The Mekoryuk Health Clinic team: Office Assistant Amanda Shavings, and Health Aides Linda and Shara Davis. The mother-daughter team, with Amanda’s support, have vaccinated almost 100 percent of eligible Mekoryuk residents—approaching our goal to vaccinate every eligible person in the YK Delta.
Report to the People 2020

CONTENTS

ORGANIZATION ........................................................................................................2
BOARD OF DIRECTORS ............................................................................................4
LEADERSHIP REPORT ..............................................................................................6
NAPARTET STRATEGY REPORT ...............................................................................7
  COVID-19 Response ...............................................................................................8
  HEALTHY COMMUNITY .........................................................................................10
  HEALTHY PEOPLE .................................................................................................11
  CARE DELIVERY .....................................................................................................12
  CORPORATE CAPABILITY AND CULTURE ...........................................................15

VACCINATION — PROJECT TOGO .................................................................17
WORKING TOGETHER—Tuluksak Water Plant Fire Response .................18

MISSION
Working Together to Achieve Excellent Health

VISION
Through Native Self-Determination and Culturally Relevant Health Systems, We Strive to be The Healthiest People.

VALUES
Optimism ~ Compassion ~ Pursuit of Excellence ~ Personal Growth
  Importance of Family ~ Trust ~ Elder Knowledge
YUKON-KUSKOKWIM HEALTH CORPORATION

ORGANIZATION

Vice President of Communications
- Public Relations
- Media Services
- Government Relations
- Human Studies
- Research Coordinator
- Surveillance
- Performance Improvement
- Corporate Performance Improvement
- Lean Project Management
- Joint Commission
- Maintenance and Preparation
- Policies and Procedures
- Coordination
- Customer Comments
- Coordination and Monitoring
- Corporate Risk Management
- Unusual Occurrence Monitoring and Reporting

Vice President of Quality
- Governance
- Government Relations
- Public Relations
- Media Services
- Human Studies
- Research Coordinator
- Surveillance
- Performance Improvement
- Corporate Performance Improvement
- Lean Project Management
- Joint Commission
- Maintenance and Preparation
- Policies and Procedures
- Coordination
- Customer Comments
- Coordination and Monitoring
- Corporate Risk Management
- Unusual Occurrence Monitoring and Reporting

Vice President of Finance and Chief Financial Officer
- Revenue Management
  - Patient Financial Services
  - Admissions
  - Provider Enrollment
  - Medical Records
  - Coding and Data/Charge Entry
  - Utilization Review (UM/UR)
- Travel & Medicaid Services
  - Enrollment
  - Prior Authorization
  - Travel
  - Hostel
- Accounting
  - Payroll
  - Accounts Payable
  - General Ledger
  - Treasury
- Finance Operations
  - Finance Administration
  - Grants Development
- Technology/CIO
  - Help Desk
  - Network Management
  - RAVEN
  - Financial Applications
  - Clinical Informatics
  - Construction Finance

Vice President of Support Services
- Prematernal Home
- Construction
  - PJCP
  - Village Clinic Construction
  - New Customer Lodging
  - Auto Repair Shop
- Capital Projects
- Safety
  - Emergency Management
  - Security
- Materials Management
  - Mail/Delivery
  - Purchasing
  - Property
  - Inventory Control
  - Medical & Office Supplies
  - Shipping and Receiving
- Corporate Grounds & Facilities
  - Corporate Facilities Maintenance
  - Housing Maintenance
  - Corporate Motor Pool
- Housing
- Clinical Facilities
  - Dietary Services
  - Environmental Services
  - Hospital Maintenance
  - Biomed
  - Hospital Motor Pool

Compliance
- Privacy
- Internal Audit

58 Federally Recognized Tribes

Hospital Governing Body

YKHC Board of Directors

Executive Board

President & CEO
YKHC administers a comprehensive health care delivery system for 50 rural communities in southwest Alaska.

The system includes community clinics, sub-regional clinics, a regional hospital, dental services, behavioral health services including substance abuse counseling and treatment, health promotion and disease prevention programs, and environmental health services.

YKHC, along with 22 other Tribal Organizations, is a co-signer to the Alaska Tribal Health Compact, a consortium which secures annual funding agreements with the federal government to provide health care services to Alaska Natives and Native Americans throughout the state.
Elected by the Tribal Councils of each of the 58 federally recognized Tribes in the YKHC service area, the Board of Directors is the chief policy-making body of the corporation, exercising overall control, management and supervision.

