



Cherokee Nation Tribal Council Health Committee Report

Claremore Indian Hospital

Month/Year of the report: July 2020

George L Valliere 918-342-6434

Email: george.valliere@ihs.gov

Accomplishments:

- **Staffing:** Recruiting for Midwife and Hospitalist.
- **Visits:** Outpatient visits for July, up 6.6% over the same period the previous year.
- **Revenues:** Revenues for FY2020 decreased 3.6% over the same period the previous year.

Future Plans / New Initiatives:

- **New Services:**
 - Drive thru COVID testing available M-F 0800-1100 for beneficiaries.
 - Emergency room volume increasing.
 - CIH is following the CDC Guidelines for COVID-19.

Workload:

	<u>Actual numbers/month</u>		<u>CN</u>
Outpatient visits up	6.6%	26,354	10,177/ (5,577 patients)
Dental visits down	88.8%	97	82
Admissions down	20.0%	56	34
Newborns up	0.0%	31	24
New charts		392	
Reactivated Charts		64	

These statistics are compared to FY2019 statistics for the same time period. (July)

Occupancy rate for July 2020: 14.0%

Third Party Collections:

July collections

Medicare:	\$ 341,297.51
Medicaid:	582,833.99
Private Insurance:	803,614.88
V.A.	<u>27,885.66</u>

\$ 1,755,632.04

Year-to-date collections for FY 2020: \$ 25,055,600.14

Amount billed for July, 2020: \$ 4.3 million

Collections are down compared to FY2019 collections for same time period. \$ 947,293.34

Percentage of account receivables pending for claims > 120+ days: 9%

PRC Activities:

July cases

			<u>CN Patients</u>
Funded:	254 cases:	\$ 833,040.00	65
Denials:	329 cases:	\$ 470,264.00	5
Deferred:	241 cases:	\$ 162,372.00	70
CIH clinics:	12		
Ortho	25		

Files to Committee 861



Health Committee Report

September 2020



Highlights

Interventional Radiology Services were prepared for the Tahlequah campus. This will allow for minimally invasive procedures to be performed using medical imaging guidance such as CT, Ultrasound or MRI. This service will be instrumental in diagnosis and decision making for medical treatment.

Thanks, the testing was fast and painless, and the staff there was doing a superb job.

-Patient feedback that underwent COVID-19 screening at CNOHC.

