



CEO Board Report

September 2018

By: Angie Gorn

Thank you!

"I was highly impressed with the overall operation of the ER. Great doctor and excellent nurse"-

- A happy ER patient

"I am thankful to NSHC for hosting their first ever Ten Days of Wellness Event. I enjoyed meeting new people from our region and getting to know local people here in Nome, better".

-Jessica Ivanoff, 2018 Wellness Program Participant

Fall Greetings!

NSHC's dedicated staff continue to work hard day and night to maintain and improve the quality of care delivered to our patients and communities. Our human capital is our most valued asset and much appreciation is extended to the Board for their support of our employees. NSHC currently employs over 685 employees with a 62% Tribal Hire Rate.

Most recently, NSHC was recognized as a National Leader in quality by the Department of Health and Human Services. Additionally, NSHC has reduced ER visits by 25%, while increasing Primary Care visits by 48%. Health Aide visits remain steady at 22,800 YTD and all levels are now reimbursable by Medicaid. With the recruitment of more physicians in all areas of specialty, village visits have increased over the past quarter. Acute Care admissions are significantly higher for FY18YTD, while the average length of stay has been maintained at 3.1 days. The addition of full-time Psychiatry Services has facilitated more admissions with qualifying diagnoses.

NSHC remains financially strong with a proposed FY2019 Operating Budget of \$169.7 M and a \$50 M Capital Budget. Medicaid Expansion continues to present opportunities for NSHC to enroll more residents for health insurance; a total of 5300 residents are now covered. Cash Collections remain strong at \$64 M YTD. Third-party revenue now exceeds the amount of funding from Indian Health Services and is critical to carry out the level of services and programs that NSHC provides.

NSHC continues to improve wellness for the mind, body, and spirit. Wellness activities for our workforce have been integrated into our corporate calendar and a wellness event was offered this summer for interested Tribal residents in the region. Both events have increased knowledge about one's own health and self-care to take ownership for behavior change. Major steps have been taken to plan for NSHC's expansion of substance abuse treatment services. Construction for the Wellness and Training Center will begin in FY2019 and a day shelter will be initiated soon in the interim.

The MRI, Savoonga Housing, Shaktoolik Clinic, and Golovin Housing projects are on schedule and under budget. Planning for new clinics in Diomedes, St. Michael, and Shishmaref is underway. NSHC is not standing still with water and sewer gaps in the region and significant advocacy occurred in FY2018 at the state and national level.



Workforce

- 212 employees participated in the Inupiaq language course
- Supported 687 direct hire employees
- Funded 286 scholarships FY2018; 2 competitive scholarships and 2 doctoral scholarships awarded
- Reduced Involuntary Termination rate by 50%
- Saved \$4.46 M in Health Insurance Expenses for Employees while providing health insurance at no-cost to workforce and dependents
- Logged over 1135 wellness workshop sessions in FY2018
- Initiated an Employee Birthday Recognition Program in August



Clinical Services

- Recognized as National Quality Leader by Department of Health and Human Services for Primary Care Services; \$85,000 monetary quality award received
- Medical Staff nearly permanently staffed; recruited OB, psychiatry, ED, and hospitalist specialties
- Reduced Emergency Department Visits by 25% and increased Nome Primary Care visits by 48% since FY14
- Provided 22,804 Health Aide Visits, 1067 Physician Visits, and 28,895 overall Clinic Visits YTD
- Admitted more Acute Care Patients FY18, while maintaining 3.1 days average length of stay
- Launched a Patient Wellness Program pilot project; nine participants completed program
- Developed a Day Shelter Concept/Proposal for the Nome Community to move forward in FY2019

Finance

- Enrolled and maintained over 5300 residents for Medicaid Coverage
- Collected over \$64M in cash from third-parties; cash collections expected to exceed FY2017
- Expanded Patient Driver hours and purchased new vehicles; patient travel workgroup formed
- Prepared \$169.6 M Operating Budget for FY2019

Quality/Compliance

- Passed Joint Commission re-accreditation, HRSA, Long-term Care, and CARF Surveys
- Improved HRSA Quality Goals for childhood overweight/obesity counseling, Adult Body Mass Index (BMI) Counseling, and Controlled Hypertension

Engineering and Environmental Health

WE MADE IT!



- Progressed Golovin Housing Project with October 2018 Completion Date
- Provided oversight and Quality Assurance for Shaktoolik Clinic, MRI, and Savoonga Housing Construction; all projects on time and within budget
- Assisted 35 Tribal Home-owners with bed bug infestation support
- Prepared Wellness and Training Center project for construction FY2019
- Developed a robust \$50 M Capital Budget for FY2019

Self-Governance and Public Relations

- Published FY2017 Annual Report to be disseminated to all boxholders
- Coordinated 3 Employee Wellness Events FY2018
- Facilitated and Participated in Senator Murkowski's Savoonga Housing Hearing
- Developed a Primary Care Provider Brochure
- Advocated for Water and Sewer reform at National Level; participated in I.H.S Caucus and provided testimony
- Coordinated several meetings with Tribes to improve water and sewer project scores
- Participated in 24 meetings in FY2018 with Tribal/City Councils to listen to concerns and share information about NSHC's programs and services
- Ranked 7th Most Beautiful Hospital in the Nation FY2018

Human Resources

Vision Statement: *We will hire and develop our Tribal Members to manage and deliver our services & support and develop our youth to pursue higher education and health care careers to ensure there is future Tribal leadership.*

Employee Happy Birthday Recognition Program

A "Happy Birthday Recognition Program" was rolled out starting August 2018. All employees at NSHC will receive a birthday card, birthday candy bar, and personal delivery (when possible) to help celebrate their birthday. Corporate Officers have stayed busy signing cards for the employees in preparation for the upcoming birthdays. This has been a great way to recognize NSHC's employees with years of service and to meet new staff.



Pictured to the left is Eileen Ezekemouw, a longevity employee working for NSHC's BHS Department with over 37 years of service.

Administration would like to thank Paul Bioff, NSHC Summer Admin Intern, for coordinating the program so it could be rolled out.

Annual Employee Picnic a Success

The Nome Staff Picnic was held the afternoon of Friday, July 27th. Village clinics picnics were held Monday, August 6th. This year's picnic theme was "Canyons and Cactus," which led to plenty of prickly puns and the traditional delicious barbecue fare. Nutrition Services staff whipped up hot dogs and burgers along with picnic sides and cake. Picnic goers also raked in prizes after trying their hands at a variety of games.



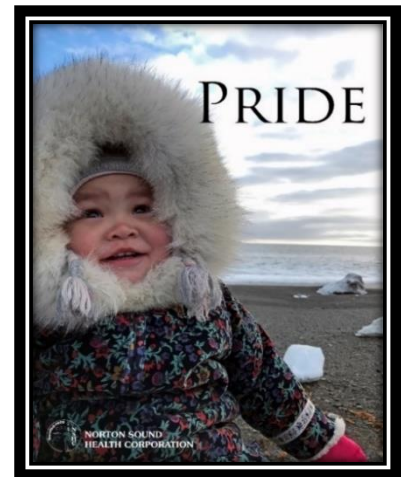
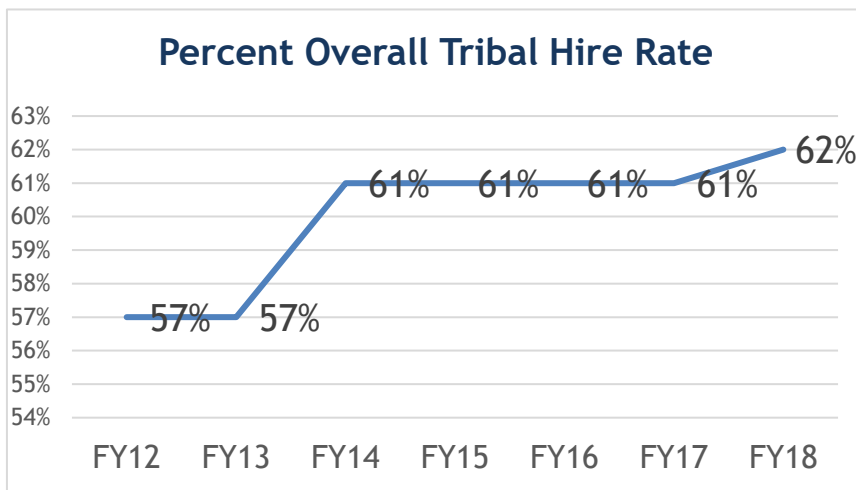
NSHC Hosts Ilisaqativut, “Together we Learn” Inupiaq Class



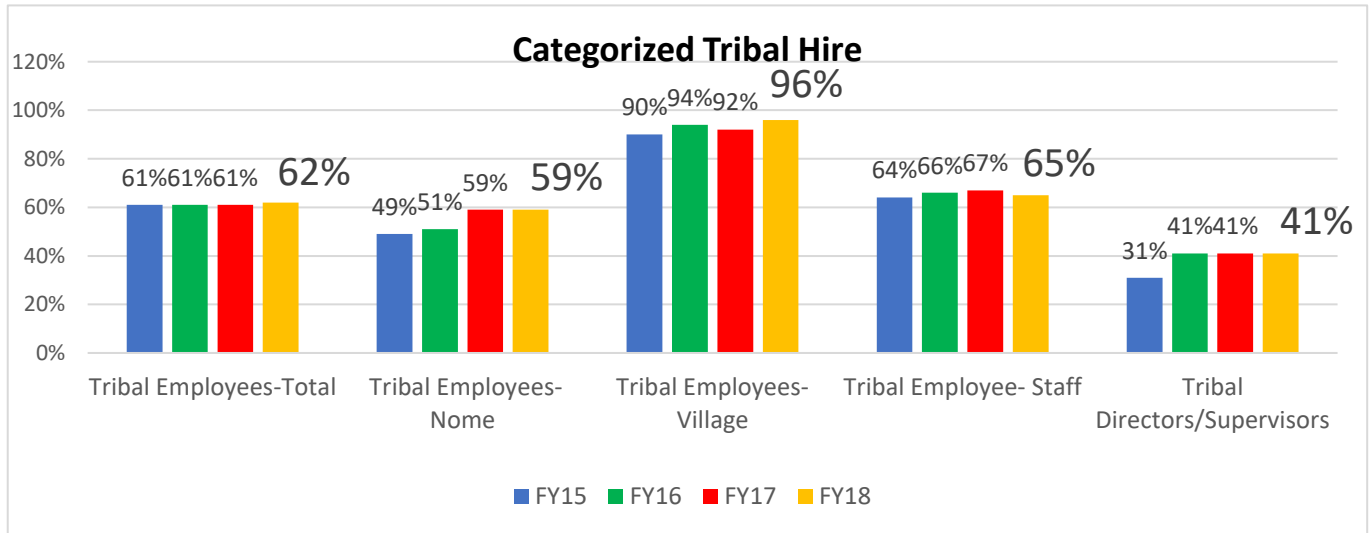
On June 14, 2018, NSHC supported a delayed opening to the public so employees could participate in an Inupiaq language session in partnership with Ilisaqativut, “Together we Learn”. The session was also available via videoconference and received positive feedback from all employees.

There were 212 employees who participated. Much appreciation goes to Kiminaq Maddy Alvanna-Stimpfle and Kirsten Timbers, Chief Human Resources Officer, for coordinating this event.

Tribal Hire Rate Increases



As of June 30, 2018, NSHC employed a total of **687** direct hire employees; The overall Tribal Hire Rate has increased to 62%. The Tribal Manager and Director Rate continues to remain steady at 41%, a 10% increase over the past three years.



Summer Internship Program at NSHC Another Success

Nine summer interns completed their summer internship and are now back to college to continue studies in their respective fields. The interns, some of whom worked at the hospital last summer as well, are all Alaska Native/American Indian post-secondary students. They were hired at the beginning of the summer and assigned to different NSHC departments, including Administration, Human Resources, Finance, Social Services, Laboratory, Office of Environmental Health, CAMP, and the Emergency Department.

At the end of the program, each intern gave a presentation about themselves, their studies, and their experiences at NSHC.

Keegan Bourdon is a returning intern, who spent both summers with NSHC in the Finance department. This year, he said he took on more tasks and became a valuable asset to the department, handling the account of a local airline's business with the corporation. He enjoyed the increased responsibility and the trust that came with it.