Executive Board
Walter Jim ..............................................Chairperson
Marvin Deacon ..................................First Vice Chair
Patrick Tall ...........................................Second Vice Chair
Darren Cleveland .................................Secretary
Chris Larson ........................................Treasurer
Geraldine Beans .................................Sergeant-at-Arms
Moses Owen ........................First Additional Member
Alton Alexie ........................Second Additional Member
Dan Winkelman ..........................Ex-Officio

Governing Body
James Nicori ................................................Chair
Patricia Yaska ...............................................Vice-Chair
Adolph Lewis ...........................................Secretary
Bonnie Persson ..........................Treasurer
John Uttereyuk ........................Sergeant-At-Arms
John M. Joe ........................Member
Unit 6, Seat A - Vacant ........................Member
Mary Ayunerak ........................Member
Mary Ayunerak Alakanuk ..............Member
John Uttereyuk ........................Member
Walter Jim ..............................................Member
Walter Jim, Ex-Officio
Dan Winkelman, Ex-Officio

Board Standing Committees:

By-Law Committee
James Sipary
James Nicori
Geraldine Beans
Michael Hunt
John M. Joe
Patrick Tall
Walter Jim, Ex-Officio
Dan Winkelman, Ex-Officio

Policy Committee
Marvin Deacon
Adolph Lewis
Darren Cleveland
John Uttereyuk
Walter Jim, Ex-Officio
Dan Winkelman, Ex-Officio
2020 challenged the YK Delta regional healthcare system in new and, in many respects, terrifying ways. YKHC responded quickly to the advent of the deadly Coronavirus early in the year, cancelling potentially super-spreader events like the Tribal Gathering, encouraging employees to work from home, initiating widespread testing, monitoring community infections with daily updates and, finally, at the end of the year, launching a vaccination effort that met and overcame our region’s inherent obstacles of fickle weather and difficult travel. The effort was noticed nationally and appreciated locally, although lockdowns, quarantines and isolation impacted our normal way of life.
Waqaa! Much has transpired over this past year. A year ago, we were finishing the connector between the new outpatient clinics and the existing hospital renovation, as well as constructing several new departments. We also had a team of over 35 leaders simultaneously preparing our health system’s COVID-19 response in early 2020 and we were anticipating our first COVID-19 case.

In April 2020, construction of the new $340 million hospital and housing project was in year four of five and we were deep into construction of many new areas, like the emergency department, gathering room, customer travel, phase two of the pharmacy, electrical room, diagnostic imaging, surgery, central sterile, cafeteria and the gift shop. Many inspections by our architects and engineers were also taking place. Various certifications were performed by contractors of the many mechanical areas, such as on our new medical gas system and electrical work.

While that new construction progressed, work on our COVID-19 response had begun and continued throughout 2020 by all 1,300 employees. We began to see our first cases in late spring which gradually built to a large wave in the early winter of 2020. Unfortunately, for too many families, many hospitalizations and deaths followed. Our sincere condolences to each of you.

On December 17, we began the YK Delta’s largest vaccination program in its history with the Pfizer vaccine initially and other brands thereafter. By January 11, 2021, anyone 16 years of age and older was eligible for the vaccine across our 50 member villages. Before the end of January, we had offered the vaccine at least once to all 50 villages and had been to many villages multiple times. Our pace was aggressive, fast and safe. It was very important to leadership to use all resources available to ensure all 50 member villages were offered the vaccine timely, regardless of how remote each of our homes are because access to health care has always been at the foundation of YKHC.

We continue to educate and answer questions on COVID-19 response and the available vaccines through a variety of methods:

- Custom public service announcements on six radio stations;
- Local, statewide and national media interviews;
- Print and graphic ads;
- The monthly Messenger;
- Videos;
- www.YKHC.org;
- YKHC’s Facebook page;
- Six region-wide virtual town halls with various partners;
- Weekly hour-long telephone conferences with tribal/city governments, seven school districts and YKHC staff;
- Monthly hour-long telephone conferences with businesses;
- Numerous individual telephone conferences with tribal and city governments.

Shortly, we anticipate being able to offer the vaccine to children ages 12-15 after the vaccine receives an emergency use authorization from the federal government. To learn more about YKHC’s COVID-19 response, to sign up for the vaccine or to answer your questions on the vaccine’s safety and effectiveness, go to www.YKHC.org or YKHC’s Facebook page.

In February, we were pleased to pay a HERO’s bonus to all eligible staff for their commitment to YKHC and the people of the YK Delta for choosing and staying with YKHC as their employer of choice during the COVID-19 pandemic. Employees who worked more than one year and with less than three years of continuous service received $1,500. Employees with at least three years, but less than six years of continuous service received $3,500. Employees with at least six years of continuous service received $5,500. This was the largest employee annual raise in the company’s history, with almost $3 million benefiting staff and the region. YKHC has worked hard to pay annual employee raises five in the last six years, a company first.

As March 2021 came to a close, we finished our hospital and housing project. It was on time, under budget and most importantly, completed safely. As the new south entrance of the hospital opened this April of 2021, we transitioned to two new projects. First, we will connect a large business office space to the back of the hospital and secondly, we will refurbish the first floor of the Community Health Services Building. These new projects will finish later this summer and were largely paid for by savings from the original hospital and housing project.

Quyana to all 1,300 YKHC employees and our hospital construction partner, ASKW-Davis LLC, the Indian Health Service, and the numerous sub-contractors for all that you do each and every day!

Quyana to all our customers! Please do not put off your health care, even during a pandemic. Get your annual physicals, preventative screenings and medical advice. YKHC is here for you and your family.