Health Committee Report



306 surgical
procedures
performed at
Hastings Hospital



524 clients were
served by
Emergency
Medical Services



Health Facilities
completed a total of
143 work orders



3,428 COVID-19
tests administered
during Drive Thru
testing in July



4,728 patients
were seen at the
ED/Urgent Care at
Hastings Hospital



72 babies were
delivered at
Hastings Hospital



Behavioral
Health services
were provided
to 1,847 clients



136, 581
prescriptions were
filled in July

Health Committee Report

Provider Recruitment

CNHS Provider
Vacancy Rate



IHS Provider
Vacancy Rate
Benchmark



Contract Health

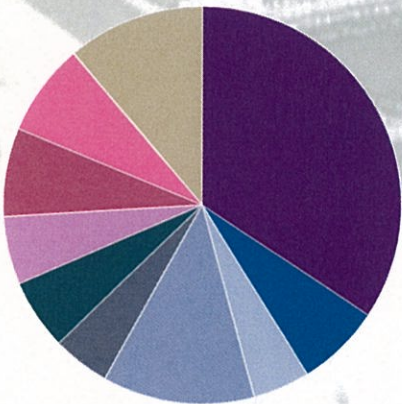
Projected annual
expense



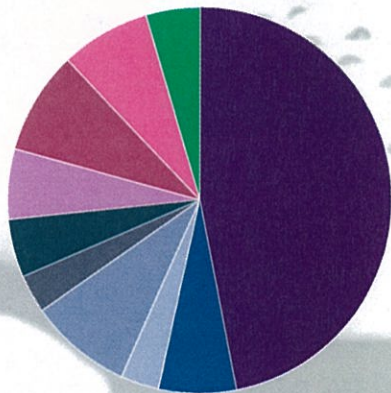
Referral Approval Rate



Monthly Visits by Location



YTD CHS Spend by Location

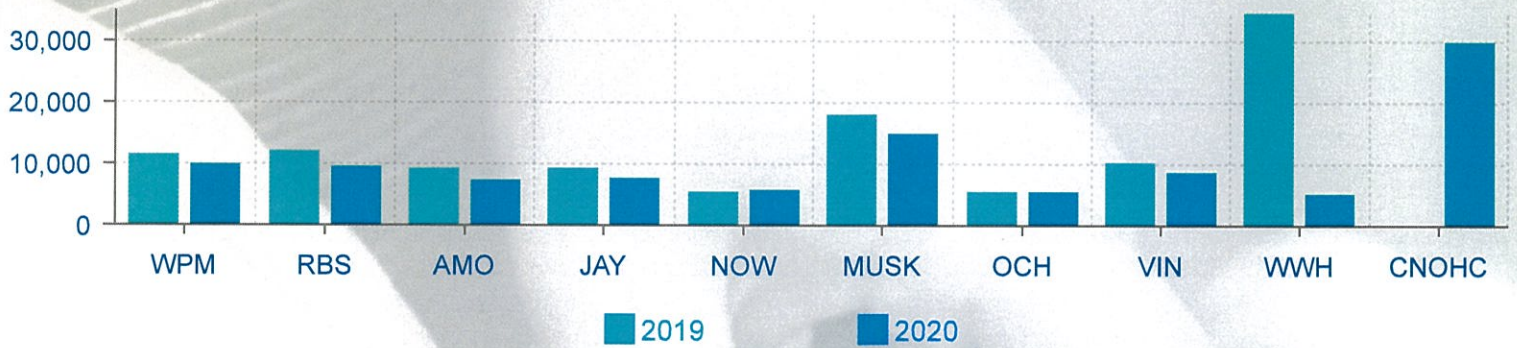


TAH	34.3%	VIN	6.8%
OCH	4.6%	TRHC	12.3%
NOW	4.7%	JAY	5.7%
AMO	5.6%	RBS	7.3%
WPM	7.5%	WWH	11.2%

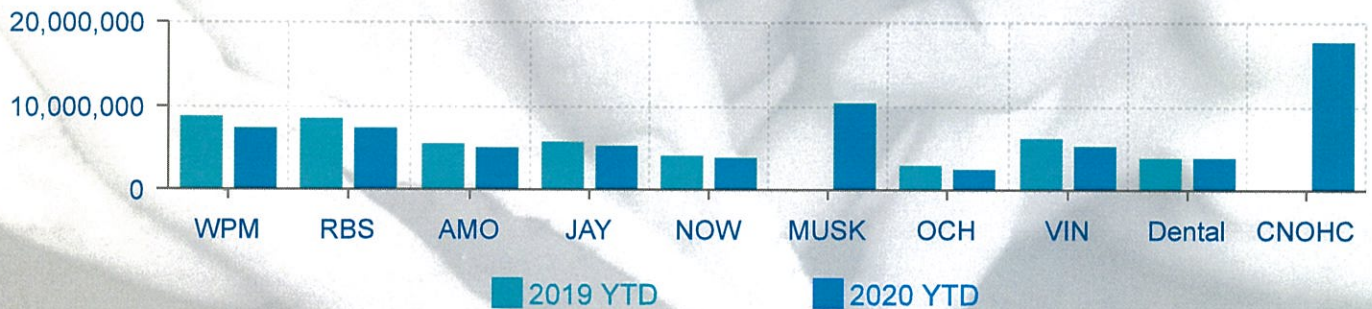
WWH	46.9%	VIN	6.5%
OCH	3.2%	TRHC	8.6%
NOW	3.2%	JAY	4.9%
AMO	5.9%	RBS	8.6%
WPM	7.5%	CIH	4.6%

Patient Visits and Revenue

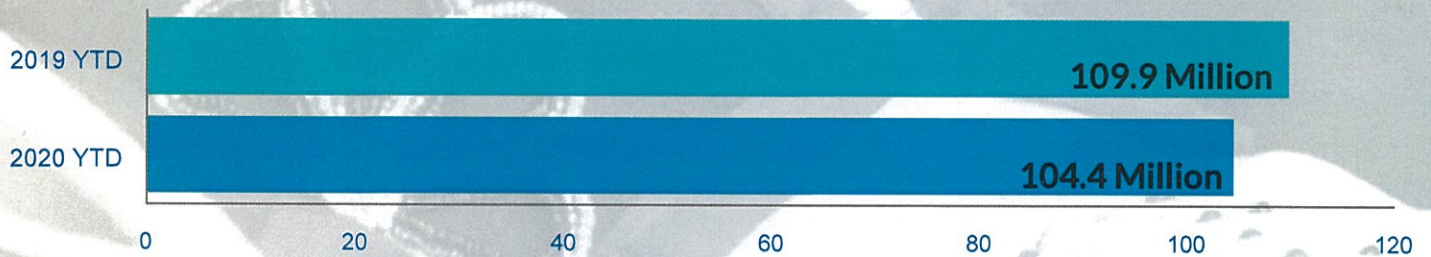
Ambulatory Care Visits: Monthly



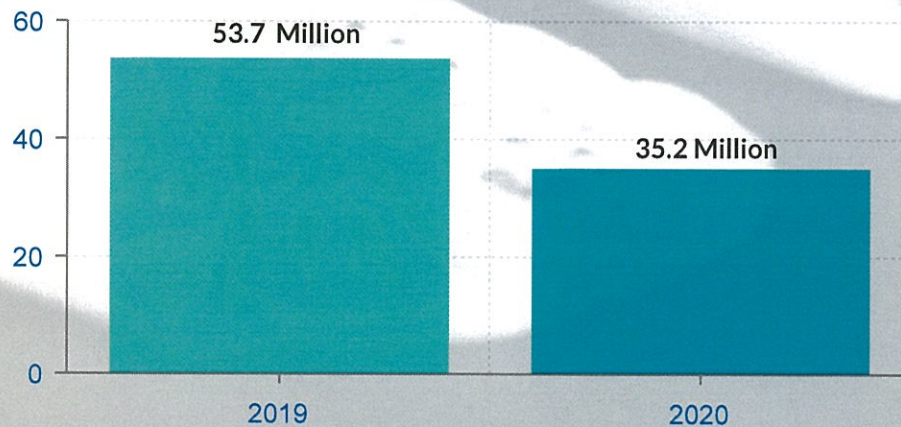
Ambulatory Care 3rd Party Revenue: Year to Date