Megan Contreras is studying to become an elementary educator and spent her summer with the Office of Environmental Health. Much of her work involved educating the public on environmental health issues,

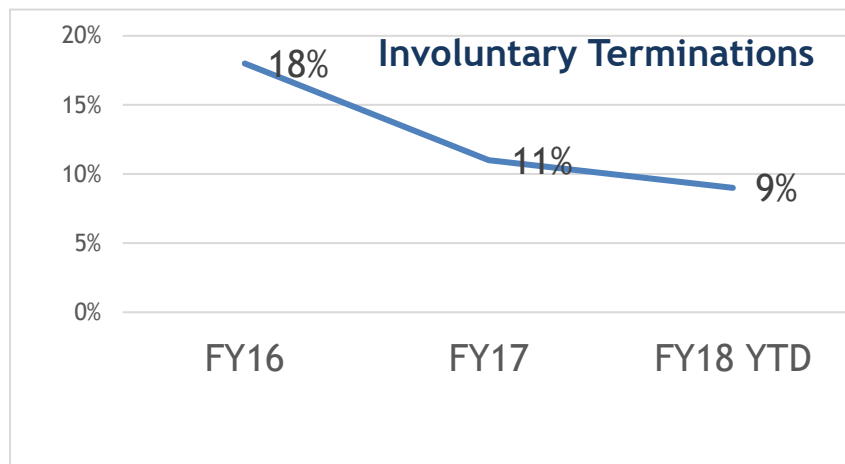


including things like toxic algae and bed bugs. She also spent the summer learning new things herself, like the roles washeterias play in regional villages.

Interns are eligible to return each summer to NSHC and be paid to work in any of the wide-ranging fields of service. Tribal Training and Development Manager Irvin Barnes organizes the program.

Pictured above: Top: Irvin Barnes; First row: Paul Bioff, Jillian Stettenbenz, Keegan Bourdon; Second row: Megan Contreras, Elizabeth Alowa, Ada Harvey; Third row: Shannon Ongtowasruk, Caitlin Painter, and Tiffany Ongtowasruk.

Involuntary Terminations Reduced by Fifty Percent



NSHC has observed a lower involuntary termination rate for FY18 YTD. There is a collaborative effort by members of Administration to identify the reasons for low performance and if NSHC can support the employee to overcome whatever the obstacles may be to meet work expectations, then the employee is encouraged to utilize the counseling support to maintain

employment and must demonstrate improvement.

Note, there are some obstacles such as charges/convictions that NSHC will not be able to modify. These situations are managed on a case by case basis.

Reduced Costs Realized from Health Insurance Change

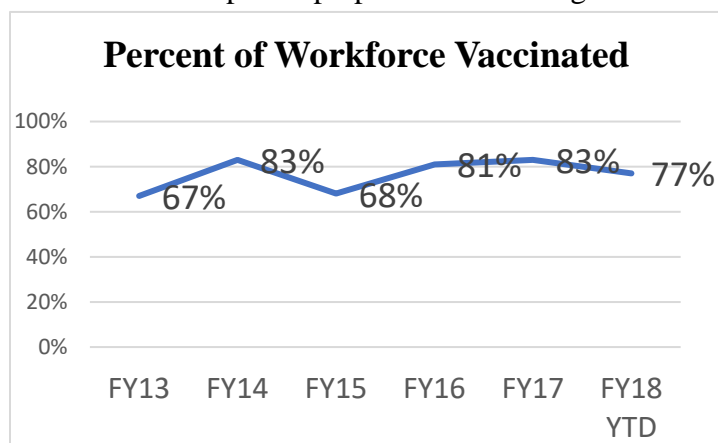
In July 2017, NSHC transferred to the Federal Employee Health Benefit (FEHB) Program. NSHC's previously offered self-insured program, continued to yield increased expenses that became increasingly difficult to manage and estimate on an annual basis.

The FEHB Program saved \$4,460,672 in FY2018 and has proven to be a very successful change, which also allowed NSHC to pay the premium payment for employees and their dependents.

| | FY2017 | FY2018 |
|--|--------------|--------------------|
| Cost of Health Insurance | \$11,694,285 | \$11,083,233 |
| Cash Collected from Blue Cross/Blue Shield | | \$3,849,620 |
| Total Cost | \$11,694,285 | \$7,233,613 |
| Total Savings FY2018 | | \$4,460,672 |

NSHC Develops Flu Shot Education Campaign to Help Meet Healthy People 2020 Goal

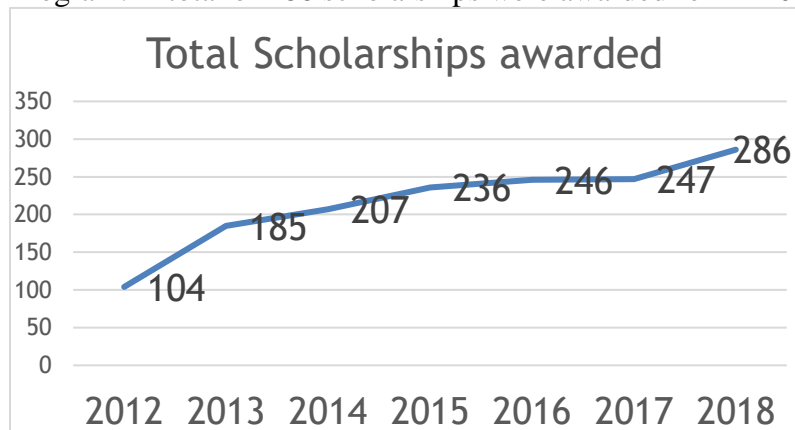
Despite the big push and extra encouragement for flu shot vaccinations within NSHC, the vaccination rate remains lower than the Healthy People 2020 Goal of 90% of the workforce vaccinated. The Health Services Performance Improvement Committee reviewed a proposal from the Infection Control/Employee Health Nurse to consider a mandatory flu shot policy. Administration is preparing to implement the policy in FY2020, which will allow an entire year for the workforce to adapt and prepare for the change.



The policy is strict and will not allow anyone to be hired who declines the flu shot. Existing employees whom decline, will need to wear a mask during the peak flu season months.

Scholarship Update

Irvin Barnes, NSHC Scholarship Coordinator, continues to do a great job leading the NSHC Scholarship Program. A total of 286 scholarships were awarded for FY2018. In addition, two competitive



scholarships at \$5,000 were awarded and two doctoral scholarships were awarded. Another 73, one-time Spring 2018 Semester scholarships, were offered in the amount of \$500 to all Tribal Members as approved by NSHC Board. Total scholarship funds awarded for FY2018 include an estimated \$167,250.

The Competitive Healthcare Scholarship \$5,000/Semester 2 awardees;

- Hannah Alowa of Nome is a Freshman Biology Major who is attending Fort Lewis College and participated in Intern Program
- Ethan Evan of Shaktoolik is a Freshman Science and Engineering Major who is attending UAA.

Doctorate Scholarship \$10,000/Semester 2 awardees;

- Rachel Pomeranz of Nome is her final year of school at Pacific University and will receive her Doctor of Physical Therapy degree in March of 2019.
- Alexander Morgan of Nome is in his final year of school at University of Washington School of Medicine and will receive his PhD in May of 2020.

Employee Wellness Program Yields Favorable Results

NSHC closed to the public during FY2018 to support employee wellness activities and to offer mandatory education. The first event was on October 9, 2017; Indigenous People's Day was celebrated with wellness and cultural education. The mandatory education offered was "Improving the Patient Experience".

On June 14, NSHC supported a delayed opening to the public to host the Inupiaq language course. This course was shared via videoconference to the village clinics as well.

On August 1, NSHC closed its doors to the public for a full day of employee wellness and education. NSHC is committed to keeping its employees strong by encouraging lifestyles that promote wellness for the mind, body and spirit, and it strives to retain the healthiest workforce in the nation.



"Very important refresher. Thank you so much for making this a mandatory session".

As such, NSHC employees in Nome were tasked with taking part in a variety of wellness activities, which included an emergency preparedness training and many fun indoors and outdoors options. Each NSHC village had its own wellness activities scheduled for employees, including a viewing of the movie "We Breathe Again" and other options tailored to each community.

| Survey Indicator | Outcome |
|---|---------------------|
| Total combined attendance for all workshops | 1135 sessions |
| Average overall rating for all session | 4.61 out of 5 stars |
| Percent of employees who indicated they would recommend the activities again | 89% |
| Total number of employees surveyed | 143 |
| Total number of employees who participated in health screenings | 41 |
| Average overall rating of those employees who agree the events facilitate “improved patient care”. | 3.65 |
| Average overall rating of those employees who agree the events “improve knowledge of traditional values”. | 3.69 |
| Average overall rating of those employees who agree the events “encourage a healthy lifestyle”. | 3.76 |





Hospital Services

Vision Statement: *We will educate our people and communities to be proactive in caring for themselves and promoting wellness & increase wellness efforts to reduce addictive behaviors and to raise the quality of life among our people and communities.*

Kelly Bogart Promoted to Vice President of Hospital Services



Kelly Bogart was promoted to the Vice President of Hospital Services after her predecessor Phil Hofstetter departed in late June 2018. In addition to her undergraduate degree, Kelly aspires to achieve her Master's Degree with plans for completion within the next two years.

Kelly has done an excellent job stepping into her new role. She continues to prepare for her Nursing Home Administrator license by spending time on the QCC unit each day as she continues to study. Kelly is a joy to work with and the CEO/COO are very proud of her and what she has been able to accomplish thus far.

Open House: Patient Appreciation and Provider Meet and Greet Scheduled

On Monday, September 17, 2018, NSHC will be hosting an



Open House for the community of Nome with an opportunity for village-based community members to view educational information on-line.

There will be several storyboards set-up, which will inform the public about new projects underway and

existing programs and services. There will be several ways to learn about the new providers at NSHC ranging from the storyboard walking tour to the Medical Staff Presentation in addition to meeting the providers at the event.

Agenda

4:30 pm- Doors Open

4:30-5:00 pm- Storyboard walking tour

5:00- 6:00 pm- Medical Staff Services Presentation

6:00-7:00 pm- Native Dancing and Potluck



Medical Services Staffing Expands; Exceptional Physicians Recruited

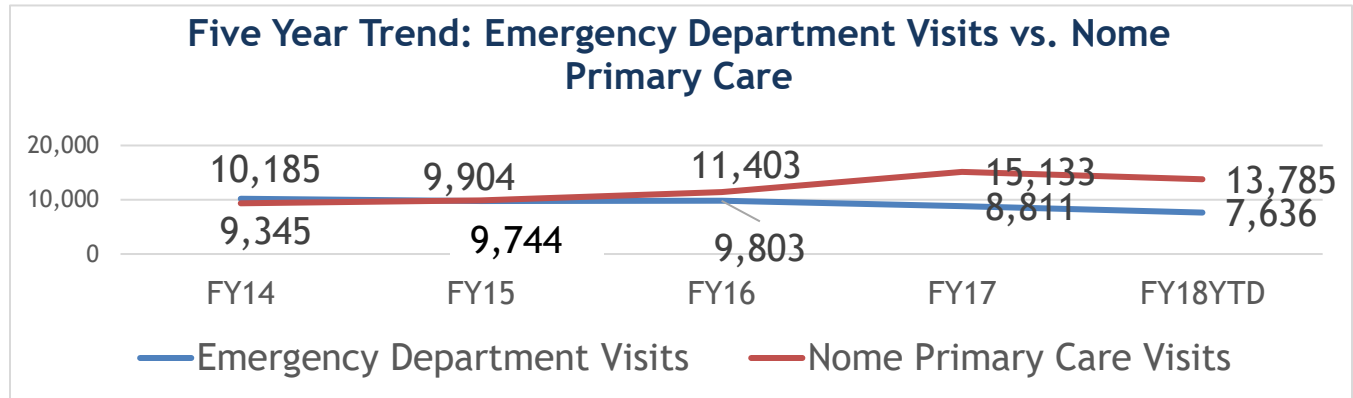
Dr. Mark Peterson joined NSHC in October 2017, and has done an excellent job recruiting physicians for NSHC. In April, the Board of Directors approved a creative staffing plan to attract highly qualified physicians and it has proven to be successful. The department is nearly fully staffed.