Sincerely,

Walter Jim

Chair of the Board of Directors

Dan Winkelman

President & CEO
YKHC has adopted four primary strategic themes to frame its efforts to achieve the YKHC Vision

- Healthy Community
- Healthy People
- Care Delivery
- Corporate Capability and Culture

In 2020, **COVID-19 Response** was added as a fifth strategy.
COVID-19 Response

Prepare community
Deploy testing
Support public health
Increase public health and communication
Restructure facility operations
Manage administrative overhead and support

PREPARE COMMUNITY

- YKHC created a dedicated COVID-19 team and activated an Incident Command protocol in March, which continues.
- The threatened ramifications of COVID-19 spread prompted surge planning to prepare ICU beds, isolation areas, and other medical support that would likely be needed.
- YKHC teams coordinated with tribes, municipalities, and other tribal health organizations for surge planning.
- Weekly calls with ASHNHA, the State of Alaska, ANMC, and ANHB were initiated.

DEPLOY TESTING

- YKHC’s Chief of Staff developed local testing criteria and strategies in alignment with the CDC and State of Alaska.
- A COVID-19 triage hotline was created to assess testing needs of patients concerned about symptoms.

While in-person dental appointments were suspended, dental staff went to work making face masks.

Drive-through testing tents in Bethel, sub-regional and village clinics were set up and staffed.

- Testing locations were set up at the Bethel, Aniak, and St. Mary’s airports to meet all incoming flights.
- Village rapid response teams deployed on chartered flights from Bethel when a positive case was identified in a village. The teams conducted widespread community-based testing and on-site contact investigations.
- Weekly testing was performed for YKHC Dietary staff and at all inpatient facilities, including The YK Elder’s Home, Behavioral Health treatment centers and the hospital.
- Testing outreach was conducted in coordination with the State of Alaska adult corrections facility and the Juvenile Justice facility located in Bethel.
- YKHC established a rigorous testing strategy for external contractors and for providers visiting villages.
SUPPORT PUBLIC HEALTH
• Medical staff began conducting daily check-in calls for all COVID-19 positive patients and close contacts.
• Contact tracing and provider follow-up was provided to all COVID-19 positive patients in the region.
• YKHC Chief of Staff and the Alaska Section of Epidemiology communicated weekly.

INCREASE PUBLIC INFORMATION AND COMMUNICATION
• YKHC Public Relations notified tribes, local governments, school districts, staff, and the public of all known positive COVID-19 cases in the region, as well as testing totals, deaths, medevacs and recoveries.
• Weekly calls with Tribes and municipal governments ensured prevention and preparedness, quarantine and community lockdown advisories were shared with communities.
• The public was updated consistently through community outreach, in the form of public service announcements and media interviews.
• YKHC published weekly situational reports updating local stakeholders on case information, recoveries, and reminders.

Early in the pandemic, we began conducting symptoms and exposure-risk screenings for all patients arriving at our facilities.

RESTRICTURE FACILITY OPERATIONS
• YKHC implemented telecommuting, wherever possible, early in the pandemic.
• We established symptoms screening as part of scheduling and registration.
• Physical distancing measures and protective equipment were adopted in all clinical and administrative facilities.
• We mandated symptoms screening of patients across facilities and created care areas for high-risk patients (such as those with respiratory symptoms and expectant mothers)
• Additional cleaning and sanitizing protocols in the hospital and long-term care facility were put in place.
• Dietary service was restructured to comply with health mandates.
• Pharmacy started three-month prescriptions refills.
• Testing locations outside the hospital and at the airport were set up and maintained.

MANAGE ADMINISTRATIVE OVERHEAD AND SUPPORT
• Accounting workflows and internal cost processing was established to track direct COVID-19 and Incident Command expenses for reimbursement by federal COVID-19 assistance funding. This included internal processing of labor, materials, and facility costs.
• Related expenses were incurred to establish legal and employee policy guidance.

We created and enacted telehealth for medical appointments early in the pandemic.
HEALTHY COMMUNITY
Extend and sustain water and sewer projects
Advocate for public funding and new projects

EXTEND AND SUSTAIN WATER AND SEWER PROJECTS

YKHC continues to advocate for public funding to sustain and extend sewer projects in our communities. Overall health is significantly improved in households with piped water and sewer. Families living in homes without indoor plumbing have higher rates of respiratory and skin infections.

There are 4,781 occupied homes in the YK Delta.

Funded Levels
- Piped 59%
- Haul 14%
- Honey bucket 25%
- Other 1%

Current Service
- Piped 53%
- Haul 11%
- Honey bucket 35%
- Other 2%

Note: The funded service level includes these percentages of homes outside of Bethel that have been funded for service. Some of these homes have active projects to provide service, but have not yet been hooked up. Others were served, but are not active customers.

ADVOCATE FOR PUBLIC FUNDING AND NEW PROJECTS

YKHC partners with the State of Alaska and ANTHC, Village Safe Water funded projects, and other sanitation projects, advising on projects needed, reviewing plans, inspecting facilities and advocating for funding.

ARUC reconnecting home water/sewer
YKHC advocated for the ANTHC Alaska Rural Utility Cooperative (ARUC) to reconnect homes with water/sewer services during the COVID-19 crisis. ARUC collaboratively manages ten water systems in the YK Delta in partnership with local city or tribal offices. The local water plant operators in each of these ten communities are ARUC employees, and they were plumbing inside homes that could not be easily reconnected, required parts not easily locally available and when access to homes was limited asked to “turn on” disconnected homes with water/sewer services.