Third Party Revenues Combined: Year to Date

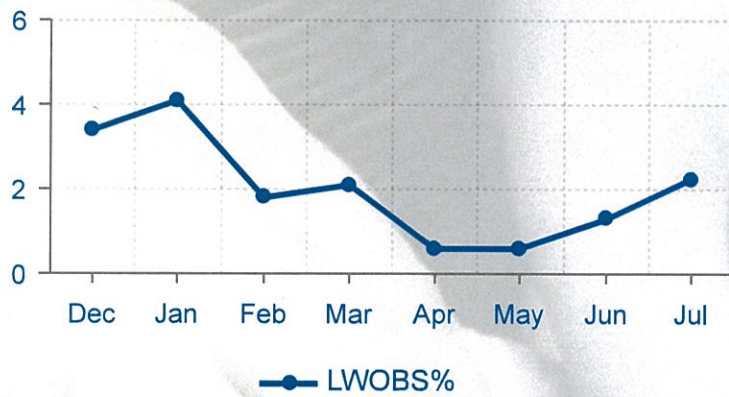


**Third Party Revenue Comparison CN WW Hastings Hospital
Year to Date**

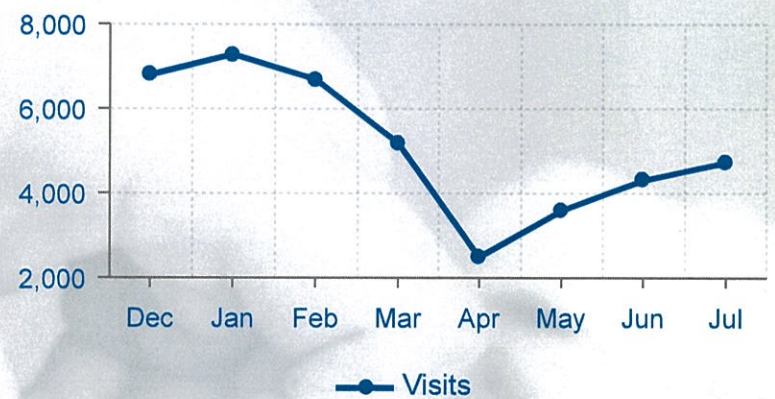


Service Summary

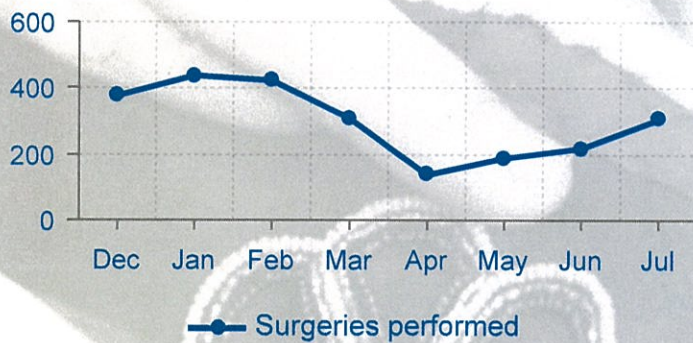
ED/UC Left without being seen



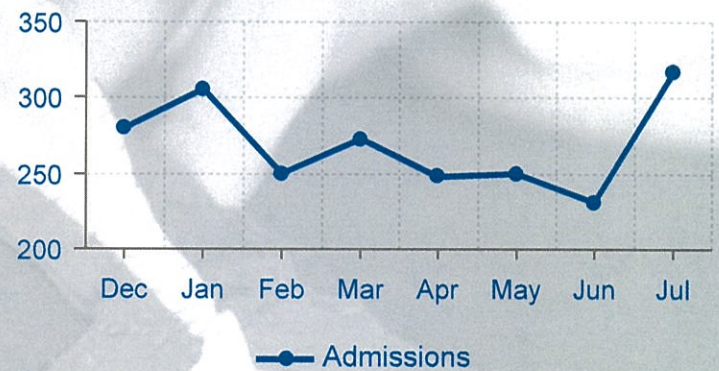
ED/UC service delivered



WWH General Surgery



WWH Inpatient Care

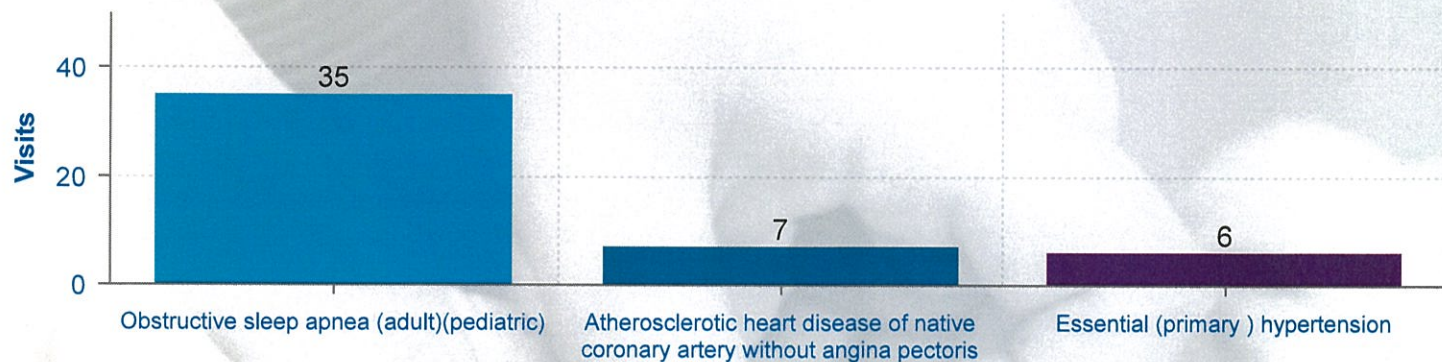


Dental Services: Monthly

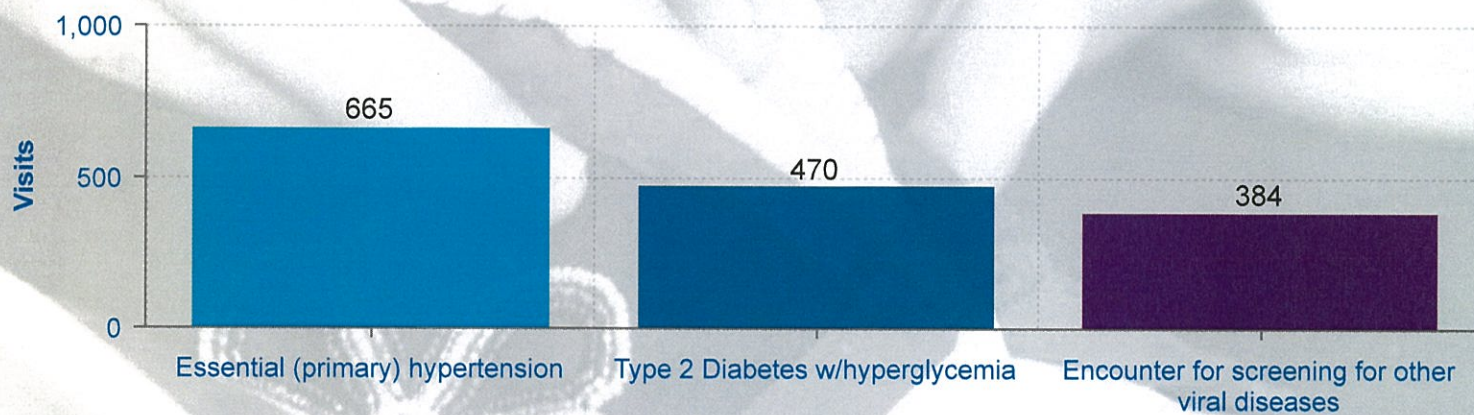


Top Diagnoses by Clinic

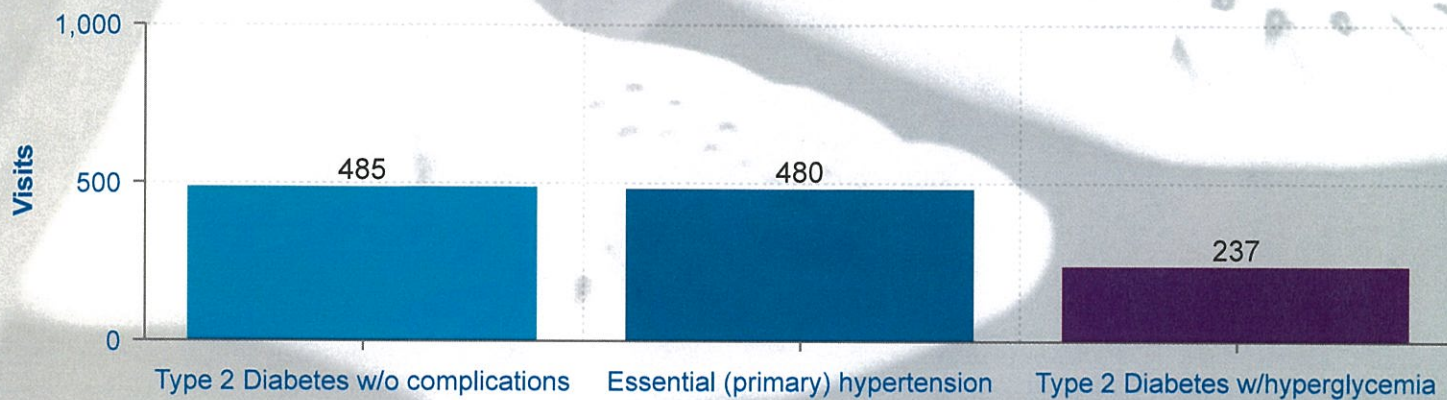
WWH Main



Muskogee

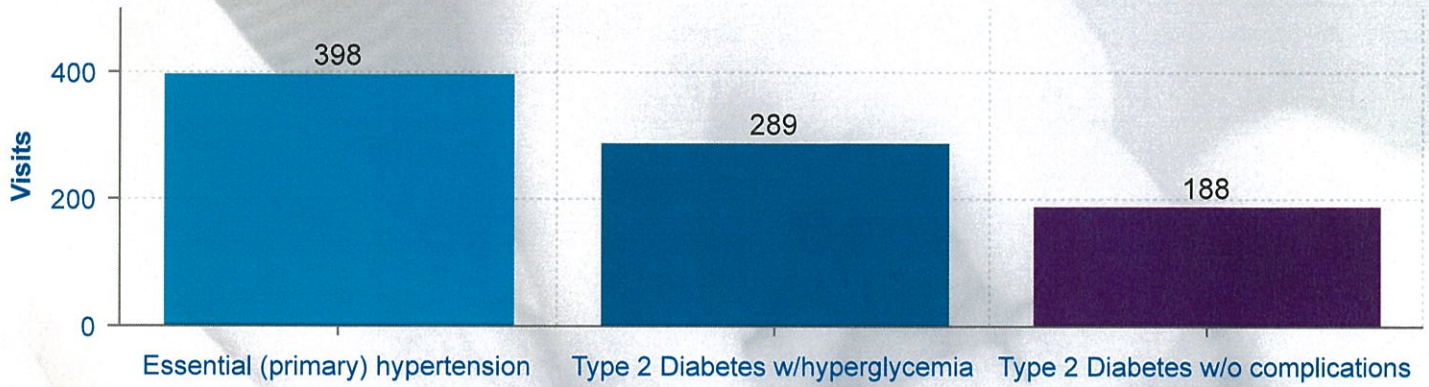


Stilwell

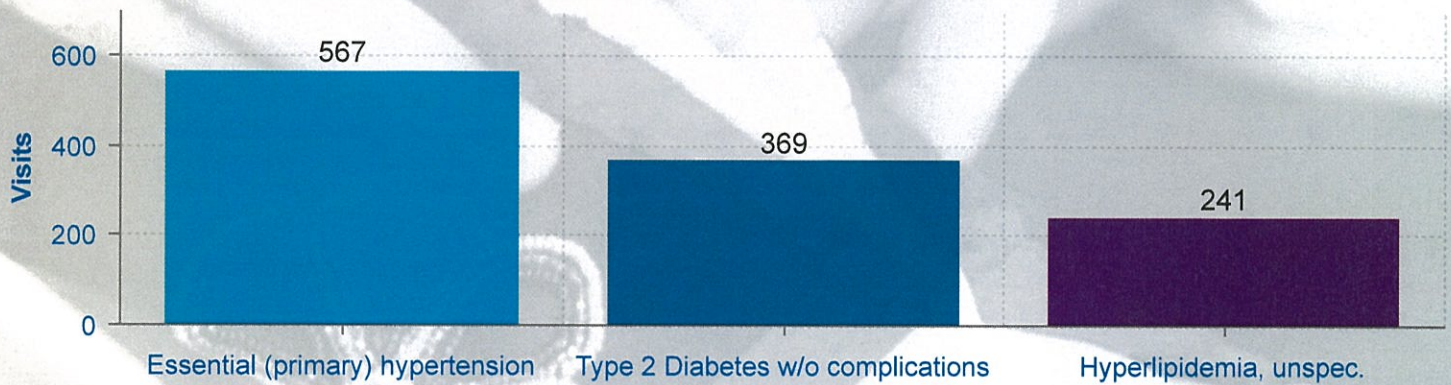


Top Diagnoses by Clinic

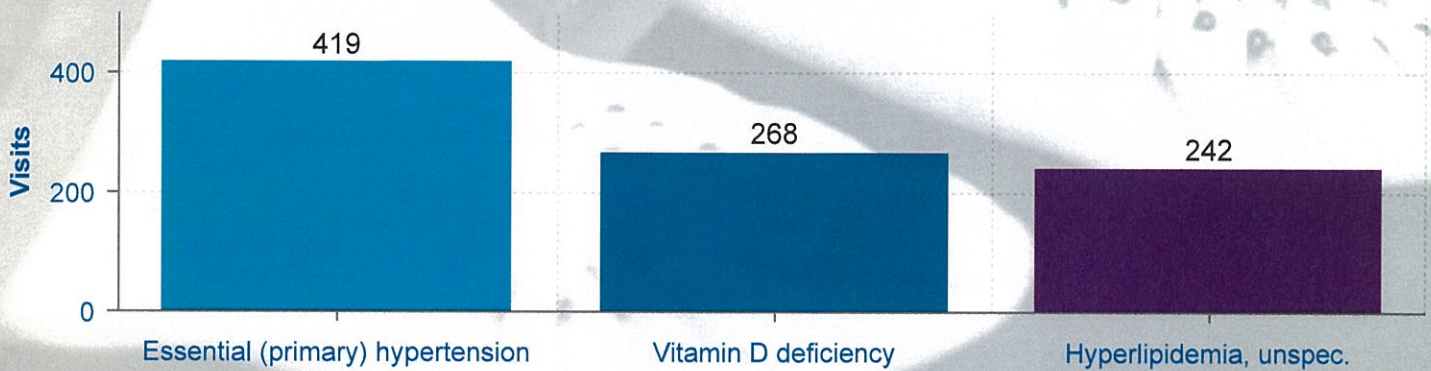
Salina



Nowata

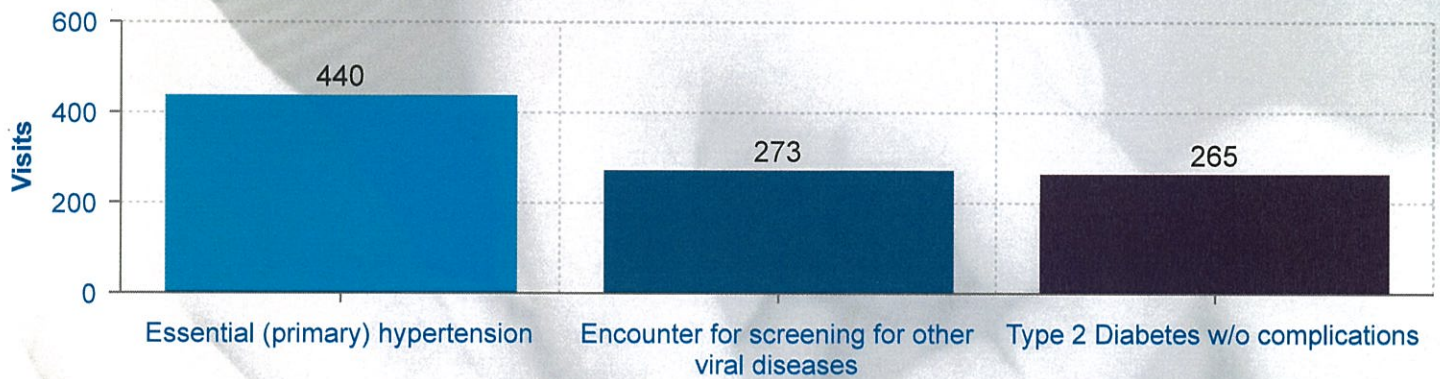


Ochelata