A provider brochure has been developed to introduce the Primary Care providers to the region and this will be distributed at the Open House Event. NSHC has a specialized Emergency Department provider core staff, an OB/GYN specialized provider core base, Primary Care providers (village and Nome), and Acute Care/Hospitalist providers. Nearly all mid-level positions are fully staffed at this time.

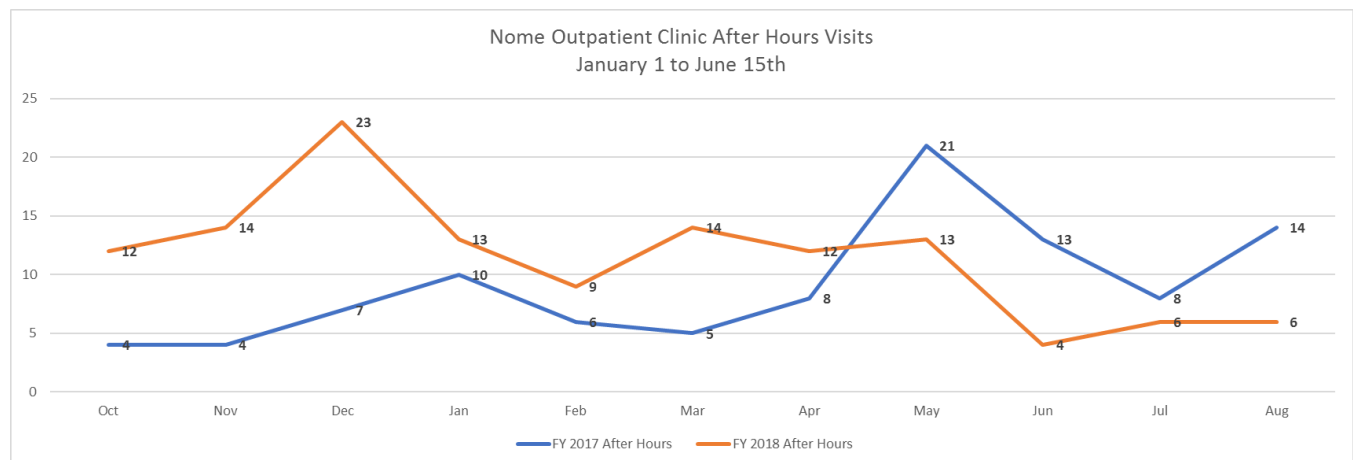
Primary Care and Emergency Department Volumes

NSHC has observed declining Emergency Department visits and an increase in Primary Care visits over the past several years. There is no longer a “Fast Track Clinic” located in the ED, but Primary Care has more appointments available and same day appointments to offer more access for patients as an alternative to the Emergency Department.



The graph above demonstrates significant milestones over the course of the past five years. In FY15, NSHC was awarded HRSA Expansion grant monies to carry out a HRSA grant program for the Nome Primary Care Clinic in addition to the village clinics. This encouraged outreach to attract more patients to our health care system. In addition, the Fast Track clinic was moved out of the Emergency Department in FY2016 and Mid-level providers were also transitioned out completely in FY2017, which allowed more same day access in Primary Care. Case Management was also expanded in FY15. Administration is hopeful these trends will continue with a further reduction in ED observed as we work to strengthen our case management for patients challenged by substance abuse.

Less Nome primary care patients are using the “After Hours Clinic”; NSHC is hopeful this is a good indication that ample patient appointments are available during the day.



| | Top 5 Diagnosis Categories for Nome Outpatient Clinic: Oct 1, 2017 to August 31, 2018 |
|-------------------------|---|
| PCC | 1 Musculoskeletal/Connective Tissue (M00-M99) 2 Health Services Related to Reproduction (Z30-Z39) 3 Alcohol and Substance Use Disorders (F10-F19) 4 Hypertensive Diseases (I10-I16) 5 Endocrine, Nutritional and Metabolic diseases EXCLUDING Diabetes (E00-E07 and E15-E89) |
| PCC Nurse Only | 1 Encounter for Immunization (Z23) 2 Routine Exam of Specific Body System (Z01) 3 Health Services Related to Reproduction (Z30-Z39) 4 Mental/Behavioral Disorders (F01-F09 and F20-F99) 5 Hypertensive Diseases (I10-I16) |
| Specialty Clinic | 1 Digestive Diseases (K00-K95) 2 Musculoskeletal/Connective Tissue (M00-M99) 3 Endocrine, Nutritional and Metabolic diseases EXCLUDING Diabetes (E00-E07 and E15-E89) 4 Diseases of the Ear and Mastoid Process (H60-H95) 5 Diseases of the Genitourinary System (N00-N99) |

Norton Sound Health Corporation Recognized as National Quality Health Leader

Norton Sound Health Corporation ranked in the second-highest grant amount statewide through the Health Resources and Services Administration's (HRSA) annual [Health Center Quality Improvement awards](#). HRSA awarded NSHC \$87,248 based on five different improvement categories and named NSHC a National Health Center Quality Leader — one of only three in Alaska.



Two of NSHC's awards, totaling \$11,000, highlight the use of the electronic health record and its ability to generate high quality reports about patients across disciplines, departments and locations. NSHC improved its data collection across the entire patient population, which made reporting much more complete and accurate than when it depended on reports regarding random subsets of patients.

NSHC's frontline staff and providers are to thank for recognition in the "clinical quality improvers" category, which garnered \$21,124. Health centers must have improved 10% of clinical quality measures between 2016 and 2017, which required diligence and documentation around those measures. Some areas of improvement that NSHC noted:

- Weight assessment and counseling for children and adolescents: went from 25.71% to 92.24%
- Adult BMI screening and follow-up: increased from 68.57% to 88.07%
- Percentage of patients with controlled hypertension: increased from 55% to 68.7%

The aforementioned improvements, combined with continued success in screening for cervical cancer, colon cancer, and treating chronic diseases placed NSHC among the nation's Health Center Quality Leaders, which awarded a \$25,124 of the grant. NSHC, City of Seward and Interior Community Health Center were the only three Alaska organizations to receive this recognition.

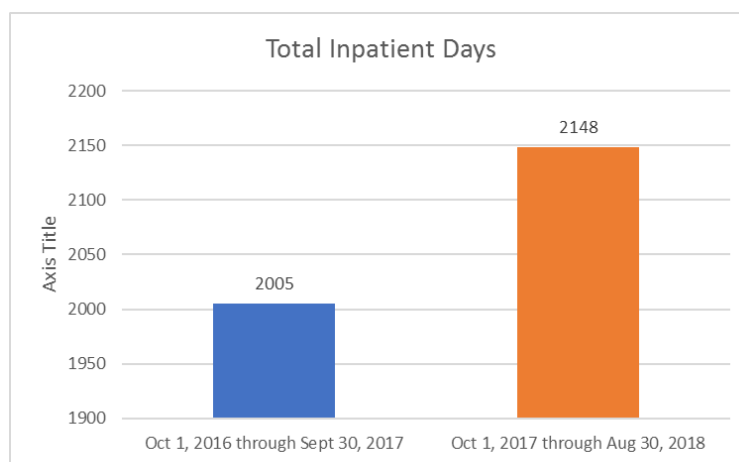
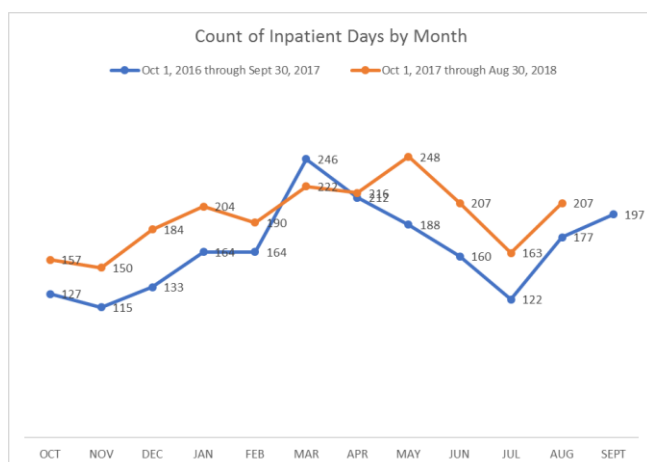
Finally, NSHC received a \$30,000 patient-centered medical home award in recognition of its National Center for Quality Achievement PCMH designation of the Nome Primary Care Clinic. PCMH recognition certifies that a facility meets the high standards of accessible, affordable, high quality care

for all patients. PCMH is a model of care that puts patients at the forefront of health care. PCMHs build better relationships between people and their clinical care teams. Research shows that they improve quality, the patient experience and staff satisfaction, while reducing health care costs. A team from the Quality, Primary Care, and Wellness departments led the effort to achieve this recognition status.



Acute Care

Total Acute Care admissions have significantly increased YTD since FY2017; total average census has remains steady at 6.96, with the inpatient average census equaling 5.5, swing bed at .87, Labor and Delivery at .48, and Observation at .11. Hypertension was the top admitting diagnosis for 3rd Quarter.



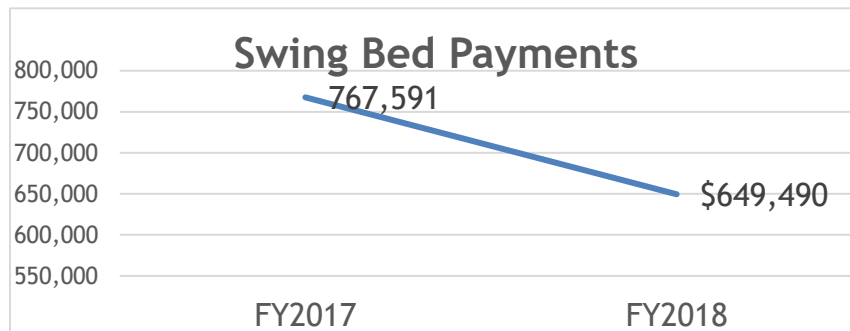
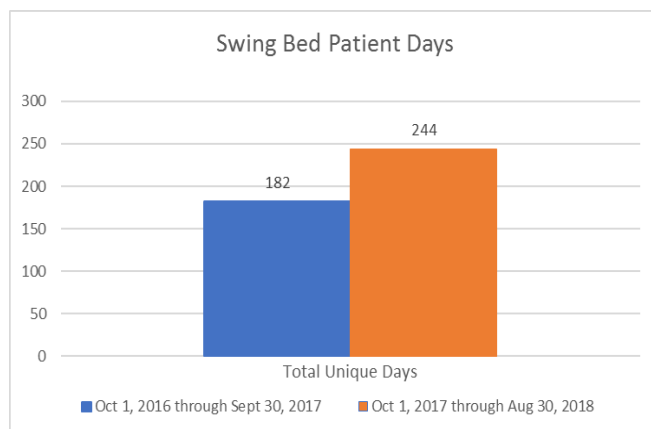
| | FY17 | FY18 |
|-----------------------------|-----------|----------|
| Total Acute Care Admissions | 620 | 685 |
| Average Length of Stay | 3.25 days | 3.1 days |

Top Diagnosis Acute Care

| 1st Quarter | 2nd Quarter | 3rd Quarter |
|-----------------|-------------------|-----------------|
| Depression 23 | Depression 26 | Hypertension 32 |
| Dehydration 20 | Hypertension 24 | Anemia 27 |
| Hypertension 20 | Tobacco use 19 | Depression 24 |
| Pneumonia 16 | Suicidal Ideation | Pneumonia 23 |
| COPD 14 | Anemia 15 | Hypoxemia 17 |

NSHC Swing Bed Program

In FY2013, NSHC was accredited by the Joint Commission for its Swing Bed Program and established a billing number to submit claims. To achieve this status, NSHC approved policies and procedures and trained staff to carry out the program. To serve the needs of smaller hospitals and communities, Medicare/Medicaid has established coverage for “Swing Bed” programs. Swing Bed is the term Medicare/Medicaid uses to describe a hospital room that can switch from acute care status to skilled care status. To receive Medicare/Medicaid payment, a 3-day qualifying stay in any hospital or Critical Access Hospital (CAH) prior to admission to a swing bed is required. Medicare will reimburse up to 100 days. NSHC’s Medicare Swing Bed Reimbursement Rate is \$6,662/day and the Medicaid Swing Bed Rate is \$732.10/day.