Bleach Kit Distribution

Due to the nationwide bleach and hand sanitizer shortage, YKHC-OEHE developed instructions and kits for local water plant operators to use Calcium Hypochlorite from the water plant to mix 5% household bleach. Bleach is an important tool for disinfection of surfaces and for wash basins when water is reused for handwashing. The kits included a 32-gallon container for mixing, personal protective equipment, mixer, siphon pump, directions, and empty bottles with childproof lids and warning labels that can be filled with bleach solution and distributed to homes.

Forty-nine water plants received bleach kits. OEHE staff spoke with all water plant operators for community distribution. For locations that don’t have a water plant, OEHE staff worked with a person designated by the tribe to receive and distribute kits.

Much has been put on hold or delayed, although some work is being done in some Village Safe Water projects.

COVID-19 Disinfection for YK Delta Homes

Protect yourself and others from COVID-19.
Avoid close contact (within 6 feet) with others, stay home if you’re sick, clean and disinfect frequently touched surfaces daily, and wash your hands often. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.

Here are some things that homes without running water can do using household bleach.

Using bleach to disinfect surfaces
Wear gloves to protect your hands from bleach.
Mix 4 teaspoons liquid bleach with 1 quart of water to make a strong cleaning solution (500-800 ppm). First, clean soiled surfaces to remove dirt and grime. Next, wipe the bleach solution on “high touch” hard surfaces daily like door knobs, light fixtures, tables, counters, toys, toilet handles, faucet handles, and sinks. Leave the surfaces wet for 10 minutes, enough time to kill the germs. Rewipe if needed.

Using a handwashing basin
If you use a handwashing basin, make sure the water in the basin is changed regularly during the day. Consider adding a small amount of bleach to basin water, so that germs don’t grow. Add 1 teaspoon liquid bleach to a half gallon of water. This will create a mild bleach solution, slightly stronger than pool water.

Having two separate basins is best - one for soapy wash water and one for clean rinse water both bleached.

**HEALTHY PEOPLE**

*Improve our children’s oral health*

*Reduce drownings, unintentional injuries and suicides*

*Increase Cancer Screening*

---

**IMPROVE THE ORAL HEALTH OF OUR CHILDREN**

We partner with communities and families to change behaviors and expectations, discouraging the consumption of soda and high sugar drinks and offering education to Head Start, school districts and tribal councils.

We support the fluoridation of water systems and advocate for extending piped water systems in the region.

We are improving access to preventative services such as oral exams for high risk children ages 0–9, providing fluoride varnish and sealant treatments.

We are engaging with pregnant women to control potential transmittal of dental disease to their babies.

We continue to train more dental assistants and dental therapists while recruiting for pediatric dentists.

The new hospital’s expanded dental facilities allow will allow YKHC to provide additional services.

---

**REDUCE DROWNINGS, UNINTENTIONAL INJURIES AND SUICIDES**

Unintentional injuries and drownings are among the top ten leading causes of death in the YK Delta with approximately twice the number of deaths from unintentional injuries compared to the rest of the country. Unintentional injuries account for the second highest number of deaths per year in our region.

To reduce unintentional injuries, YKHC prioritized injury prevention training. Program staff virtually attended ANTHC’s Injury Prevention Level 2 training in May. Program staff are considering the development of an Injury Prevention Level 1 distance delivery training for community and tribal leaders, or a digital injury prevention fellowship for community leaders.

Additional programs were created to assist with COVID-19 related needs. The OEHE team is assisting the state with COVID-19 contact tracing for the YK Delta. In the event of a community-based response trip, the OEHE team assists with community-based testing, communications, and logistics.

YKHC took steps to reduce suicide. The YK Delta has had a high suicide rate for many years, with 10–24 each year. Sadly, most are teens and young adults and most are alcohol related. Most people who die are not active in Behavioral Health treatment. People who are engaged in Behavioral Health treatment are more likely to survive and recover.

---

A Reduce Suicide Task Force was formed. Goals include implementing universal suicide screenings for patients, providing training for staff in all care areas, increasing protective factors in YKHC and in our communities and enhancing Behavioral Health capacity.

---

To help reduce drownings, OEHE ordered and sent out 946 life vests for 52 Kids Don’t Float stations in the region.
INCREASE CANCER SCREENINGS

Cancer is the leading cause of death for people of the YK Delta. Early detection (screenings) can lead to better care and better outcomes.

Current YKHC Screening Rates

- Colorectal Cancer screening rates: 34.5% of eligible population.
- Breast Cancer screening rates: 20.4% of eligible population.
- Cervical Cancer screening rates: 55.2% of eligible population.
- Lung Cancer screening rates (high risk group): No current data.
- Tobacco Use screening rates: 67.7% of eligible adult population.

CARE DELIVERY

Successfully complete the Paul John Calricaraq Project
Strengthen village health programs
Focus on quality
Improve patient experience

SUCCESSFULLY COMPLETE THE PAUL JOHN CALRICARAQ PROJECT

In 2020, despite the COVID-19 global pandemic, construction on the Dr. Paul John Calricaraq Project continued within budget and on schedule. Extra safety measures were taken to prioritize safety of staff, patients, visitors and crews while construction progressed.