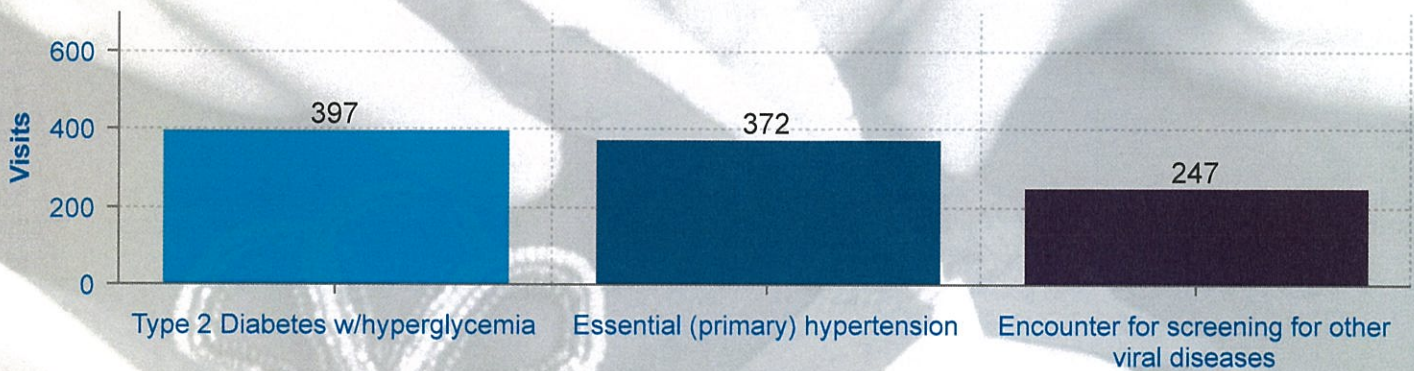


Top Diagnoses by Clinic

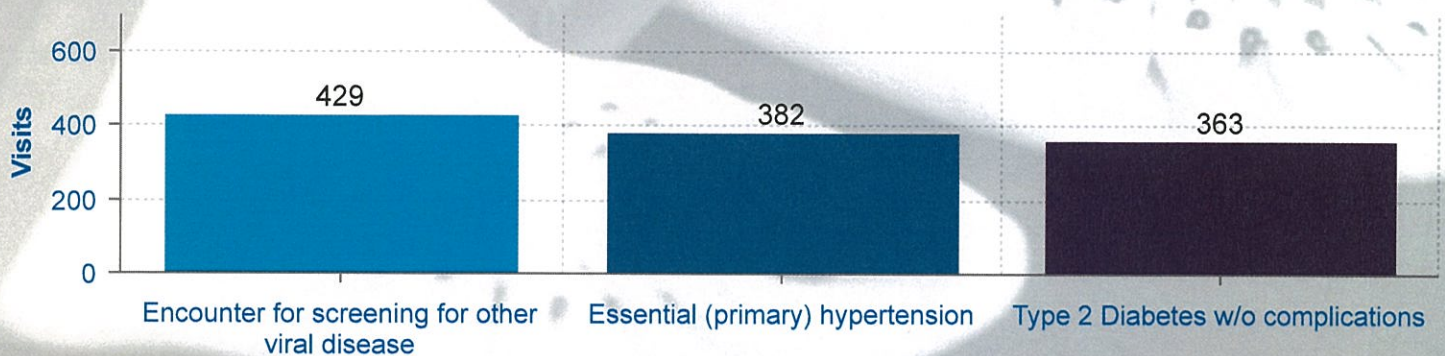
Sallisaw



Jay



Vinita





Cherokee Elder Care

a community PACE program

1387 W 4th Street
Tahlequah OK 74464
<http://eldercare.cherokee.org>

Phone: 918-453-5554
Fax: 918-431-4112
eldercare@cherokee.org

September 1, 2020

TO: Councilwoman Mary Baker Shaw, Chairman of Health Committee,
and all Members of the Health Committee.

FROM: Cherokee Nation Comprehensive Care Agency, d.b.a. Cherokee Elder
Care.

SUBJECT: FY20 update and a brief summary of Cherokee Elder Care and
the services it provides its participants.

Cherokee Nation Comprehensive Care Agency was established by Legislative Act 3-04, within the Executive Branch of the Cherokee Nation; the Act was signed by The Cherokee Nation Tribal Council on February 17, 2004.

Cherokee Health Partners, LLC was the first entity to be established under the umbrella of Cherokee Nation Comprehensive Care Agency. Cherokee Elder Care became active prior to the ground breaking for the site of Cherokee Elder Care in August of 2006. Cherokee Health Partners, LLC was moved under Cherokee Nation Health, in late 2014, to better serve the community as a whole.

Cherokee Nation Comprehensive Care Agency d.b.a. Cherokee Elder Care entered into a 3-Way Agreement with The Centers for Medicare and Medicaid Services (CMS) and The Oklahoma Health Care Authority (OHCA) in 2007, which by regulation, Cherokee Nation Comprehensive Care Agency, d.b.a. Cherokee Elder Care became a Program for All-Inclusive Care of the Elderly (PACE) through that agreement under the guidelines of Medicare Advantage and Title XIX, the Social Security Act.

