

Oneida Business Committee Meeting Agenda Request Form

[Deadlines](#)

[Instructions](#)

1. Meeting Date Requested: 3 / 26 / 14

2. Nature of request

Session: Open Executive - justification required. See instructions for the applicable laws that define what is considered "executive" information, then choose from the list below:

Agenda Header (choose one): Report

Agenda item title (see instructions):

Comprehensive Health Division quarterly report

Action requested (choose one)

Information only

Action - please describe:

3. Justification

Why BC action is required (see instructions):

Quarterly reporting

4. Supporting Materials

[Instructions](#)

Memo of explanation with required information (see instructions)

Report Resolution Contract (check the box below if signature required)

Other - please list (**Note:** multi-media presentations due to Tribal Clerk 2 days prior to meeting)

1.

3.

2.

4.

Business Committee signature required

5. Submission Authorization

Authorized sponsor (choose one): Debra Danforth/Dr. Vir, Division Director

Requestor (if different from above):

Name, Title / Dept. or Tribal Member

Additional signature (as needed):

Name, Title / Dept.

Additional signature (as needed):

Name, Title / Dept.

Oneida Comprehensive Health Division
Oneida Community Health Center
Behavioral Health Services
Anna John Resident Centered Care Community
Employee Health Nursing



Oneidas bringing several hundred bags of corn to Washington's starving army at Valley Forge, after the colonists had consistently refused to aid them.

PO Box 365



Oneida, WI 54155



UGWA DEMOLUM YATEHE
Because of the help of this Oneida Chief in cementing a friendship between the six nations and the colony of Pennsylvania, a new nation, the United States was made possible.

**ONEIDA COMPREHENSIVE HEALTH DIVISION
DR. RAVINDER VIR MEDICAL DIRECTOR
DEBRA DANFORTH, RN, BSN, OPERATIONS DIRECTOR
DIVISION UPDATE QUARTER 1
October, November, December 2013**



Executive Management Team:

Division Dir-Operations, Debra Danforth RN, BSN,	869-4807
Division Dir-Medical, Ravinder Vir, MD,	869-4808
Asst. Operations Director, Judi Skenandore,	869-4809
Executive Assistant, Mercie Danforth	869-4810
Business Operations Director, Jeff Carlson,	869-4805
Ancillary Services Director, Dave Larson,	869-4820
Director of Nursing-OCHC, Sandra Schuyler,	869-4906
Behavioral Health Manager, Mari Kriescher,	490-3737
Employee Health Manager, Mary Cornelissen	405-4492
AJRCCC Nursing Home Administrator, Nola Feldkamp,	869-2797
Public Health Officer, Eric Krawczyk,	869-4812



THE ONEIDA COMPREHENSIVE HEALTH DIVISION IS COMPRISED OF:

*Oneida Community Health Center (OCHC)
Anna John Resident Centered Care Community (AJRCCC)
Oneida Behavioral Health (OBH)
Employee Health Services (EHS)*

VISION:

We provide the highest quality, holistic health care to ensure the wellness of OUR Oneida Community.

VALUES:

Responsive Leadership: *Consistent attentive listening, honesty, doing the right thing, timely decision making and seeing issues resolved to completion.*

Culturally Sensitive: *Meeting people where they are and being sensitive to their unique needs as human beings within the Oneida Community.*

Continuous Improvement: *Striving to achieve a higher quality of health care and a higher performing workforce through our Commitment to Learning and Growth.*

Communication: *Fostering honest, respectful and timely communication with the appropriate level of transparency.*

Safety: *Striving for an environment that provides the highest level of physical and emotional safety for our patients, employees and community in an environment free of fear, retaliation and repercussion.*

Respect: *Create a welcoming and compassionate environment focused on the individual needs of OUR community and Health Care Team*

OUR 2013-2016 STRATEGIC PLAN IS FOCUSED IN FOUR SPECIFIC AREAS:

1. Improve Access to care across the Health Division
2. Continuous Quality Improvement
3. Optimize Technology
4. Enhance Our Workforce

OUR 2013-2014 INITIATIVES THAT WILL BE FOCUSED TO ACHIEVE OUR STRATEGIES:

1. **Accreditation:** The Comprehensive Health Division will validate and assure the community the delivery of the highest quality health care services in achieving AAAHC (Accreditation Association for Ambulatory Health Care) accreditation by September 2015 through team work, leadership and commitment.
2. **Advancing Technology:** Utilize innovative State of the Art technology and data analytics to continuously improve wellness and health outcomes.
3. **Optimize staffing processes:** To work collaboratively with HRD to enhance the Division processes for recruitment, hiring, and retention and provide recommendation (s) for change to the Oneida Business Committee by September 20, 2014.

****Initial meeting was held on January 23, 2014 with HR Manager and a team has been formed to continue to work on this initiative.**

IMPROVE ACCESS TO CARE ACROSS THE HEALTH DIVISION

Initiatives: Optimizing staffing processes and Accreditation

- Improving access to care by ongoing recruitment. Recruitment and retention of qualified healthcare professionals continues to be challenging in an environment of a nationwide shortage of healthcare providers.
- Actively Recruiting for Primary Care Physician, Psychiatrist, Psychologist and other various positions within the Comprehensive Health Division remains ongoing.