New Three Story Hospital Expansion Construction

Finishing touches for Dental, Nicotine Therapy, Physical Therapy, Diabetes/Wellness, Ultrasound and Behavioral Health departments on the second floor of the hospital expansion were completed in January 2020. New furniture was installed at the second floor waiting areas. In early 2020, some artists traveled to Bethel to install their artwork including the stained-glass art in the north stairwell (right). The remaining artwork will be installed following project completion.

At the start of the COVID-19 pandemic, YKHC Construction created temporary enclosed dental suites for treating patients with additional means of separation. In the lab, new automation equipment was installed and certified and due to COVID-19, additional Lab testing equipment was purchased in 2020 and is scheduled for installation in 2021.

Connector Link

The connector link construction, which includes the Gathering House, Gift Shop, Patient Financial/Travel Department and Outpatient Pharmacy, continued throughout 2020 and was substantially completed in late June. In addition, the Dietary Servery, Café and Dining area was extended as the connector construction was completed.

Old Hospital Renovation

The project team executed carefully planned phased demolitions and renovations of the existing hospital to best maintain ongoing hospital operations. Temporary spaces such as dining area and waiting areas were constructed.

The Emergency and Behavioral Health Departments underwent full renovations in 2020. The old hospital main entrance and parking lot that will become the new Emergency Department entrance was demolished in July and so ambulance traffic was tem-
Tessi Charles, Akiachak
Tessi called the ER when a tragedy struck her village. She was told by the provider to do her best to keep the victim alive and that is what she did. She was the only health aide at the time, alone in a house, and relied on community members for back-up and to bring supplies.

She supported the patient so he could breathe. She did an amazing job. Lifemed was activated and the patient survived. Lifemed was amazed at the tremendous efforts Tessi made to keep the patient alive.

The certification and start-up was achieved for medical gas and air systems for the Hospital Emergency Department, Behavioral Health and Diagnostic Imaging. Medical and IT equipment was installed including lighting and anesthesia support booms in the operating rooms, and sterilizations equipment in the Central Sterile area.

Substantial completion and move-in of the Emergency Department and ambulance bay occurred in July. The Surgery and Central Sterilization departments were completed in November.

The old pharmacy was demolished and renovated into new staff locker rooms, a staff lounge, conference room, training rooms and Biomed Department space for medical equipment maintenance and repair. At the end of 2020, demolition of the temporary sterilization rooms began in early December, making way for the new morgue rooms.

HEALTH AIDES OF THE YEAR FOR 2019

Among the disappointments of having no Tribal Gathering in 2020 was missing the recognition of Health Aide of the Year for the previous year. Two outstanding health aides received the honor and were celebrated in a special September issue of the Messenger.

Cindy Lawrence, CHP, Mountain Village
Cindy is all around a great person, a great health aide and a leader in her community. She is a role model for upcoming health aides and someone to go to when emergencies are happening. She advocates for patients as well as her clinic. She gained a lot of experience working in Mtn. Village, which has helped other health aides as well.

Tessi Charles, Akiachak
Tessi called the ER when a tragedy struck her village. She was told by the provider to do her best to keep the victim alive and that is what she did. She was the only health aide at the time, alone in a house, and relied on community members for back-up and to bring supplies.

She supported the patient so he could breathe. She did an amazing job. Lifemed was activated and the patient survived. Lifemed was amazed at the tremendous efforts Tessi made to keep the patient alive.
**STRENGTHEN VILLAGE HEALTH PROGRAMS**

The Itinerant PA/NP program includes six itinerant PA/NPs who visit villages regularly. Village coverage has increased from approximately 80% to 88%.

Itinerants performed follow-up visits to communities with positive COVID-19 tests to provide community testing one week after initial close contact testing.

Flu vaccine coverage, as well as routine vaccinations also increased in 2020 over the prior year.

**FOCUS ON QUALITY**

YKHC has continued its commitment to quality throughout the organization. Key focuses for this year and next include the following.

- **Preparations for upcoming Joint Commission visit.** We consistently prepare for Joint Commission visits by monitoring our workplace. A new tracking tool was implemented to support this goal. We anticipate the Joint Commission will review the new hospital and focus on COVID-19 protocols.

- **Quality metrics.** Metrics are displayed on department huddle boards. Next steps include creating and coordinating clinical measures for staff reports, increasing focus on immunizations and cancer screening.

- **Regulatory compliance.** A template of all reporting requirements was created. We are now working on increasing departmental compliance and implementing metrics to track participation.

- **Utilize customer comments for improvement.** A feedback manager has been put in place, which allow us to utilize customer comments to drive improvement. The next step is standardizing feedback labeling to help identify and address top issues.

- **Focus on safety.** YKHC conducts a daily safety and quality call. Regular Environment of Care safety rounds are conducted. Upcoming projects focus on improving the daily safety and quality call by standardizing the recording of issues and removing any stigma around reporting.