Because of this 3-Way Agreement, Cherokee Elder Care (CEC) receives payments from both CMS and OHCA for the needs of the participants in their care; by the signing of the agreement, CEC must adhere to the regulation of both governmental entities.

CEC functions as an HMO, using the combined funds from both agencies, CMS and OHCA, to care for the Participants needs. CEC participants pay no co-pays for any Medications or outside specialty services. CEC receives no funding from The Cherokee Nation.

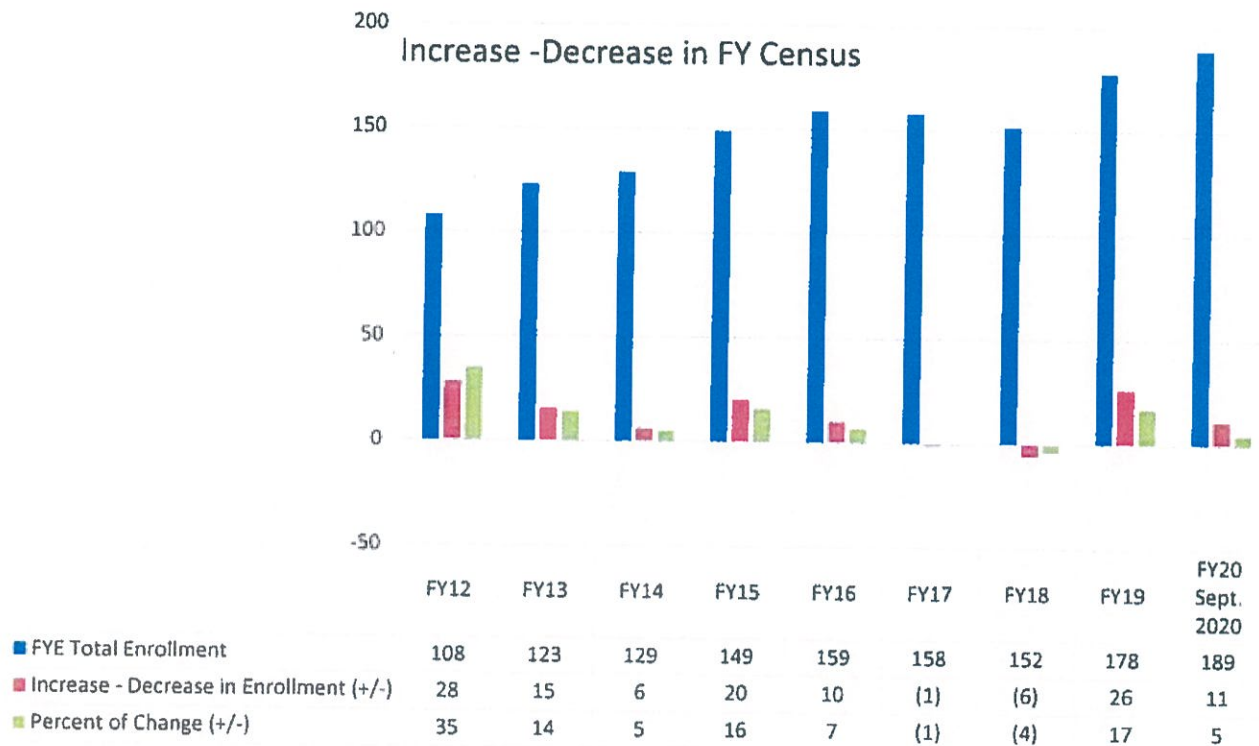
CEC has its own set of policies; CEC uses CMS, OHCA and The Cherokee Nation's regulations to guide the creation of all polices. CEC has its own 401K plan, life insurance, Long Term Disability, and vision insurances for its employees. CEC shares

a MOA with Cherokee Nation, CNB, LLC, The Housing Authority of the Cherokee Nation and Cherokee Nation Industries, Inc. The MOA was signed by all entities in 2008, it provided all of these entities the ability to share with its employees the Med/Dental/STD sliding scale premiums set by Cherokee Nation. Since Cherokee Nation is self-funded and has BC/BS as its underwriter, CEC as well as the other entities named, receive from Cherokee Nation HR, a listing of claims, medications, admin fees and etc. that must be reimbursed for the monthly usage by its employees. CEC also has its own payroll system and Federal Tax ID concerning all payroll functions.

CEC reports to Cherokee Nation Tribal Council monthly through the Cherokee Nation Finance Department; providing monthly financials, as well as Annual Audit report completed by an external audit firm. In addition, TERO vendor reports, and employee numbers are sent monthly to the Commerce Department of the Cherokee Nation.

CEC census had reach 192 in June of 2020, the census dropped in the following months by a very small margin to 189 in July; September 2020 census started at 189, to end the fiscal year; the census had dropped due to several deaths. The breakdown in census for September 2020: 89 Native Americans 48%, 93 Caucasians 49%, 2 African Americans 1%, 1 Hispanic.5% and 3 Multi-cultural 1.5%.

On September 1, 2020 there were 68 total employees that serve CEC participants. Of the 68, 40 or 59% are Cherokee citizens; 6 or 9% are other tribal members; and 22 or 32% are Non-Native American. Bring September 2020 total Native employees to 68%, compared to 32% Non-Native.



CEC follows the Cherokee Nation Fiscal Year. The above chart represents FY11 thru FY19. CEC has shown a steady increase since FY11 ending with 80 participants, through FY19 ending with 178. The chart above shows percent and number of increase or decrease annually from the preceding fiscal year. On a calendar year basis, CEC has shown an increase from 161 Participants December of 2018 to 185 in December of 2019, and a 15% increase during the calendar year 2019. FY20 has held relatively steady at 184 through March 2020. As earlier stated July 2020 shows an increase to a new high of 192. CEC has come close to the elusive 195 mark, but, has yet to reach that goal.

In May of 2018 due to deaths and disenrollment's of various reasons, CEC's census dipped to 139, an all-time low. With the absorption of duties by some departments, and putting more people out in our communities telling the story of CEC, the entire team worked together to bring enrollment to an all-time high of 187 in January, 2020; by April 1, 2020, 189 participants were enrolled and another leap in enrollment was achieved.

CEC cannot enroll anyone that is not living in their home, but, during the course of their enrollment if the participant can no longer live safely in their home environment and their level of care deems nursing home placement, it is funded as a normal service of CEC. As of August 31, 2020 for September 1, 2020 numbers, CEC had 15 participants in LTC, with 3 additional participants in a skilled bed within a nursing home, but still under CEC care, and 14 participants in an Assist Living environment under CEC care. CEC also had 2 Participants utilizing their Respite days during

August 2020. CEC provides respite days for the care giver or other circumstances for participants needing short stays in a Nursing Home environment. They are monitored by CEC providers during their stay.