The Swig bed length of stay is up for FY2018, but revenue captured is lower which most likely demonstrates a higher Medicaid population compared to Medicare from last fiscal year.

Joint Commission Surveys Norton Sound Regional Hospital

On July 10, 2018, the Joint Commission surveyors arrived unannounced on-site at NSHC to survey the facility for our re-certification. There were no quality of care issues identified and Administration was proud to receive impressive comments from the surveyors regarding the quality of patient care delivered. The Life Safety surveyor identified some facility areas for improvement and a corrective action plan has been developed to ensure quality assurance documentation for our mechanical systems and other important safety checks is maintained at all times.

A follow-up survey was performed on Monday, August 20, 2018 to validate that all building and documentation issues/concerns were completed. NSHC performed well on the follow-up survey.

Much appreciation goes to Megan MacKiernan for coordinating the education and Joint Commission preparation for the upcoming survey and all her work to implement a plan of correction. Additionally, Administration would like to recognize Chris Miller for stepping into the Safety and Security Officer role over the past year and for assisting with the on-site survey in July. Both Mike Kruse and Daniel Stang are also commended for their attention to detail with survey follow-up.

**We are
honored to be
JCAHO
Accredited**



Quyanna Care Center (QCC) Continues to Provide High Quality Care to our Elders

Angie Gorn, CEO has assumed Nursing Home Administrator duties until Kelly Bogart, VP of Hospital Services, can acquire her Alaska State License. Gwen Minners is the Director of Nursing and continues to provide oversight for the high quality of care delivered to the residents.

There is a morning huddle that takes place every day with Administration and members of the QCC management and care teams, and another huddle takes place at 4:00 pm every day. This is an excellent way to ensure there is frequent communication about the needs of the residents. The QCC census is currently at seventeen, with one



remaining to be filled. There is a wait list of at least six residents whom are very interested at this time.



The QCC Activity Program has expanded the level of weekday and weekend activities for all residents. There are more outings taking place. A small handful of residents traveled to Teller a few weeks ago and they were welcomed by their families and friends.



Ten Days to Wellness

Purpose of Project: A ten- day pilot project to increase awareness and education about wellness for the mind, body, and spirit in a group setting for Tribal members.

Description: Ten regional participants enrolled and received prevention screenings, health education from a multidisciplinary team, and a health exam from a physician which assisted with personalized goal setting for behavior change.

Impact of Program: 90% completed the program and qualified for a year supply of vegetables from Alaska Food Network. Additionally:

- 1) 80% of participants received a health exam and prevention screenings



2) 80% of the participants completed a baseline assessment which identified:

- 50% consume soda on daily basis and 38% eat breakfast
- 75% were unhappy with body weight and 50% wanted to lose 20 or more pounds
- 75% of participants ate only one serving of fruit and vegetables per day
- 50% of participants eat native foods 3-4 times/week, while 88% of participants were happy with the amount of time they spend on subsistence activities
- 88% of group know when they are stressed and how to cope with it

The following were cited as reasons why these participants are not as healthy as they would like to be:

- 25% job related factors
- 63% lack of affordable, healthy food
- 38% not enough health education
- 25% unable to participate in subsistence activities



Next Steps: As a result of the program's success, NSHC is prepared to offer it twice during the summer of 2019.



"I am thankful to NSHC for hosting their first ever Ten Days of Wellness Event. I enjoyed meeting new people from our region and getting to know local people here in Nome, better.

We received Fitbits to keep track of our steps. Learning to "eat the colors of the rainbow", as Pat said. The workshop also had BHS involved, which I really enjoyed. Keeping a healthy mental mind and using a pie graph to show ourselves what we can improve on, or how strong we are spiritually.

Tribal healers did a presentation about medicinal plants that we have right in our back door. We got to go and pick plants, that were used for making salve, taught to us by Darlene Trigg.

We learned about resistant bands from Physical Therapy, how to use them for exercising at home. The following week we went on a camping trip to Tom and BeeJay Gray's camp, "The Mosquito Bar". Tom taught us how to seine, cut, and can fish.

I really enjoyed my time at their camp. Quyanna to NSHC for providing transportation and the supplies we needed. I hope this Ten Days of Wellness will be a reoccurring event for others to experience".

Jessica Ivanoff, 2018 Participant

Ten Days of Wellness

Ten days to a new YOU

"To be healthy as a whole; mind, body, and spirit play a role"

June 25-29 and July 8-12

Tribal members, join us for a wellness vacation for your mind, body, and spirit. The event starts Monday, June 25th in Nome. If you're not from Nome, NSHC will provide roundtrip airline transportation from your village. All participants will be housed in Nome and will receive all meals and coordinated education and appointments through NSHC.

- personalized goal setting
- wellness education
- prevention screenings
- stress management
- personalized fitness plan
- relaxation activities

There will be a break over the 4th of July (you may return to your village), and then participants will return for a second week, which will include four days at Tom Gray's Camp in Council.

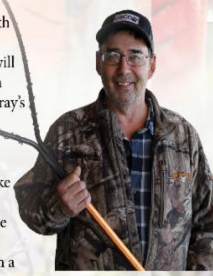
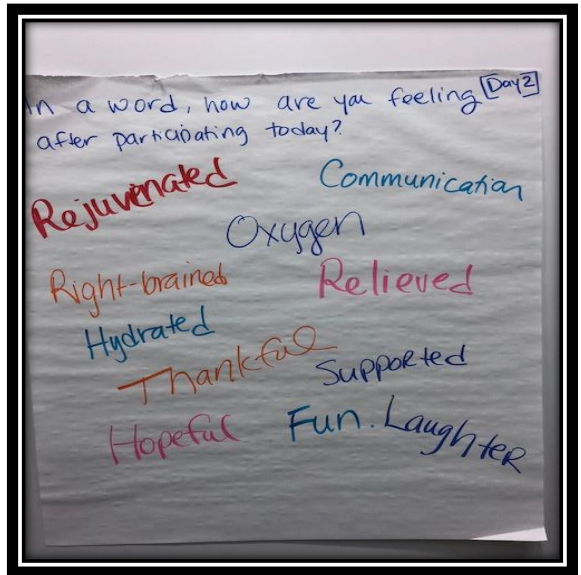
This camp is for you if:

- You have been looking to make purposeful lifestyle changes
- You have struggled to keep the weight off
- You have been diagnosed with a chronic disease and need support

All expenses are covered. We encourage you to bring your partner and participate together.

To apply, call 907-443-3365 (CAMP Department) or fill out an application form and return to CAMP office (fax: 443-4571 or email: kgray@nshcorp.org). Space is limited.

Participants who complete the program will enjoy a year supply of fresh produce from the Alaska Food Network (monthly box in the mail).

Strengthening Patient Hostel Processes

The occupancy rate at the Patient Hostel has increased over the past two years as a result of renovations made to separate the entrances of the Pre-maternal Home and Hostel. NSHC continues to preserve the drugfree/smokefree lodging environment at NSHC and residents are now asked to sign an agreement at



check-in. Policies and processes have been strengthened to require BHS intervention when patients do not comply with the signed agreement. This revised process has facilitated housing for everyone at the patient hostel. Other important changes include the presence of a Security Officer during the hours of 9pm-3am as an additional level of safety for all.

Administration greatly appreciates the Patient Hostel/Pre-Maternal Home staff. They support several patients on a daily basis and the care they provide is an important support program for our Medical Services. On Thursday, September 6, 2018, a recognition celebration was planned by the Human Resources, Quality, and Administration Department to thank the staff for their hard work and dedication.

NSHC Plans to Open Day Shelter for Nome Community Members



A NSHC workgroup has been established to map out every step involved with the substance abuse treatment continuum of care. A proposal for a Nome-based Day Shelter was reviewed and recommended by the Clinical Services Committee. The building will require little renovations and will be developed as a “Pilot Project” to better understand what is needed.

Three positions have been added to the FY2019 budget to carry out Day Shelter Operations.

Community Health Services

Vision Statement: *We will educate our people and communities to be proactive in caring for themselves and promoting wellness & increase wellness efforts to reduce addictive behaviors and to raise the quality of life among our people and communities.*

Village Health Services (VHS) Director Hired

Carol Charles was hired as the Village Health Services (VHS) Director in May 2018. Carol has been employed with NSHC for more than three years in the capacity of Unalakleet Clinic Manager. Carol stepped into her former role with little direction and was able to develop policies and processes to organize and coordinate essential clinic functions and services and manage staff. Administration was extremely impressed with Carol's track record as Unalakleet Clinic Manager and is excited for her to continue to grow her career with NSHC.

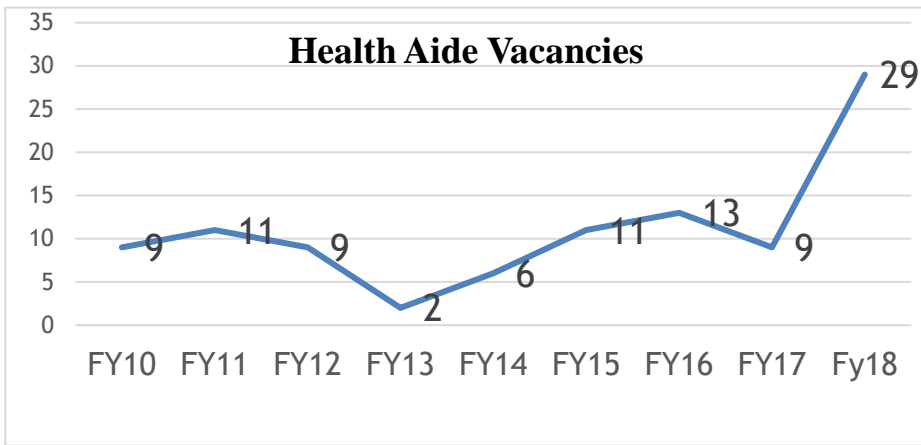
Carol has already made a difference for VHS by stabilizing staffing for the department.



Health Aide Staffing Status

NSHC continues to focus on having adequate Health Aide Staffing for each clinic. At the April 2018 Board Meeting, a Health Aide staffing proposal was approved to accommodate creative scheduling for each clinic. To facilitate this new plan, additional Health Aide positions were approved.

Although it will take NSHC some time to recruit for the positions, progress has already been made. Some Health Aides have decided to return to the workforce. Recruit is underway for new staff as well.



NSHC has a total of Seventy Health Aides; 80% are trained to take call. A total of 37% of the Health Aides are Community Health Aide Practitioners (CHAP's).

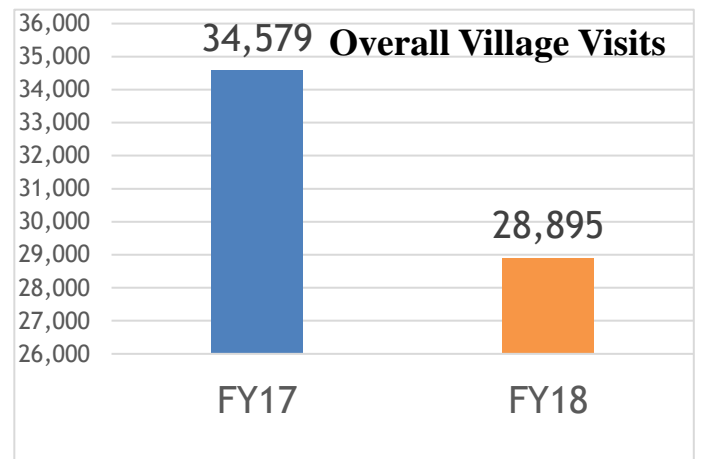
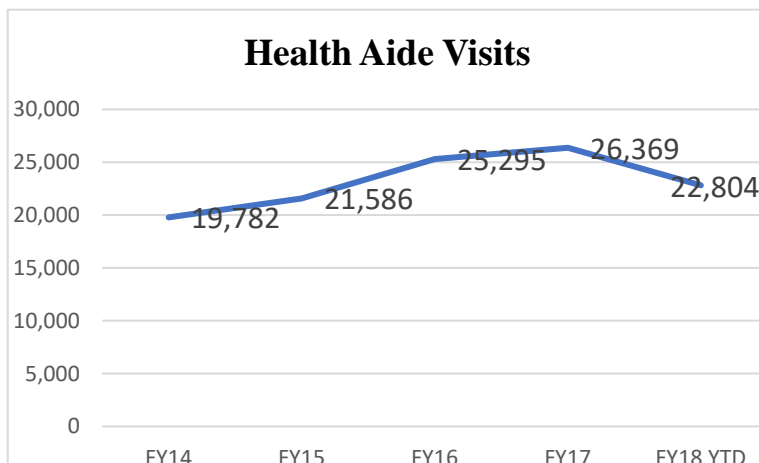
Since staffing was at a critical point this spring and in preparation for the subsistence season, Wilderness Staffing was utilized to bring in contract Mid-levels to offer relief for on-call for the Health Aides in

| | Number Qtr1 | Number Qtr 2 -3 | Percent of Total Health Aides |
|---------------------------------------|-------------|-----------------|-------------------------------|
| CHA Trainee | 6 | 12 | 17% |
| CHA- I | 2 | 2 | 3% |
| CHA-II (eligible to take call) | 10 | 12 | 17% |
| CHA-III | 13 | 11 | 16% |
| CHA- IV | 6 | 7 | 10% |
| CHAP | 25 | 26 | 37% |
| Percent Eligible to take call | 90% | 80% | |

several villages. This has proven to be an effective remedy to alleviate the on-call burden with limited Health Aides until more staff can be recruited for.