---

**Providers take it to the village**

When the coronavirus reached Alaska in March of 2020 life in the YK Delta suddenly changed. YKHC was faced with a new challenge: how can we continue to provide care while keeping our staff, communities and

One strategy identified to decrease the spread of the virus was for YKHC staff to travel to the villages to provide care. Each trip required extensive collaboration and coordination, including COVID-19 testing for staff prior to departure, approval from the Tribal Council for YKHC to visit their community, airport pick-ups upon arrival, and the work of transporting all the gear required to provide care.

Although this model has been used for years, now in the time of COVID-19 more department staff traveled to villages more frequently, including smaller communities that don’t always see providers as often.

YKHC’s Diabetes Prevention & Control was able to use grant funds earmarked for patient and provider travel to support this endeavor, which helped to offset costs from YKHC’s Indian Health Service budget. As part of this partnership, more than 165 village trips occurred, with Dental, Outpatient Services, the Village Itinerant Program, and Physical Therapy each completing dozens of trips.

Outpatient Clinic providers Anne Komulainen, PA-C, and Crystal Vancor in Napakiak.

We are increasing focus on leadership standard work, including leadership rounding, staff training, and increased use of visual boards.
To improve continuity of care, YKHC is developing a system that allows a patient to see the same provider each visit to the greatest extent possible. Full rollout of this new model of care, which assigns pods of providers to cover geographic regions, has been delayed by COVID-19.

Patients have greater access to care. The PJCP expansion has increased the available exam rooms (and will allow growth in the future to accommodate patient demand) as well as locating other departments, such as Dental, Optometry and Behavioral Health, in the same building to allow easier access to these services.

We are making it easier for customers to provide feedback about their appointments via telephone surveys.

A second round of customer service training for YKHC staff will be developed based on customer comments.

---

**CORPORATE CAPABILITY AND CULTURE**

*Improve recruitment and staffing processes*

*Shape culture to support high reliability*

*Develop a strong Alaska Native workforce*

*Continue to improve cash flow*

---

**IMPROVE RECRUITMENT AND STAFFING PROCESS**

Hiring was affected by the pandemic, which required layoffs, furlough, and a hiring freeze. As of Sept. 30, 2020, 236 positions were open, including 35 percent of positions for physicians and 33% of positions for clinicians.

In order to work towards our mission and vision, it’s important to hire qualified, committed employees. We remain fully committed to that goal.

<table>
<thead>
<tr>
<th>YKHC Positions</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opened</td>
<td>1149</td>
<td>1297</td>
<td>1155</td>
</tr>
<tr>
<td>Filled</td>
<td>913</td>
<td>951</td>
<td>666</td>
</tr>
<tr>
<td>Ratio 7</td>
<td>9.5%</td>
<td>73.3%</td>
<td>57.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Departure Metrics</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resignations</td>
<td>493</td>
<td>437</td>
<td>475</td>
</tr>
<tr>
<td>Terminations</td>
<td>220</td>
<td>176</td>
<td>277</td>
</tr>
<tr>
<td>Internal Transfers</td>
<td>212</td>
<td>229</td>
<td>130</td>
</tr>
</tbody>
</table>

**SHAPE CULTURE TO SUPPORT HIGH RELIABILITY**

We are deploying the Napartet strategy. Lean Coordinators are working with their departments and staff on problem-solving tools to change vision into actions. This program will be accelerated next year.

Next steps include further engaging senior leadership and medical staff, rolling out a program to recognize and reward performance and offering additional departmental trainings.

**DEVELOP A STRONG ALASKA NATIVE WORKFORCE**

Hiring a strong Alaska Native workforce is important because we know people from the area are more likely to stay. Retention is important moving forward. To support this, we give Native preference when hiring and support projects to develop people.

In 2020, YKHC hired 272 people, 135 of whom were Native. COVID-19 directly affected hiring; expanded COVID-19 testing required the hiring of TDY Registered Nurses. Typically, most of these applicants are non-Native. Fifty-seven percent of YKHC’s overall employees are Alaska Native.
CONTINUE TO IMPROVE CASHFLOW

YKHC was on pace to see a record number of patients in FY20 until March when the whole country started to shut down in order to slow the spread of this terrible disease.

While YKHC saw increased funding from the Indian Health Service (IHS) in 2020, third party collections decreased by almost $13 million, or roughly 10 percent from the previous year. These funds are very important to YKHC’s operations—third-party collections are unrestricted dollars that we are able to use for loan repayment and other programs that IHS does not fund, such as the Elder’s home.

This decline in revenue required tough choices, including a temporary furlough as we were unsure of how long patients would need to stay home or how long it would be before a vaccine was developed.

Grant funds increased as Federal and State funding were increased to support pandemic response efforts. YKHC tried to prioritize the use of these funds in ways that would not only combat the pandemic but would help the organization prevent illnesses in the future. Some of these projects include UV air cleaning systems in all of the residential and hospital buildings in Bethel and adding water and sewer hook-ups for both the Kongiginak and Tululksak clinics.

YKHC is currently in the process of completing improvements on all of the other village clinic facilities that allow for cleaning to combat COVID-19. This includes flooring replacement in some facilities.