July 2020 ended with a gain, bringing the YTD gain to \$618K. August and September data has not been calculated at this time. Our population is still aging and frail; as a reminder, the fall and winter months are ahead, which always brings on more hospitalizations and acute care as the norm. Hospital and skilled stays are common; FY19 had experienced a larger number of the population in need of acute care in hospital and out-patient settings. Ten months into FY20 In-patient combined with out-patient has already reached the \$2M mark and Pharmacy costs have passed \$2.4M. CEC cost drivers are In-patient, Out-patient, LTC, Skilled beds, Medications and payroll.

CEC is dealing with the COVID-19 outbreak following CDC, WHO and Cherokee Nation, and CEC Guidelines. Our Adult Day Center is closed and participant care is still our priority and being led by our Medical Director John Galdamez.

Our participants are contacted twice a week and are provided meals and activities while we all follow quarantine guidelines set by our Executive Management Team and the appropriate organizations listed above. As of this report, no CEC staff member or participant is infected with COVID-19. CEC is working with several tele-a-health options to ensure our participants care. Participants are brought into our clinic if the providers feel that it is necessary for the participant's health. All PPE guidelines are being followed for safety of our employees and participants.

Please contact Thelma Pittman, CFO, at (918) 207-4936 to answer any questions; or Connie Davis, Executive Program Director at (918) 453-5554.

Our semi-annual newsletter has been attached at the end of this summary for your review.

Respectfully submitted to the Health Committee of the Council of the Cherokee Nation.



CEC PACE Newsletter

Semi-Annual Issue

Cherokee Elder Care-PACE Program

July 2020

CEC Host Vanderbilt Students for Another Year of Volunteerism

Students here as part of their Alternative Spring Break Program.

Alternative Spring Break (ASB) is a student-run service organization that engages over 400 students each year. The ASB mission is to motivate students to become active citizens through intentional community engagement. The "Sunrise" group had the opportunity to connect with Participants and staff members during their visit. Students were also able to explore parts of our service area while visiting some Participants at their homes. Students had the advantage of jumping into Cherokee History at the Cultural Center and Cherokee History Museums. Students gained a sense of pride by completing chores and spending time with elders in the Adult Day Health Center. Much of this work is carried out outdoors including raking leaves, cutting and clearing limbs, and removing trash and other debris.



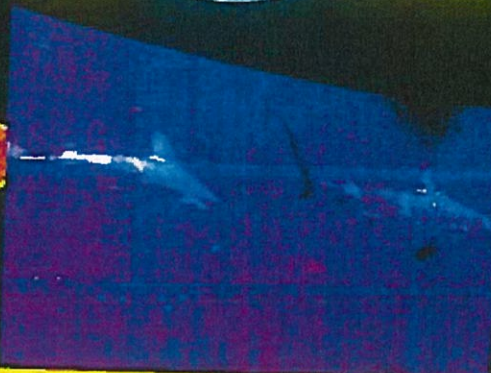
INSIDE THIS ISSUE

Vanderbilt Students Return	1
Visit to Jenks Aquarium	2
Avoid Heat Related Illness.	3
Avoid Heat Related Illness cont.	4
Staff Make Activities Kits	5
CEC Receives Donated Masks	6
Arney's Recipe Corner	7
List of Holidays	8



Participants Visit Jenks Aquarium

A group of Participants were able to spend some time visiting the Jenks Aquarium this spring. The Aquarium's mission is to "educate and inspire conservation of our aquatic world through interactive discovery." The Aquarium is a great place to visit despite the weather since all the activities are indoors. Many types of fish and other sea creatures live at the Aquarium including sharks. Many displays got Participants up close and personal with rare species.



Learn How to Avoid Heat-related Illnesses and Death

The human body is normally able to regulate its temperature through sweating, until it is exposed to more heat than it can handle. Heat exhaustion and heat stroke can escalate rapidly, leading to delirium, organ damage and even death. In 2017, 87 people died in the U.S. from exposure to excessive heat, according to *Injury Facts*.



People most at risk include:

Infants and young children, especially if left in hot cars

People 65 and older

People who are ill, have chronic health conditions or are on certain medications

People who are overweight

Heat Exhaustion

When the body loses excessive water and salt, usually due to sweating, heat exhaustion can occur. According to the free NSC First Aid Quick Reference app, signs and symptoms include:

Sweating

Pale, ashen or moist skin

Muscle cramps (especially for those working or exercising outdoors in high temperatures)

Fatigue, weakness or exhaustion

Headache, dizziness or fainting

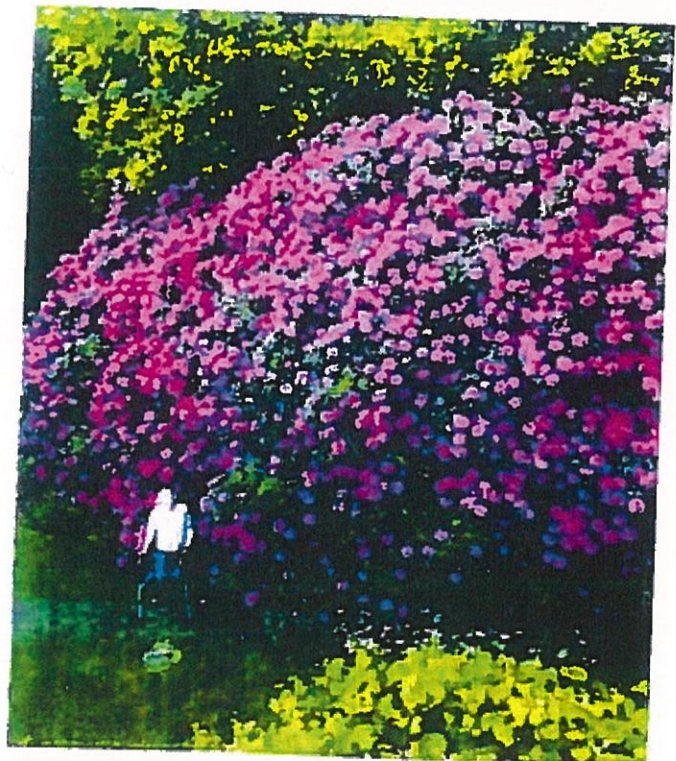
Nausea or vomiting

Rapid heart rate



Uncontrolled heat exhaustion can evolve into heat stroke, so make sure to treat victims quickly: **Continue Pg. 4 & 5**

Fun Fact: Check out this 100 Year Old Rhododendron and the Woman who planted it! This plant is found mainly in Asia, although it is also widespread throughout the lowland and forests of the Pacific Northwest, California, and the highlands of the Appalachian Mountains of North America.