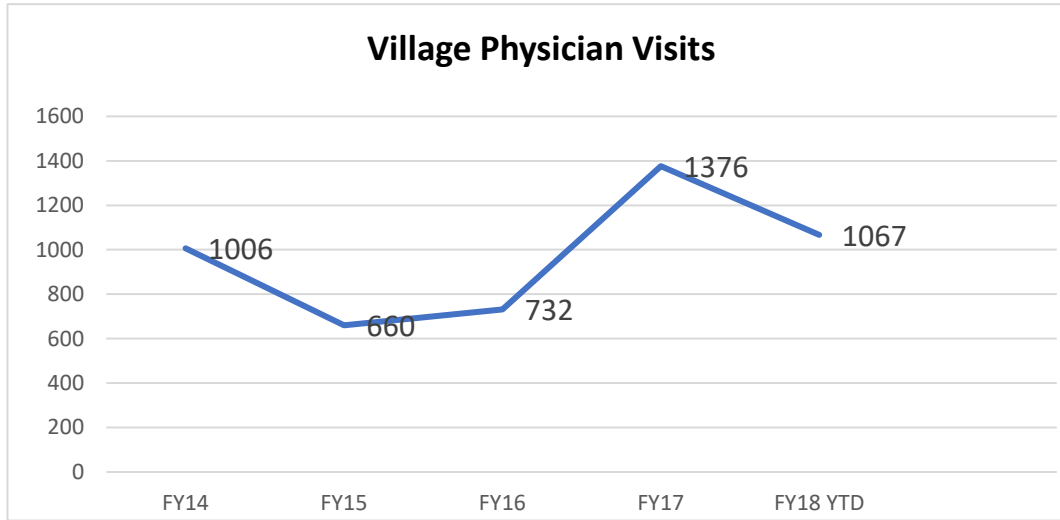
FY18YTD Health Aide visits are a little below par from last fiscal year. This could be a result of the

Nurse Call Line preventing some unnecessary visits. Overall, village visits for all providers are a little below FY18YTD, but may level- out by fiscal year- end.



Physician Village Visits

Physicians have been scheduling several visits to the villages to ensure village-based patients have access to a physician as often as possible. Administration has asked Dr. Peterson to facilitate three village visits to each village on an annual basis. The Public Relations Department is advertising each village-based physician on the NSHC Facebook Page which is then shared to Nome Post. Additionally, flyers and posters will be made to communicate the visit to each community. The graph below demonstrates village physician visits through August 31, 2018. There are several physicians assigned to



village travel during the month of September and visits are expected to exceed FY2017 at fiscal year-end.

| | | | |
|---|--|---|--|
|  | <p style="text-align: center;">Koyuk Provider Visit</p> <p style="text-align: center;">Dr. Bryce Loder September 4th-6th</p> <p>To make an appointment, please call 963-2410</p> |  | <p style="text-align: center;">Shaktoolik Provider Visit</p> <p style="text-align: center;">Dr. Ryan Sherer September 4th-6th</p> <p>To make an appointment, please call 955-2430</p> |
|  | <p style="text-align: center;">Shishmaref Provider Visit</p> <p style="text-align: center;">Dr. Adam Colton September 4th-6th</p> <p>To make an appointment, please call 649-2127</p> |  | <p style="text-align: center;">Gambell Provider Visit</p> <p style="text-align: center;">Dr. John Wallace September 5th-7th</p> <p>To make an appointment, please call 985-5031</p> |



White Mountain Provider Visit

Dr. Angela Torres
September 11th-13th
To make an appointment,
please call 638-2023



Teller Provider Visit

Dr. Ryan Sherer
September 11th-13th
To make an appointment,
please call 642-2113



Wales Provider Visit

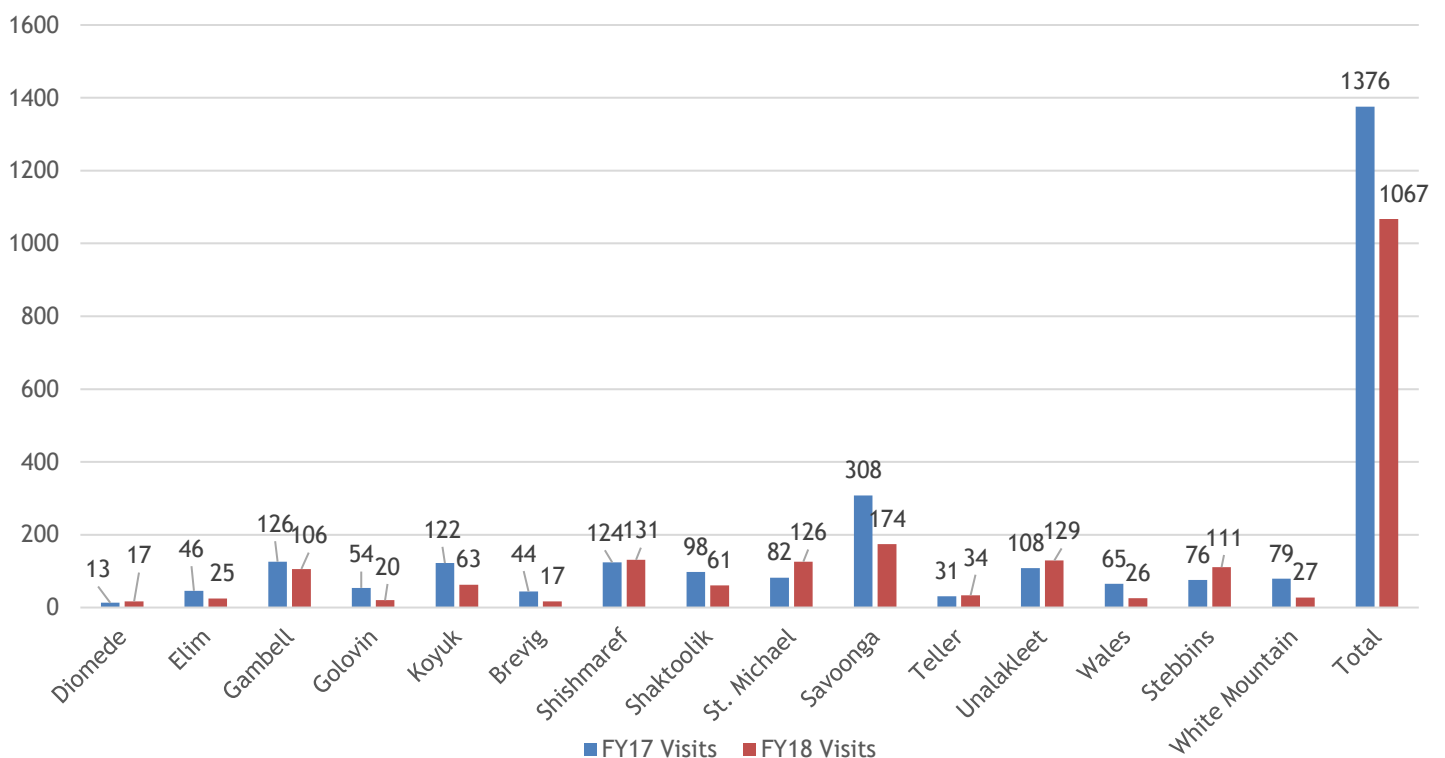
PA. Kristine Beck
September 11th-13th
To make an appointment,
please call 664-2319



St. Michael Provider Visit

NP. Tim McGarry
September 11th-13th
To make an appointment,
please call 923-2334

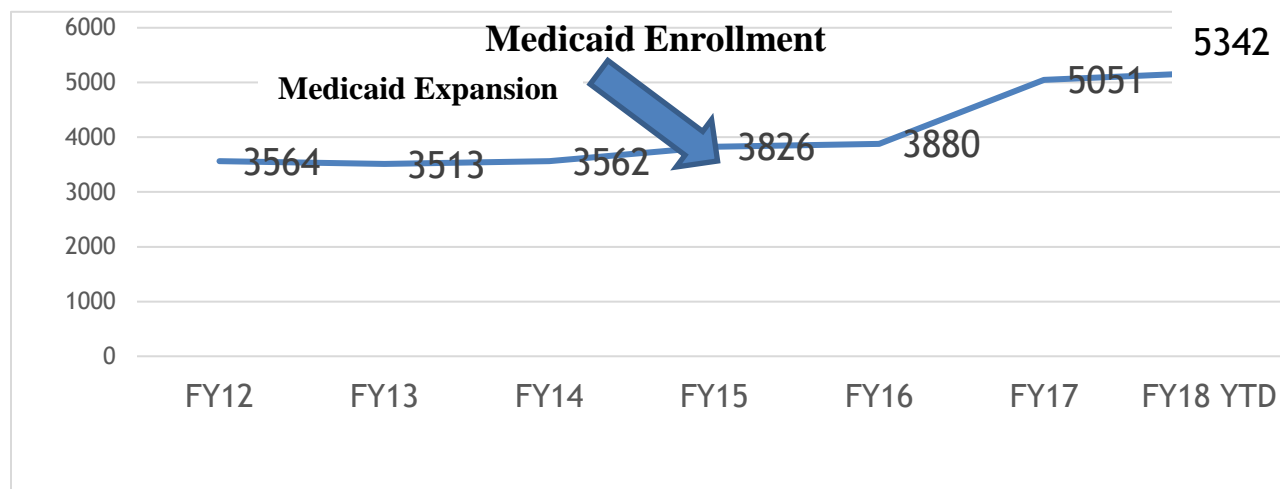
Total Physician Village Visits FY2017 compared to FY2018



Finance

Vision Statement: *We will be financially strong through aggressive, effective, and efficient financial management.*

Medicaid Enrollment



Increased outreach and the opportunity for Medicaid Expansion has resulted in an increase in Medicaid Enrollees in the past fiscal year. Medicaid Expanded in the State of Alaska on September 1, 2015. The Patient Financial Services Department is to be commended. The following table demonstrates the total number of individuals enrolled for each time period and the potential opportunity to NSHC for enrollment. The US Census Bureau Factfinder 2016, was used to estimate the opportunity. The total opportunity for enrollment is estimated at 1037, which assumes that 15% of the total “opportunity” number will be over-income. The total opportunity reported in April 2018 was 1105.

Income Eligibility- a family of five can make up to \$63,600/year and still qualify for Medicaid due to expansion. An individual can make \$20,040/year.