All of the village clinics will have new anti-microbial furniture and vaccine refrigerators that will allow the clinics to store COVID-19 tests as well the COVID-19 vaccines. These funds also supported free testing for all of our communities as well as the COVID-19 Togo vaccination effort.

As YKHC continues to grow and change to being a stronger organization with more diverse revenue sources, this helps the organization to weather tough community and operational challenges like the COVID-19 pandemic.

Being in a strong financial position allowed YKHC to respond quickly and proactively to the challenges of the pandemic without having to wait for Federal or State funding to materialize.

Fiscal Year 2021 will bring the completion of Phase III of the Dr. Paul John Calricalraq Project (PJCP) that will complete our agreement with IHS for funding of the Joint Venture. The people of the YKHC region should be very proud of their new facility, all of the tribal members and employees who worked to make it a successful project that stayed on time and on budget while delivering a facility that will make a substantial impact to the people of the region for decades to come.
VACCINATION — PROJECT TOGO

On December 10, 2020, The US Food and Drug Administration (FDA) provided initial emergency approval for use of Pfizer’s COVID-19 vaccine. Another vaccine produced by Moderna was approved soon thereafter.

The Pfizer vaccine had to be stored at -70° F, which presented challenges for storing and transporting the vials of vaccine in our region. The University of Alaska Fairbanks loaned YKHC a special freezer to keep the Pfizer vaccine cold enough and soon Project Togo (named for the famous lead dog of the Nome serum run of 1927) was underway.

Providers and Health Aides were first on the list to be vaccinated so they could safely conduct testing and other COVID-19 care duties without getting sick themselves.

Teams of vaccinators flew on chartered planes to villages, often vaccinating people inside the planes or on the runways so they could administer the first doses quickly as the vaccine could only be out of could storage for a few hours.

By the end of December, YKHC was receiving vaccine from both the Indian Health Service and the State of Alaska and we were able to quickly begin vaccinating Elders, essential workers and, eventually, all residents of the YK Delta over the age of 16.
On Saturday, January 16, 2021, a fire destroyed the Tuluksak water treatment plant and washeteria. The community worked tirelessly to try to save the building, but eventually had to shift their focus to protecting nearby homes and fuel tanks.

The following Monday, YKHC Remote Maintenance Workers (RMWs) and a team of medical professionals arrived to assess the damage and provide care to affected residents, and deliver bottled water for elders.

On Wednesday, January 20, and again on January 26, YKHC hosted a meeting with members of the Tuluksak Native Community, the State of Alaska, Indian Health Service (IHS), US Dept. of Agriculture (USDA), Housing and Urban Development (HUD), and several federal agencies to solidify plans and funding for temporary and permanent solutions to bring water services back to Tuluksak—and develop a long term solution to replace the destroyed facility.

YKHC’s immediate short-term plan provides $150,000 of funding to restore non-potable water to Tuluksak for cleaning, bathing, and other sanitation needs of the school and community. This plan also included the building of a temporary washeteria.

YKHC immediately began purchasing and trucking supplies to Tuluksak. Winter storms made the ice road impassable, and YKHC personnel used personal snowmachines and sleds to ensure timely delivery of some supplies.

Teams traveled through -30 wind chills and huge snowdrifts to get to Tuluksak where they spent the rest of the day thawing equipment. They encountered equipment issues, preventing them from using the on-site front-end loader.

Three Remote Maintenance Workers (RMW) divided up the six village workers to tackle the task of placing and connecting pipeline. Five teams made significant progress, while the remaining team continued to work on the malfunctioning front-end loader. Crews were delayed in moving pipe into place due to heavy snow drifts and requested the use of DOT airport equipment to clear snow and move the pipe. On February, 19, RMWs and Tuluksak workers restored service to the school. The temporary system pulled water from the Tuluksak river, and transferred it to the school where it was treated with a series of cartridge filters and chlorine before being distributed around the school. Although treated, the water was considered non-potable, and was primarily for providing sprinkler protection at the school, flush toilets, and showers.

YKHC coordinated with the State Drinking Water Program to verify that the water from the 300-gallon tanks were provided adequate filtration and disinfection to meet the requirements for surface water treatment and was able to lift the Boil Water Notice for the batch-chlorinated water.

In early March, YKHC added a reverse osmosis point of use filtration system for added protection. The Drinking Water Program authorized Tuluksak to operate this system through July 30, 2021, as an “emergency repair.”
YKHC’s intermediate plan will provide $1.5 million in funding to deliver the YKHC Long-Term Care/Prematernal Home treatment plant and storage tank to Tuluksak. This building will be delivered when the river is safe enough and used until a permanent build of the new water plant is complete. YKHC RMWs and YKHC Construction prepared the building for transport by draining the lines, and securing interior components to the floors and walls. YKHC has contracted with CRW engineering and Faulkner and Walsh to implement this phase of the project.

Plans are underway for a permanent replacement as well. Immediately following the fire, YKHC requested a replacement be funded out of this year’s appropriation from the IHS sanitation facilities construction funds. The Alaska Sanitation Facilities Advisory Committee, made of Tribal representatives from around the State, voted to support this request, and the IHS will work to appropriate funding from this fiscal year to get design and construction started right away.