- **ANNA JOHN RESIDENT CENTERED CARE COMMUNITY (AJRCCC)
UPDATE:**



- The Congregate Mealsite moved over to the facility as of November 4th, 2013.
- Shared activities between AJRCCC and Elder Services began in November.
- The annual State Survey was conducted in September and the plan of correction was approved in November.
- AJRCCC received a 5 star rating by the Center for Medicare and Medicaid (CMS) and was listed by U.S. News as one of the top one hundred nursing homes in the country.
- We continue to work with the Veterans Office to facilitate the VA certification of our AJRCCC.
- Physical Therapy will move from the Health Center to the AJRCCC in February, 2014. Update: Physical Therapy moved from the Health Center to the AJRCCC in January.
 - We are currently pursuing the addition of both occupational therapy and speech therapy services. The addition of these services will significantly add to our ability to generate third party revenue as well as increase the level of care that we can provide to community members.
- We continue to work with Zyquest for our MIS positions to fill the void within AJRCCC and OCHD.
- Posting and filling of Certified Nursing Assistants, Licensed Practical Nurses and Registered Nurses are in process.
- The following positions are currently being filled by Stat Agency staff to be in compliance with the State license requirements: Certified Nursing Assistants and some Nursing positions.
- Once the facility is filled, there will be continued need for the use of Agency staffing based upon resident acuity and staffing needs.
- We will be initiating a request for Expansion of our Workforce in the following areas: Nursing (RNs, LPNs, and CNAs) and an LTE position for an Accounts/Receivables Billing Specialist for enhancement of our billing and ability to collect revenues. Our goal is to reduce dependency upon agency staff in Nursing and to provide A/R assistance to our business office.
- We will be meeting with Purchasing to initiate the FY 2015 bidding process for vendors for the following services:
 - Staffing agencies, including Nursing and PT, OT, ST.
 - Pharmacies

OPTIMIZE TECHNOLOGY

Initiatives: Advancing Technology and Accreditation

ELECTRONIC MEDICAL RECORD (EMR)

The EMR team continues their work within the Oneida Community Health Center and Oneida Behavioral Health every Thursday. The Clinic has completed its full implementation process, but, much work is needed ongoing as we need quarterly upgrades to this system as a whole. The most recent upgrade is to occur this Spring, Centricity Practice System (CPS-12). Oneida has been requested by GE/CPS to act as a Beta-site/Early Adopter Program (EAP) Group, which allows us the opportunity to gain a greater understanding of the upgrade before it is turned on to go-live with all GE/CPS customers.

- Patient Portal solution and Signature capture - a formal Request for Proposal (RFP) was sent out for the consideration of potential vendors. Proposals are due by 3/07/2014.
- Immslink - the selected vendor is assisting us with our interface with the Wisconsin Immunization Registry (WIR).
- The RFS for including Behavioral Health in this year's life cycle for all OBH computer work stations has been submitted and soon to be installed.
- The EMR Team and Physical Therapy, Community Health, Nutrition and Health Promotions. Need to be worked into the EMR project plan. We are reviewing with GE to determine what potential content is available for Physical Therapy. The specific templates that our Physical Therapy Providers currently use for evaluations of Extremities, Cervical Spine, Thoracic Spine, Lumbar Spine needs to be built.
- We have compiled a spreadsheet that contains all the HIPAA Security Policies/ Procedures that are required for compliance. Some of these we already have, or we have templates for.
- OBH staff attended Certification Training with Virtual-Form Editor (VFE), and One of the clinic RNs attended Certification Training with the Centricity Clinical Content (CCC) form (text file) editor in San Francisco, CA, October, 2013. This training will allow us to create and maintain existing content and forms in Centricity. This will be a cost-savings to the Tribe, as we will not have to continue to pay for those services.

CONCERNS and/or ACTIONS NEEDED BY THE OBC: No action requested at this time, however, there remains a lack of future allocation of funding for ongoing resources & support of EMR after the system is operational. Oneida Comprehensive Health Division's (OCHD) Management recommends the long-term need for additional Clinical Applications Coordinator and the Link logic Manager roles in Medical and Behavioral Health environment once the EMR project becomes fully operational.

PATIENT MANAGEMENT SYSTEM (PMS)

- The Batch Eligibility process which determines coverage for patients with insurance, initially, with Wisconsin Medicaid/Forward Health and ultimately with other 3rd party carriers remains in progress.
- We continue to use Encore as our Contract Health Services base software.
- Checks and balance processes have been put into place to incorporate monthly reporting on the Catastrophic Health Emergency Funds (CHEF) claims to ensure they are submitted in a timely manner. This funding is competitive nation-wide, therefore it is even more critical that our claims be submitted timely.