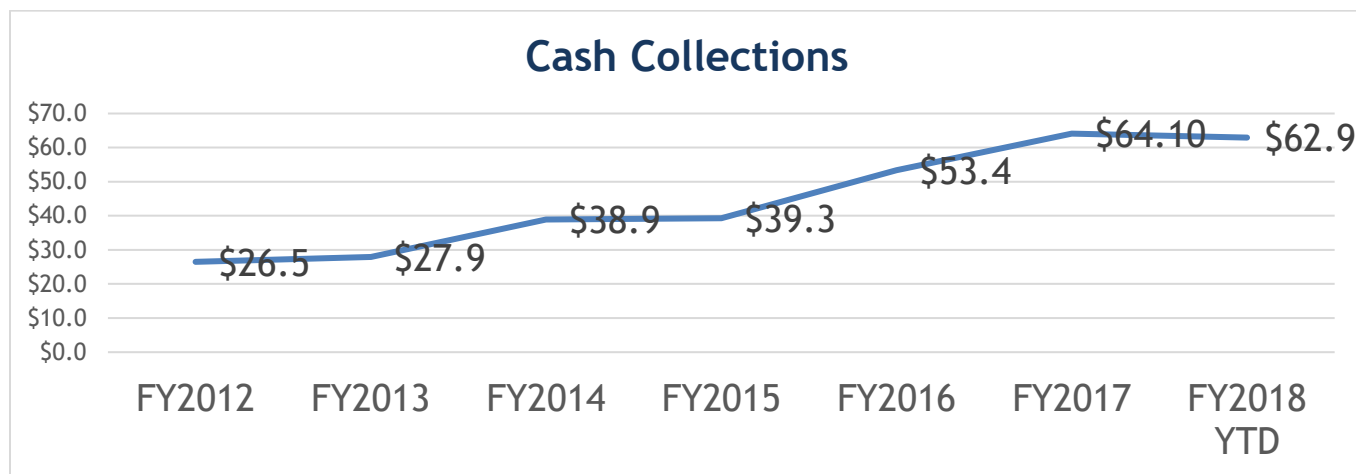
| Residence | Community Population Non-institutionalized * | Population with Private Health Insurance | Total Medicaid Enrollees 2018 YTD | Total Medicaid Enrollees 2017 | Total Medicaid Enrollees 2016 | Total Medicaid Enrollees 2015 | Percent of Eligible Population Covered | Opportunity |
|----------------|--|--|-----------------------------------|-------------------------------|-------------------------------|-------------------------------|--|-------------|
| Brevig Mission | 418 | 51 | 377 | 358 | 285 | 251 | 100% | ----- |
| Diomedea | 88 | 9 | 60 | 42 | 37 | 22 | 76% | 17 |
| Elim | 339 | 50 | 235 | 223 | 185 | 188 | 81% | 52 |
| Gambell | 721 | 72 | 477 | 448 | 362 | 327 | 73% | 172 |
| Golovin | 182 | 37 | 68 | 64 | 65 | 46 | 47% | 77 |
| Koyuk | 261 | 59 | 254 | 225 | 149 | 175 | 100% | ----- |
| Nome | 3,598 | 2,158 | 1114 | 1007 | 763 | 702 | 77% | 326 |
| Savoonga | 932 | 62 | 656 | 624 | 531 | 482 | 75% | 214 |
| Shaktoolik | 246 | 50 | 158 | 154 | 88 | 130 | 81% | 38 |

| | | | | | | | | |
|----------------|-----|-----|--------------|-------------|-------------|-------------|------|------------------|
| Shishmaref | 539 | 86 | 415 | 425 | 327 | 351 | 92% | 38 |
| St. Michael | 446 | 69 | 292 | 290 | 232 | 237 | 77% | 85 |
| Stebbins | 513 | 75 | 567 | 502 | 384 | 395 | 100% | ----- |
| Teller | 229 | 30 | 168 | 166 | 113 | 125 | 84% | 31 |
| Unalakleet | 696 | 281 | 287 | 292 | 210 | 218 | 69% | 158 |
| Wales | 166 | 46 | 108 | 100 | 49 | 72 | 90% | 12 |
| White Mountain | 168 | 104 | 106 | 96 | 69 | 75 | 100% | ----- |
| Newborn | | | 33 | 35 | 31 | 30 | | |
| Total | | | 5,342 | 5051 | 3880 | 3826 | | 1220/1037 |

*2016 Census Bureau Non-Institutionalized Population (note, this differs from other population stats)

Cash Collections

NSHC's Cash Collections remain strong and will exceed last fiscal year's collections. Level I and II Health Aide Encounter Claims have been approved by the State of Alaska for reimbursement and this additional revenue is part of the increased cash collections for FY2018. Collections are expected to exceed \$68M.



Patient Travel Improvements

NSHC has been working to improve the patient travel process, although there is still a lot of work to be done to ensure NSHC's patient travel policy has been communicated to the patients and all staff involved with making travel arrangements.

The following improvements have been made:

1) Expansion of Patient Driver Hours: The patient driver is available from 8 am- 7 pm. The expanded hours have accommodated patients landing in Nome from the villages after hours and has assisted with transportation for patients presenting to the Nome after-hour walk-in clinic.

2) Additional Patient Driver Approved- A position was approved in FY2018 for a Pharmacy/Patient Driver. The position has been filled twice with qualified employees who secured a Chauffeur's license but there has been turnover and NSHC is recruiting for the position again.

3) New Patient Driver Vehicles Purchased- A handicap accessible van was purchased and arrived on the barge in FY2018. Most recently, a patient transport shuttle van was purchased and will arrive on the last barge to Nome. NSHC will still utilize the white Toyota patient driver van or an alternative "smaller vehicle", but the vehicle is nearing the end of its useful life due to the amount of wear and tear on the vehicle and a replacement vehicle will be purchased in FY2019.



4) Patient Travel Workgroup- NSHC has formed a workgroup that will meet monthly to review patient travel and to implement improvements. During village listening sessions, a large volume of concerns were voiced about Patient Travel. Most concerns have a solution that has already been implemented, but communications need to improve between departments within NSHC and to the community members.

Quality

Vision Statement: *We will ensure that all patients receive quality and respectful health care.*

Spring 2018 was extremely busy in the Quality Improvement and Risk Management Department.

Hospital Services: This spring NSHC worked diligently to prepare for the tri-annual Joint Commission survey which took place in July. Monthly quality data for the Partnership for Patients was submitted quarterly for NSHC's inpatient and emergency departments. NSHC is also utilizing Press Ganey HCAHPS survey to collect patient satisfaction results. Through this data NSHC identifies areas for improvement and sets targets and processes for improvement.



For Outpatient/Primary Care Departments: April 2018 brought an "Operational Site Visit" by the Health Resource Service Administration, part of the federal department of Health and Human Services. HRSA provides NSHC over 2.5 million dollars in grants annually, sometimes called the 330 grants. The HRSA team reviewed the Administrative, Clinical, and Financial areas at NSHC to ensure high quality care and compliance with federal regulations. Overall, the survey was extremely successful showing full compliance with 90 of 91 metrics. The survey team was extremely complementary to the high quality of care at NSHC and the diligent work by all staff members on behalf of our patients. NSHC's assigned HRSA Project Director, Lieutenant Command Gary Koller, FNP, joined the survey team to provide technical assistance to NSHC on resolving some findings with the 2018 Service Area Competition grant. As a result of the single finding changes have been implemented in the Credentialing and Privileging of NSHC staff. The Aquataq team continues to monitor the 2018 Quality Focus Areas of Depression

Screening, Lifestyle Counseling, Breast Cancer Screening, Immunization, Prenatal Care, and Heart Disease. NSHC also tracks quality metrics around diabetes, other chronic diseases as well as disease prevention/screening strategies like Well



child visits.

In May, a small team from the Alaska Primary Care Association returned for a follow up visit with Primary Care, CAMP, and BHS staff on quality improvement projects on depression screening and hypertension (high blood pressure) management. The Aquataq committee has



enjoyed the participation of the board members now joining for our committee meetings which provides an excellent consumer feedback to our QI projects. The committee continues to encourage each department to identify an internal QI project on which to focus and report back their improvements at the monthly Aquutaq meetings.

For Long Term Care: This spring QCC was surveyed by the State of Alaska and CMS to review our facility and the quality of our care. The survey was overall very complementary of the care provided to our residents. The findings from the survey provided opportunities to improve our care, documentation and facilities to meet regulations and best practices. Quarterly reports continue to be submitted to Mountain Pacific Quality Health as well as CMS for the Qujana Care Center. NSHC reports on staffing levels, patient satisfaction, and quality of care for QCC residents. The monthly and quarterly results which return from each of these organizations allows NSHC to compare its patient quality to facilities across the region and the nation as well as against national standards and goals.



Risk Management Summary of Activities

The Risk Management portion of the Quality Improvement/Risk Management department has been focused on analysis of reported incidents, risk mitigation, and emergency preparedness. Every incident reported is reviewed and categorized and evaluated for trends. Recently observed trends include an increase in violent incidents as well as patients leaving the facility against medical advice (AMA). Risk mitigation involves close collaboration with the compliance and safety officers to review potential risk points, education of staff to prevent injuries, and development/maintenance of policies to maintain compliance with state and federal standards. Recent efforts in this area have focused on compliance with changes in CMS and HRSA regulations regarding emergency preparedness, financial regulations, and provider credentialing.

Regulatory Quality Surveys:

- **April**
 - **Laboratory: Joint Commission Surveys.**
 - **Health Resource Services Administration (HRSA)**
 - **QCC: CMS/State of AK survey.**
- **June**
 - **QCC: CMS follow up survey**
- **July**
 - **Joint Commission – Critical Access Hospital Survey**
 - **CARF – Behavioral Health**

I. Incident Reporting: Risk-plus Monitoring

The Risk-Plus Incident Reporting System is used by all employees to document any adverse incident or potentially adverse incident. The following information was extracted manually from the Risk Plus Summary data by fiscal year.

Beginning in 2017 PA Mackiernan has increased training on the Risk Plus system to improve the quality of data submitted into the system insuring that incidents are reported every time they occur and entered correctly into the system. This has included providing training to all new employees as part of orientation as well as offering training for all managers and departments.

Color coding indicates positive or negative change vs. FY 2015, 2016 and 2017. Significant trends in FY2018 YTD include Security Incidents including AMA, Violent Patients and Visitors, and Hostel Incidents/Evictions.

| Incident | FY15 | FY16 | FY17 | FY 18 YTD |
|---|------|------|------|-----------|
| Bloodborne Exposure | 4 | 8 | 6 | 4 |
| Respiratory Exposure | 6 | 5 | 4 | 2 |
| Equipment Issues | 35 | 26 | 19 | 9 |
| Unwitnessed patient fall | 34 | 46 | 28 | 10 |
| Visitor fall | 14 | 9 | 3 | 2 |
| Witnessed patient fall | 23 | 34 | 24 | 17 |
| Patient Confidentiality | 26 | 18 | 14 | 12 |
| Critical Lab Result Communication | 2 | 2 | 1 | 1 |
| Laboratory | 68 | 47 | 83 | 43 |
| Radiology Procedures | 13 | 7 | 4 | 1 |
| Patient Left Against Medical Advice(AMA) | 27 | 79 | 79 | 75 |
| Restraints Placed | 13 | 32 | 29 | 19 |
| Hostel Incident | 8 | 10 | 26 | 43 |
| Security/Safety | 65 | 42 | 62 | 45 |
| Violent Employee | 5 | 4 | 1 | 0 |
| Violent Patient | 9 | 17 | 12 | 50 |
| Violent Visitor/Other | 0 | 2 | 4 | 3 |
| Staff Incidents (inappropriate behavior/insubordination/etc.) | - | - | 42 | 50 |
| Staff Injuries | - | - | 64 | 64 |

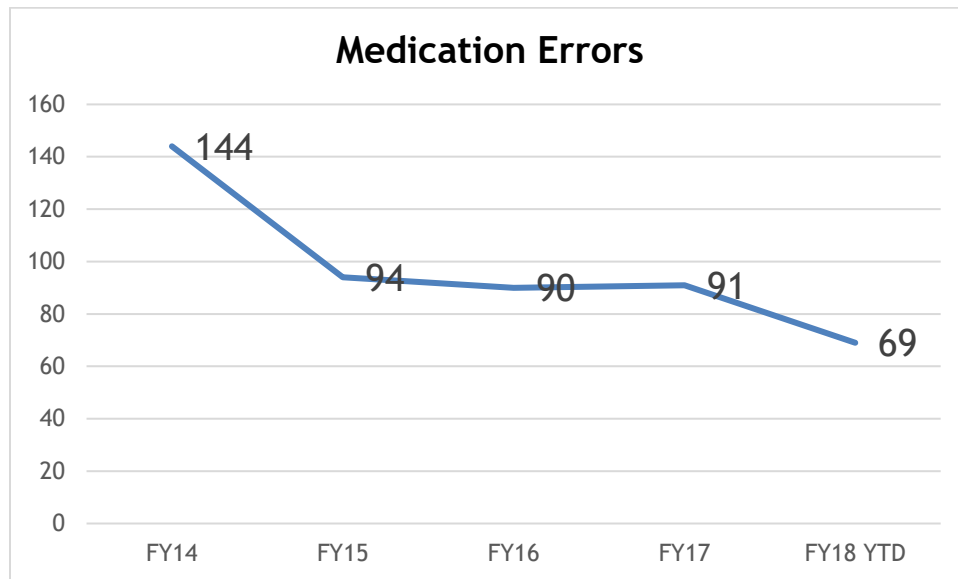
AMA / restraints / violence in Emergency Department: In late 2017 and continuing into 2018 a significant number of violent incidents in our facility has been noticed. To coincide with state reporting requirements, we are encouraging staff to report all violent incidents (including verbal) within our "Violent Incident" Category. We are seeing an increase in violent incidents, patients leaving against medical advice, as well as patients requiring restraints. Security has also noted a significant increase in number of hours staff are utilized to observe patients to prevent violent incidents. We are encouraging staff to file charges and contact Nome Police, Alaska State Troopers or other appropriate entities with every incident. These include both Nome and Village- based incidents.