YKHC will provide initial funding for both the immediate and intermediate projects. The Alaska Native Tribal Health Consortium (ANTHC) has been assisting with developing applications for IHS, USDA, HUD and others to seek reimbursement for this emergency funding. The State’s disaster declaration will allow for the state to reimburse YKHC with any emergency repair expenses not covered by federal grants.

As this work was taking place, many State, Federal, non-profit and for-profit organizations, and individual donors, worked to keep the community supplied with bottled water and other supplies. “It’s been incredible to witness how individuals and organizations come together from around the U.S. in support of Tuluksak,” said Brian Lefferts, Director of the YKHC’s Office of Environmental Health. “I’m proud of the hard work and dedication from our RMWs, and partners at Tuluksak Native Community, ANTHC, CRW, Faulkner & Walsh, and our State and Federal agencies coming together in support of our mission—Working Together to Achieve Excellent Health.”

Residents in Tuluksak once again have a location where they can do laundry. “I couldn’t be more proud of the YKHC RMWs and the Tuluksak crew for their hard work these past few weeks,” said Brian Lefferts, Director of the Office of Environmental Health & Engineering. “Having a location for residents to do laundry is essential to the health of the community, great work!”

March 2021 Update

YKHC Remote Maintenance Worker Shane McIntyre and a team workers from Tuluksak, Jeremy Daryl, Henry, Carl, Jerrah “Jam,” and Chris turned on water and sewer service to a temporary laundramat that was set up after the Tuluksak washeteria burned down earlier this year.
RESOURCES

YKHC main switchboard ................................................................. 543-6000
Toll Free ..................................................................................... 1-800-478-3321

APPOINTMENTS

Outpatient Clinics ................................................................. 543-6442
Dental ................................................................................. 543-6229
Optometry ............................................................................. 543-6336
Audiology .............................................................................. 543-6466

SUBREGIONAL CLINICS

Aniak ...................................................................................... 675-4556
Emmonak .............................................................................. 949-3500
St. Mary’s ........................................................................... 438-3500
Toksook Bay ........................................................................... 427-3500
Hooper Bay ............................................................................ 758-3500

SERVICES

Inpatient (North Wing) ...................................................... 543-6330
Pharmacy Refill Line ...................................................... 543-6988
Toll Free ................................................................................ 877-543-6988
Physical Therapy ............................................................... 543-6342
Women’s Health .................................................................. 543-6296
Irnivik Birthing Center ..................................................... 543-6346
Behavioral Health Services ............................................. 543-6100
BH CRISIS RESPONSE LINE ........................................ 543-6499
Substance Abuse Treatment ............................................. 543-6730
Sobering Center .................................................................. 543-6830
Developmental Disabilities ............................................. 543-2762
Emergency Room ............................................................... 543-6395
Office of Environmental Health & Engineering, Injury Contro & EMS..543- 6420

ADMINISTRATION & SUPPORT

Administration ...................................................................... 543-6020
Human Resources .................................................................. 543-6060
Public Relations ..................................................................... 543-6013
Travel Management ................................................................ 543-6360

WE WANT TO HEAR FROM YOU

There are several ways to provide feedback:

• After your visit, take the survey for Qless, if you registered on your smartphone.

• E-mail us at customer_feedback@ykhc.org

• Download a feedback form at www.ykhc.org/comment

• Mail a comment form to
  P.O. Box 287
  Bethel, AK 99559

• Or fax a feedback form to 907-543-6366

USING THE MyYKHealth PORTAL

The HealthLife application, commonly referred to as MyYKHealth, is a secure, web-based service that enables collaboration between patients and providers. MyYKHealth includes the following patient services:

• Send secure messages to your case managers
• View upcoming appointments
• View test results
• Health Record: You can find appointment instructions, medications, immunization records, and more. Keep your record up-to-date to help you and your care providers.

Remember, this is not a complete health record. Some results such as radiology reports or provider notes may not be viewable.

• Manage other accounts: With proper consent, caregivers can view medical records of family members and for children up to the age of 18 years old.

Parents, this is an excellent way to track which immunizations your child has received! To do this: log into your MyYKHealth account, select the account you want to view by clicking on the dropdown arrow next to your name, and click on “Visit Summaries” and then select Health Profile or Procedures. Minors will need to reactivate their myYKHealth account at the time of their 18th birthday.

If you already have a MyYKHealth account, simply go to the https://www.ykhc.org website, and click on the “myYKHealth Log-In” button.

If you don’t have a myYKHealth account, but have an email address on file with Registration, you can self-enroll by following these steps:

• Make sure the Registration department has your email on file.

• Obtain your Medical Record Number (MRN) from the Registration department or locate your MRN number on any discharge paperwork from previous YKHC appointments.

• Go to https://ykhc.iqhealth.com/self-enroll/.

• Fill out your information: Name, DOB, Last four digits of your SSN, and MRN.

Once you’ve created your account, go to your email and verify your email address. You will then be able to log in to myYKHealth.

Frequently Asked Questions

How do I access myYKHealth?

Once you have an account set up, you can access myYKHealth anywhere you have access to the internet.

Is my information secure?

Yes, myYKHealth is HIPAA compliant and provides you with the ability to securely view, store, and share your health information.