Learn How to Avoid Heat-related Illnesses and Death Cont.

Give water or other cool, nonalcoholic beverages

Apply wet towels, or have victims take a cool shower

Heat Stroke

Seek medical help immediately if someone is suffering from heat stroke. Signs include:

Body temperature above 103 degrees

Skin that is flushed, dry and hot to the touch; sweating has usually stopped

Rapid breathing

Headache, dizziness, confusion or other signs of altered mental status

Irrational or belligerent behavior

Convulsions or unresponsiveness

Immediately Take Action:

Call 911

Move the victim to a cool place

Remove unnecessary clothing

Immediately cool the victim, preferably by immersing up to the neck in cold water (with the help of a second rescuer)

If immersion in cold water is not possible, place the victim in a cold shower or move to a cool area and cover as much of the body as possible with cold, wet towels

Keep cooling until body temperature drops to 101 degrees

Monitor the victim's breathing and be ready to give CPR if needed

DO NOT:

Force the victim to drink liquids

Apply rubbing alcohol to the skin

Allow victims to take pain relievers or salt tablets

The best way to avoid a heat-related illness is to limit exposure outdoors during hot days.

According to the Centers for Disease Control and Prevention:

Air conditioning is the best way to cool off

Drink fluids, even if you don't feel thirsty, and avoid alcohol

Wear loose, lightweight clothing and a hat

Replace salt lost from sweating by drinking fruit juice or sports drinks

Avoid spending time outdoors during the hottest part of the day, from 11 a.m. to 3 p.m.

Wear sunscreen; sunburn affects the body's ability to cool itself

Pace yourself when you run or otherwise exert your body





Keep Each Other Safe

If your job requires you to work outside in hot weather, you and your supervisors can take precautions to minimize the risk of heat-related illnesses.

The National Institute for Occupational Safety and Health recommends:

Working shorter shifts until workers have adjusted to the heat

Staying hydrated and drinking before you get thirsty

Watch out for co-workers exhibiting signs of heat exhaustion or heat stroke

Take time to rest and cool down

In your community, please check in on neighbors who are elderly, house-bound or otherwise may be reluctant to ask for help. You can offer to host them in the air-conditioned comfort of your living room on hot days, drive them to a local cooling center, or call relatives or city services to arrange for them to stay cool.

Brought to you by the National Safety Council and the
Office of CEC Quality Improvement



CEC closed its ADHC temporarily as part of its preventative plan to protect participants from the COVID-19 outbreak. Just like all PACE programs throughout the US, protecting our most vulnerable population is the ultimate goal. Staff made activities kits and delivered them to participants at home to enjoy.





Volunteers Make Fabric

Masks for CEC We would like to acknowledge all the volunteers, Participants, staff and their family members, who worked to make fabric masks and donated materials to Cherokee Elder Care so that we could better protect everyone during the pandemic. We saw donations come in from all across our local communities and as far away as South Carolina. Many heard our call for help and jumped into action.

Pictured is a letter that accompanied a box of 50 masks made and donated by a special volunteer from Choteau OK



New Employees at CEC

WEL

Kasandra Peace- Driver/C.N.A.

Maxwell Campanella- Physical Therapy Assistant

OME

Arney's Recipe Corner

These recipes are all from my book, *Simply Delicious: 100 Recipes for the Healthiest, Most Delicious, and Most Affordable Meals You Can Eat*. The book is available for purchase at www.simplydeliciousbooks.com.

Sheet Pan Roasted Garlic and Herb Chicken and Veggies

This recipe is easily halved or doubled.

Ingredients:

- 1 1/2 pounds of boneless, skinless chicken thighs (or breasts)
- 2 cups of frozen vegetables (any type, frozen and unthawed)
- 1 large sweet potato, cut into 1-inch pieces
- 1 medium onion, cut into 1-inch pieces
- 1 bell pepper, any color, cut into 1-inch pieces
- 1 cup grape tomatoes, cut in half (or 1/2 cup cherry tomatoes)
- Grape tomatoes work the best in my opinion.

For the garlic and herb marinade:

- 1/4 cup olive oil (or vegetable oil)
- 1 clove of garlic, minced or finely chopped (1/2 tsp. is equivalent to this. If you do not have a garlic press, you can use a mortar and pestle to pound it.)
- 1/2 tsp. dried parsley (or 1 tsp. fresh parsley)
- 1/2 tsp. dried oregano
- 1/2 tsp. dried basil (or 1 tsp. fresh basil)
- 1/2 tsp. dried thyme (or 1 tsp. fresh thyme)
- 1/2 tsp. dried rosemary (or 1 tsp. fresh rosemary)
- 1/2 tsp. dried sage (or 1 tsp. fresh sage)

Instructions:

- 1. Preheat the oven to 400°F.
- 2. In a small bowl, whisk together the olive oil and herbs.
- 3. Toss the chicken, vegetables, and sweet potato in the marinade.

- 4. Spread the mixture evenly on a large sheet pan.
- 5. Roast in the oven for 20 minutes.
- 6. Remove from the oven and let cool for 5 minutes.

- 7. Serve hot or cold.
- 8. Enjoy!

**Simply
Delicious.**

CEC will be Closed for These Holidays

Independence Day

July 3, 2020

Labor Day

September 7, 2020

Indigenous Day

October 12, 2020

Veteran's Day

November 11, 2020

Thanksgiving

November 26 & 27, 2020

Christmas Eve

December 24, 2020

Christmas Day

December 25, 2020



Cherokee Elder Care

1387 W 4th St Tahlequah, OK 74464

Phone (918)-453-5554

Website: <http://eldercare.cherokee.org>



Visit us on Facebook: www.facebook.com/cecpaceok



Cherokee Nation Home Health Services, Inc.

Home Health

Hospice

Outreach

Home Health: Census as of 9/01/2020; 228

Native Americans served 06/01/2020-09/01/2020; 223

Hospice: Census as of 09/01/2020; 21

Outreach: Census as of 09/01/2020; 743

Total All employees: 159 (58 fulltime)

Native American: 90

Cherokee: 81

COVID-19 status response and update:

As of 8/31/2020 CNHHS has had 10 patients test positive for COVID-19. We have had no new patient deaths, for a total of 1 death related to COVID-19.

As of 8/31/2020 CNHHS had ZERO employees test positive for COVID-19.

CNHHS employees continue to show great courage during this pandemic and have answered every call to serve our patients and communities. We are thankful for the support of Cherokee Nation administration and the Cherokee Nation Council.