Management has placed a Security Officer at the Patient Hostel during the hours of 9 pm- 3am to help keep the facility and patients safe.

II. Medication Errors

Overall, medication errors have decreased each fiscal year since FY2014 as a result of better monitoring and developing corrective action plans to mitigate the occurrence of future medication errors. The Pharmacy and Therapeutics Committee meets monthly with Medical Staff under the leadership of Heather Bailey, Director of Pharmacy, and errors are reviewed timely, so providers, nurses, and other clinical staff can correct as soon as possible. Trends are reviewed, and corrective actions are discussed at Aquataq meetings as well.

Summary of Medication Errors



| | FY2016 | FY2017 | FY 2018 YTD |
|------------------------------------|--------|--------|-------------|
| Error in Medication Administration | 14 | 12 | 12 |
| Failure to Administer | 14 | 17 | 5 |
| Medication Process Error | 29 | 34 | 34 |
| Pharmacy Dispensing Error | 16 | 13 | 10 |
| Prescribing Error | 12 | 6 | 13 |
| Transcription Error | 2 | 0 | 2 |
| Vaccine Error | 3 | 8 | 10 |

Corrective Actions:

- Improve training of nursing, pharmacy and village staff to verify correct medication, dose, route, and timing before giving any medications. Addition of additional vaccine specific online training with all Primary Care nursing staff.
- EHR ongoing training to prevent associated errors in order entry, completion, or interpretation.

Training staff to encourage reporting of all incidents and potential incidents. (Ex. Many of the “Medication Process Errors” relate to mediations, esp. vaccines, damaged or unusable because of shipping delays.) Better data tracking mechanisms to split these incidents out and arrive at a cleared count of incidents

III. 72-Hours Return to Clinic (by location) Review

Beginning Quarter 4 2016, the 72 hours return to clinic process was modified to utilize the wellness case managers to rapidly respond to patients with short- term returns to proactively identify issues. Case managers review all 72 hour returns to determine if they are unexpected or could indicate cause for concern utilizing the rubric below. After review of cases most were related to expected returns or unrelated issues.

IV. Falls Monitoring

NSHC has continued to note a decrease in reported falls in 2018 due to increased education, vigilance, and dedication of staff to this process.

Staff are orientated to record any fall as it relates to a patient, employee, or visitor using the Risk Plus incident reporting system. The majority of the falls that take place at NSHC are on the QCC unit. On the QCC unit, any evidence of displacement, which might be “a roll” from a mattress on the floor or “a slide” from the wheelchair, is recorded as a fall. Any fall that results in injury or is unwitnessed, is reported to the State of Alaska Licensing unit. At times, QCC Management will over report to keep the State informed of planned interventions for the resident’s care plan.

When a fall occurs in a nursing care unit a “Falls Huddle” takes place shortly after caring for the patient who has a fall. This allows evaluation to determine what factors (if any) could have prevented the fall or decreased injury (if any).

V. HRSA Quality Improvement Activities

The report to maintain grant compliance, which is the UDS Report, is due every February calendar year. Once the report is submitted, the Aquataq (Outpatient Quality Improvement) Committee reviews the outcome data and identifies priorities and goals to improve on for the future. UDS data is calculated on a calendar year basis and data for 2017 is not fully available at the time of this report. The HRSA Quality Focus Goals for 2018 are:

- 1) Depression Screening- increasing routine screening to include villages.
- 2) Healthy Lifestyle Counseling – this effort led by HRSA to make sure the lifestyle counseling is included for all primary care patients.
- 3) Breast Cancer – need to continue outreach and identify patients who may not be receiving screening. Reduce financial, emotional, and other barriers to screening.
- 4) Immunizations- encourage influenza vaccination for all. Increase outreach to improve community vaccination rates.
- 5) Prenatal Care – improve early pregnancy care, promote baby friendly practices, support/encourage breast feeding
- 6) Heart Disease- improve blood pressure management, encourage patients to increase role in self-management with home monitoring equipment. Continue to encourage evidenced based chronic disease management for coronary artery disease and ischemic vascular disease.

NSHC Quality Focus Goals 2018

| | |
|--|---|
| | <p><u>Depression Screening</u></p> <ul style="list-style-type: none"> • Encourage greater collaboration with BHS • Decrease anxiety and increase compliance through staff training. |
| | <p><u>Healthy Lifestyle Counseling</u></p> <ul style="list-style-type: none"> • Discuss and Document Healthy Diet with all patients • Discuss and Document Exercise with all patients • Coordinate with CAMP/Wellness Team to offer referrals/services • Increase referrals and documentation for Tobacco users. |
| | <p><u>Breast Cancer</u></p> <ul style="list-style-type: none"> • Identify patients needing screening who may not be receiving it. • Decrease barriers to screening |
| | <p><u>Immunizations</u></p> <ul style="list-style-type: none"> • Encourage influenza vaccination for all • Increase outreach to improve community vaccination rates <p>HUG ME! <i>I'm vaccinated</i></p> |
| | <p><u>Prenatal Care</u></p> <ul style="list-style-type: none"> • Improve Early Pregnancy Care • Promote Baby Friendly Practices • Support/Encourage Breast Feeding |
| | <p><u>Heart Disease</u></p> <ul style="list-style-type: none"> • Improve Blood Pressure Management • Encourage Evidence Based Chronic Disease Management for Coronary Artery Disease and Ischemic Vascular Disease |

VI. Patient Experience/Satisfaction

1. Inpatient Satisfaction: HCAHPS Survey

NSHC's HCAHPS score continue to fluctuate. HCAHPS stands for "Hospital Consumer Assessment of Health Care Providers and Systems". In 2002, the Centers for Medicare and Medicaid Services (CMS) asked the Agency for Health Care Research and Quality, to develop a tool to assess the patient's perception of quality. NSHC implemented HCAHPS monitoring and reporting in April 2014. In the summer of 2017, NSHC transitioned to the vendor *Press Ganey* and patients are now surveyed in the mail a few weeks after discharge.

Table: HCAHPS Survey Results FY2014-Present

| HCAHPS Question | AN MC | Alaska | National | NSHC FY2018 YTD | NSHC FY2017 | NSHC FY2016 | NSHC FY2015 | NSHC FY2014 |
|---|-------|--------|----------|-----------------|-------------|-------------|-------------|-------------|
| 1. Communication with nurses-Always | | 79% | 80% | 74% | 73% | 70% | 64% | 65% |
| 2. Communication with doctors- Always | 77% | 80% | 82% | 74% | 75% | 71% | 71% | 74% |
| 3. Responsiveness of hospital staff- Always | 63% | 74% | 70% | 57% | 74% | 67% | 65% | 62% |
| 4. Pain Management- Always | 66% | 65% | 71% | 71% | 67% | 58% | 67% | 57% |
| 5. Communication about medicine-Always | 67% | 66% | 66% | 59% | 66% | 53% | 43% | 79% |
| 6. Cleanliness of Hospital Environment- Always | 64% | 74% | 75% | 61% | 55% | 53% | 61% | 46% |
| 7. Quietness of Hospital Environment- Always | 50% | 57% | 62% | 70% | 68% | 65% | 64% | 69% |
| 8. Discharge Information- Yes | 85% | 84% | 87% | 84% | 91% | 93% | 90% | 88% |
| 9. Care Transition- Strongly Agree | 44% | 48% | 52% | 30% | 40% | 30% | 30% | 33% |
| 10. Overall Rating of this Hospital 9 out of 10- Strongly Agree | 63% | 68% | 73% | 65% | 62% | 57% | 48% | 54% |
| 11. Willingness to recommend this hospital- yes, definitely | 67% | 72% | 72% | 56% | 71% | 60% | 58% | 66% |

† Note: CMS is reviewing the pain management questions on the HCAHPS Survey for possible revision. Also note is given that results from NSHC may have limited reproducibility and value given small sample size.

Administration would like to introduce a Performance Improvement Project to improve HCAHPS scores. A schedule will be created to facilitate daily rounding. Patients will be asked by Administration Representatives about their stay. Administration is hopeful necessary improvements can be made while the patient is still in the facility.

2. Emergency Department Satisfaction Survey

Satisfaction with Nome's Emergency Department has significantly improved over the past year with an average satisfaction rating of 76.6.



3. Nome and Village Primary Care Surveys

Satisfaction with Nome and Village Primary Care visits has also significantly improved since the survey was implemented in December 2017. The average satisfaction rate is 76.6.



Engineering and Environmental Health

Vision Statement: *We will develop state of the art and efficient health care facilities throughout the region & advocate that our environment (air, land, and water) will be clean, and our water and waste disposal systems are safe and affordable, in order to ensure our subsistence way of life.*

Golovin Housing Project Progresses on Schedule

The Golovin Housing Project is progressing nicely. The project is on schedule and will be completed by October 2018. The renovation includes 3-bedrooms and two bathrooms, equipped with nice furnishings.



Savoonga Housing Project Moving Along and on Schedule

The NSHC Board of Directors awarded a contract to H-Construction to construct two, two-bedroom duplexes in Savoonga. Construction is in progress and on schedule to be completed by November 2018. The Indian Health Services contributed \$1.8 M toward the project, with Alaska Housing Finance Corporation (AHFC), contributing \$302,000. The housing will support Health Aides, a Village Public Safety Officer, and a Mid-level Provider for the community.



NSHC Collaborates with City of Diomedes for New Clinic Design

NSHC continues to meet with the City of Diomedes to complete the design for a new clinic which is at 35% schematic. The design must be completed by the end of September 2018 to bid by October 2018.

Administration will continue to work with the City of Diomedes to determine who will own the new clinic and other details related to the project.

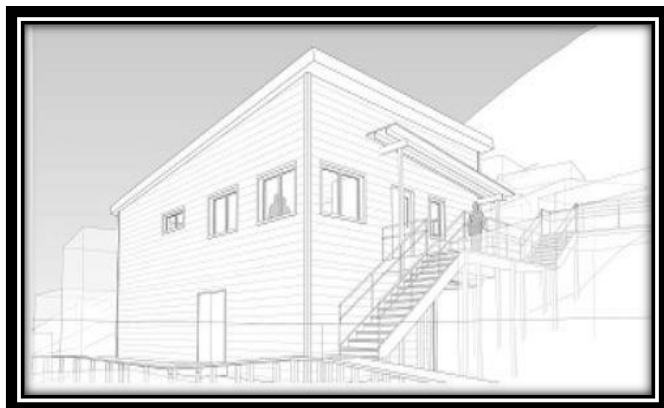
Project Schedule:

100% Drawings Completed: September 2018

Bid Project: October 2018

Planning and Procurement: FY2019

Construction: FY2020



Shaktoolik Health Clinic Scheduled to Open August 2019

The Board of Directors extended a contract to Paugvik to build the new Shaktoolik Health Clinic. The clinic nearly mirrors the Brevig Mission prototype with a few modifications, including relocation of the morgue and inclusion of additional storage space. Construction commenced in June 2018 and is





scheduled for completion in June 2019. Staffing and stocking of the clinic will be completed by August 2019. The clinic is scheduled to open August 2019.

