foods like pizza, pasta dishes, sauces and soups

Zika virus infection

What is Zika virus infection?

Zika virus infection (Zika) is caused by the Zika virus which is transmitted by certain types of mosquito.

What are the symptoms?

Most infections don't cause symptoms (60-80%). When symptoms do occur they are usually mild and last 4 to 7 days.

The main symptoms are: Mild fever, rash (maculopapular), sore joints, muscle pain and headache, Conjunctivitis – inflamed (red) eyes, usually without a discharge.

Symptoms usually develop from 3 to 12 days after being bitten by an infected mosquito. Zika symptoms may difficult to distinguish from those of other mosquito-borne infections such as [dengue](#) and [chikungunya](#). During recent Zika outbreaks concerns have been raised about a link between Zika and some rare neurological conditions, including Guillain-Barré Syndrome

Some rare developmental malformations, including microcephaly, in babies born to mothers exposed to Zika virus in the first six months of their pregnancy. Further evidence is needed to confirm if there really is a causal link between infections with Zika virus and these conditions.

How is it spread?

People develop Zika virus infection after being bitten by a mosquito that is infected with the virus. The virus is not spread directly from person to person. Zika is spread by the mosquito *Aedes aegypti*. It is possible that other mosquitoes in the *Aedes* family may also be able to spread the virus. The mosquito becomes infected when it feeds on somebody who has Zika viruses in the blood during their infection. Once infected, the virus multiplies inside the mosquito and can infect other people when the mosquito feeds again. Transmission of Zika from mother to baby can occur, most probably across the placenta or possibly during delivery. Sexual transmission has also been reported in a few cases.

Who is at risk?

Travellers who go to places where mosquitoes spread Zika to people are at risk of infection if bitten. Before 2007, Zika virus was only found in parts of tropical Africa and Southeast Asia. In 2007, an outbreak was reported on Yap Island, Federated States of Micronesia (FSM).

Between 2013 and 2015 there have been a number of outbreaks in the Pacific, including a large outbreak in French Polynesia. In 2015, Zika emerged in Chile and Brazil and has subsequently been reported in a number of countries in South and Central America.

How is it prevented?

There is currently no vaccine or medicine to prevent Zika virus infection. The mosquitoes that transmit Zika prefer to live and bite people indoors, especially during daylight hours and into the early evening. These mosquitoes prefer to rest in dark areas inside and under houses and buildings. Travelers to Zika-affected areas can protect themselves by preventing mosquito bites:

Stay in accommodations with screened windows and doors. Use a bed net if the area where you are sleeping is exposed to the outdoors. Wear loose fitting clothing that covers the arms and legs

Apply insect repellent containing DEET or Picaridin to exposed skin, all through the day and into the early evening. Topical repellents are not recommended for use on children below the age of 3 months. Follow the product directions. Use permethrin treated clothing and gear (such as boots, pants, socks, and tents). Buy pre-treated clothing and gear or treat them yourself. Do not use permethrin directly on skin. Travelers, especially pregnant women and families with young children, should consult their doctor or travel clinic for personalized mosquito prevention advice prior to travel

How is it diagnosed?

Your doctor can take a blood sample and have it tested for antibodies against Zika virus. A second blood test may be required to confirm a recent infection.

How is it treated?

There is no specific treatment for Zika virus. Your doctor will be able to advise you on treating the symptoms with medications such as Tylenol. Treatment with aspirin or non-steroidal anti-inflammatory medicines is not recommended because of a potential increased risk of hemorrhagic syndrome (bleeding) reported with some related viruses, such as Dengue, and the risk of a rare but serious illness called Reye's syndrome after viral infection in children and teenagers.