Clinic Details:

4 Exam Rooms/Specialty Clinic Rooms (Dental and Eye Care Chair)

2 Bay Trauma Area (Emergency Room)

Sleeping Quarters

Village-based Counselor Office

Exterior Morgue/Garage



MRI Update

UIC Construction is currently completing in wall mechanical, electrical, and plumbing rough in and the design team performed their inspections of the in wall and above ceiling space 8/29/18. All MRI shielding is installed and tested and the contractor is preparing for sheetrock close up.

MRI magnet delivery is still on track for a 10/25/2018 delivery, with 4 weeks of testing calibration. NSHC staff training and equipment fit up to follow. First patients still targeting

January
2019.



Wellness and Training Center Update

NSHC has prepared the site, with pilings in the ground and funding for the Wellness Center has been included in the FY2019 Capital Budget with the balance to be funded in the FY2020 Budget.



Most recently, NSHC was awarded \$220,000 from Denali Commission and another \$2M from NSEDC for capital construction. NSHC is very grateful for this Large Infrastructure Award and the support the project received from the NSEDC Board of Directors. The remaining project budget is \$9.6M.

Funding asks through Congressional/Federal support are still pending and Administration continues to work closely with Liz Connell, NSHC Federal Advocate, to better understand what funding may be available to support staffing.

Additionally, a decision has been made to build a new Warehouse in close proximity to the new Wellness and Training Center. The plan is to bid both projects at the same time in early FY2019.

Long- Awaited Teller Basketball Court Becomes a Reality

The City of Teller has worked with community partners to locate land for the long- awaited basketball court. The project is nearly ten years old and surfaced when NSHC needed to secure land to build the current clinic a decade ago; the clinic site took over the existing basketball court. There was an agreement to support a new basketball court for the community. However, because the project took several years to complete, some funding partners were no longer able to commit funds.

NSHC is happy to see the project move forward.



Office of Environmental Health (OEH) Facilitates Bed Bug Prevention and Control for Households

The OEH Department continues to field calls from residents who require Bed Bug support for their households. NSHC has helped over thirty-five Tribal households resolve their bed bug infestations.

Houdini Bed Bug Service based in Nome, continues to provide services as the sole source provider for this issue.

Once homes have been heat treated, a bed bug prevention and control kit will be distributed. Residents of the region can call the OEH Department at 907-443-3300.



Office of Environmental Health (OEH) Maps out Plan for Rabies Prevention and Control

To protect the health of the people living in the Bering Strait Region, the OEH Department manages Rabies Prevention and Control as part of their scope of services provided to Nome and the region's villages. The following services and activities are included in OEH's Rabies Prevention and Control Program:

- Disseminate relevant information to the public, Lay Vaccinators, City/Tribal leadership, and health care providers. (i.e. confirmed cases of rabies, SOA post-exposure prophylaxis updates, education outreach about rabies and the need for pet vaccinations, etc.)
- Participate in the State of Alaska's Lay Vaccinator Program, maintain full reporting compliance.
- Recruit/train/certify/support Lay Vaccinators in all the villages + provide all vaccination supplies.
- Maintain a full stock of rabies vaccination supplies. (i.e. vaccine, needles, certificates, tags, etc.)
- Conduct animal bite investigations for the villages.
- Coordinate with Nome's Animal Control Officer, as needed, for Nome animal bite investigations.
- Coordinate with State Virology Lab for specimen submittals.

- Provide rabies vaccinations in villages.
- Coordinate with health care providers and State of Alaska for post-exposure prophylaxis needs.
- Recruit and coordinate Veterinarian group travel to the villages.

2018-2019 PROGRAM IMPLEMENTATION FOCUS

Recent Background

NSHC-OEH experienced significant staff turnover in 2017 and the beginning of 2018, which negatively impacted NSHC's ability to effectively prevent and control rabies in the region. A few examples of this include, the lack of rabies vaccination supplies available in the region, NSHC-OEH not being in compliance with the State's Lay Vaccinator program requirements, and no village-based Lay Vaccinator recruitment/training/certification occurring. Once NSHC had a fully staffed OEH again, these immediate issues were identified and corrected. However, due to reduced rabies vaccination efforts in much of the region over the last 2 years, there is a back-log of need for services.

Prioritized Implementation Plan

To meet the region's back-log, services and activities typically provided under this plan have been prioritized and refocused to more efficiently meet the immediate needs. OEH anticipates it taking approximately one year before we will enter a more "routine" rabies prevention/control era.

The following is a prioritized list of services/activities describing how NSHC-OEH is currently implementing this plan, with many of these activities occurring concurrently.

Immediate Focus Activities:

- Significant time and effort invested initially in coordination with the State's Lay Vaccinator Program Manager to get OEH back into compliance, figure out who the region's current Lay Vaccinators are, and to finally order the needed rabies vaccination supplies.
- Village Focus: 1.) Lay Vaccinator communication outreach + ship needed vaccinations supplies. 2.) Recruit/train/certify/support new Lay Vaccinators throughout region. 3.) Provide rabies vaccination during village travel. 4.) Coordinate Vet group travel to all villages, winter 2018.
- Conduct dog bite investigations as reports are submitted.

Intermediate Focus Activities:

- Coordinate with NSHC's Health Aide Training Center, Village Health Services, and Nome medical staff to ensure complete Animal Bite Investigation Report Form are submitted to OEH in 100% of patient encounters involving a dog/animal bite.
- Coordinate with ANTHC's *Healthy Dog, Healthy Communities Project*; help develop a long-term solution for improved access to rabies vaccinations + dog overpopulation issues in rural AK.

Legal and Compliance

Vision Statement: *We will listen to, honor, and respect our elders, preserve their right to speak, and ensure they receive the best care in gratitude for their leadership.*

Compliance Officer Update

Cameron Piscoya is the newest addition to the NSHC Administration team as the new Compliance Officer. Raised in Nome, Cameron spent the last 6.5 years with Sitnasuak Native Corporation, most recently serving as the Director of Human Resources. He said his passion for helping people is what led him to the Compliance Officer position. Cameron has done an excellent job transitioning into his new role and working with patients, families, department heads, employees, and the Board of Directors.

Cameron will be leading the Compliance Committee and Bylaws Committee in addition to other duties. Administration is working to transition the liability insurance renewal and claim submittal process to the Finance Department. The Finance department handled this responsibility in the past.



General Counsel Announces Plan to Retire in Near Future

NSHC's General Counsel, John Kitchens, has announced his plans to retire. However, he has agreed to continue to work for NSHC until a transition plan can be developed. John will be present for the September Board Meeting and will be available on-site as needed.

John worked on-site for NSHC for a period of three years. He was an invaluable asset for NSHC and will continue to support department heads and the Board of Directors as needed.



Patient Advocate Hired; Jeannie Yuman Returns to Role



Jeannie Yuman returned to her former role as the NSHC Patient Advocate in May 2018. The Patient Advocate is an important part of the Compliance Team and works to assist patients and families with a variety of needs.

Self-Governance and Public Relations

Vision Statement: *We will assert and implement our Tribal self-governance to achieve our vision through effective leadership.*

Staffing Support for Public Relations Department

Reba Lean, Public Relations Manager, is on maternity leave and Davis Hovey has been hired to cover during her absence. Davis has been a great addition to NSHC.

Senator Murkowski Holds first Congressional Hearing on Housing in Savoonga

The first ever field hearing for Senate Committee on Indian Affairs was held on St. Lawrence Island. Senator Lisa Murkowski was present to chair the hearing on the topic of housing issues, which is a subject our communities know all too well. The purpose of convening this political body in Savoonga, with Dept. of Housing and Urban Development (HUD) staff present, was to create a public record of written and oral statements for the Senate to review. As Senator Murkowski mentioned, Washington D.C. and the Senate are 4,000 miles away from St. Lawrence Island, so it is difficult for them to fully understand the dire need Savoonga and other Bering Strait communities have.

“Speak to us about the realities,” Murkowski said to committee panel of six prominent individuals.

The panel consisted of Greg Stuckey the Administrator of Native American Programs for HUD in Alaska, Delbert Pungowiyi the President of the Native Village of Savoonga, Chris Kolerok the CEO of Bering Straits Regional Housing Authority, Savoonga’s school principal Gaetano Brancalone III, Brianne P. Gologergen the clinic manager in Savoonga for NSHC, and a senior in high school from Hogarth Kingeekuk Sr. Memorial School – Jacob Iya.





Tribal/City Council Outreach

In FY2018, the following meetings were attended with NSHC's partners and are valued as a critical way to share information with the region.

| Meeting | Location | Purpose | Date | Who Attended |
|---------------------------------------|----------------------------|---|-------------------|--|
| Native Village of Teller/Mary's Igloo | Teller | Executive Committee Listening Session | November 16, 2018 | Admin & Executive Committee |
| Native Village of Brevig | Brevig | Executive Committee Listening Session | November 16, 2018 | Admin & Executive Committee |
| King Island | King Island Community Hall | Executive Committee Listening Session | November 14, 2018 | Admin & Executive Committee |
| Native Village of Council | Council Tribal Office | Executive Committee | November 17, 2018 | Admin and Executive Committee |
| Village of Solomon | Solomon Tribal Office/Hall | Executive Committee | November 14, 2018 | Admin & Executive Committee |
| Nome Eskimo Community | Trigg Hall | Executive Committee | November 17, 2018 | Admin & Executive Committee |
| Nome Eskimo Community Annual Meeting | Trigg Hall | Annual Meeting | November 4, 2017 | Kirsten Timbers, Darlene Trigg, Debbie Peacock |
| King Island | Old St. Joe's | Annual Meeting | December 31, 2017 | Angie Gorn, Heather Payenna, Ben Payenna |
| Nome City Council | Nome | Quarterly Update to Council upon request | January 22, 2018 | Heather Payenna, Angie Gorn |
| Golovin Tri-Meeting | Golovin | Invited to meeting with City, Tribe, and Native Corporation to give NSHC update | January 2018 | Heather Payenna, Angie Gorn, Martin Aukongak |
| Native Village of Unalakleet | Unalakleet | Annual Meeting invitation | February 5, 2018 | Martin Aukongak, Mary D |

| | | | | |
|----------------------------------|----------------|--|--------------------|--|
| | | | | Charles, Balla Sobocienski |
| Native Village of Council | Nome | Annual Meeting invitation | February 24, 2018 | Berda Willson, Angie Gorn, Chase Gray |
| Native Village of Shishmaref | Shishmaref | Annual Meeting Invitation | February | Molly Ningeulook, Martin Aukongak, Heather Payenna, Angie Gorn |
| Native Village of Elim | Elim | Annual Meeting Invitation | March 24th | Fred Murray, Angie Gorn |
| Native Village of Shaktoolik | Shaktoolik | Annual Meeting Invitation | April 7th | Matilda Hardy, Preston Rookok, Angie Gorn |
| Native Village of Savoonga | Savoonga | Annual Meeting Invitation | April 18th | Darlene Trigg and Lucy Apatiki |
| Chinik Eskimo Community | Golovin | Executive Committee listening session | August 31, 2018 | Admin & Executive Committee |
| Native Village of White Mountain | White Mountain | Executive Committee listening session | August 31, 2018 | Admin & Executive Committee |
| Native Village of Savoonga | Savoonga | Housing Hearing with Senator Murkowski and HUD | August 25, 2018 | Angie Gorn, Preston Rookok |
| Native Village of Wales | Wales | Executive Committee and listening session | September 5, 2018 | Admin & Executive Committee |
| Native Village of Shishmaref | Shishmaref | Executive Committee and listening session | September 5, 2018 | Admin & Executive Committee |
| Native Village of Koyuk | Koyuk | Executive Committee and Listening Session | September 7, 2018 | Admin and Executive Committee |
| Native Village of Elim | Elim | Executive Committee and Listening Session | September 7, 2018 | Admin and Executive Committee |
| Nome City Council Meeting | Nome | Quarterly update to council upon request | September 10, 2018 | Angie Gorn |