- There has been major turn over within the CHEF National office of IHS which has had significant impact on our processing of CHEF claims. These issues have been addressed both internally and externally.
- Our Optical Systems continue to experience a slowdown usually in the later afternoon. This is still being reviewed by MIS.
- Testing is being completed to determine the go-live dates for the Compulink upgrades to the Meaningful Use version of their software.
- Dental interface has yet to be created, this is pending adequate IT resources and staffing.
- Server configurations remain ongoing for our testing environment. This is necessary to assure an update which seems ready for production is tested before it goes live.
- We continue to work through Visualutions, a programming company suggested to us by GE Centricity, for the purpose of programming changes to our interfaces in our Patient Management System.
- We continue to work with Zyquest as an outsource for additional IT support.
- John Olson, Business Analyst retired in December, 2013 which will be a critical loss to the Division IT resources.

CONCERNS and/or ACTIONS NEEDED BY THE OBC: No formal action required, just continued awareness and support . Will need approval of the IT positions when submitted through MIS for the Comprehensive Health Division.

Resources – human and financial resources for this project under satisfactory thresholds for both MIS and Clinical. We are working cooperatively with Oneida IT for long term sustainability of our needs for the Division as a whole by including our computer systems in our Strategic Planning efforts for the next three years.

CONTINUOUS QUALITY IMPROVEMENT

Initiatives: Accreditation

- Accreditation preparation remains ongoing through the work of the Quality Assurance Team.
- Working with HRD on combining of the Safety Coordinator and Assignment of additional duties for Quality Assurance.
- Planning for Patient Satisfaction Survey is underway by the QA team.
- The Comprehensive Health Division will validate and assure the community the delivery of the highest quality health care services in achieving AAAHC (Accreditation Association for Ambulatory Health Care) accreditation by September 2015 through team work, leadership and commitment.

ENHANCE OUR WORKFORCE
Initiative: Optimizing our staffing processes

HUMAN RESOURCE MANAGEMENT

➤ **Number As of 03/18/14 Comprehensive Health Division Employees: 292**

- **** (1st quarter 2013-295, 2nd Quarter 2013-295, 3rd quarter 2013-298, 4th quarter 2013-295)**
 - **94 Enrolled Oneida**
 - **1 Asian**
 - **4 Black/African American**
 - **167 Caucasian/other**
 - **2 Hispanic/Latino**
 - **24 American Indian/Alaskan Native**

Positions recently filled and/or in process as of 03/18/14:

- Dental Assistant
- LPN AJRCC – need to offer 1 more
- Certified Nursing Assistant 3 – need to offer 2 more
- Pharmacist – sub-relief

Vacancies as of 03/18/14 :

- **AJRCCC**
 - Certified Nursing Assistant AJRCCC – 2
 - LPN AJRCCC – 1
- **OCHC Medical Clinic**
 - Diabetes Supervisor – posting 3/19/14
 - Certified Medical Assistant pending Review
 - Physician Internal Medicine
 - Physician Family Practice
- **Dental**
 - Dental Hygienist – will be posted until filled – no applicants.
 - ET Dental Assistants – pending informal interviews with supervisor
 - Dental Supervisor - 2nd interviews are on 4/1/14
- **Behavioral Health**
 - Clinical Psychologist
 - Psychiatrist
 - Youth Adolescent SW
- **Medical Records**
 - Medical Records Technician
- **Operations**
 - Administrative Assistant III
- **Pharmacist**
 - Pharmacy Technician 2nd posting – until filled

CONCERNS and/or ACTIONS NEEDED BY THE OBC: No formal action required at this time. Continued support and awareness of the need to continue to fill vacancies as they occur. Competitive wages continue to be a concern across the Division.

- The critical vacancies that will need to continue to be filled to achieve our Strategic Plan are all Direct Care Providers which are identified as Revenue generating.
- The need to remain competitive with wages is becoming more critical as we move into FY 2015. We are already beginning to have difficulties in filling positions and retaining positions due to wage stagnation. The ability to continue to fill critical vacancies will be crucial throughout the remainder of FY 2014 and FY 2015 with the approval of the OBC.

Use of Agency Staffing for AJRCCC continues to be a concern. If we are not able to utilize Agency staff, then we will be unable to fulfill the needs of our residents based upon our acuity levels which could jeopardize patient safety and patient care as well as our licensure for the AJRCCC.

CASE MANAGEMENT:

Oneida Comprehensive Health Division has been working with Governmental Services Division to create a Personal Care Agency as part of the integrated case management system. We were on schedule to have the Personal Care Agency ready for certification in January 2014, but this date has been delayed due to cost containment.

The case management system will allow us to effectively align and leverage resources to provide services in a sustainable manner across divisions. Aligning and coordinating services in this manner allows us to:

- Identify best support services to meet client needs
- Promote efficient use of funding streams, reducing the need for Tribal
- Contribution
- Reduce/promote operational efficiency
- Deliver services in a manner that is kind to the client

The funding aspect can be illustrated in the following two examples:

- Case 1
 - Client needs med set & monitoring
 - Native Client, Medicare eligible
 - Community Health RN does set-up, service billed to Medicare thru Home Health Agency
- Case 2
 - Client needs med set & monitoring
 - Native client, not Medicare eligible, no payment source
 - Community Health RN does set-up, service funded by IHS thru the annual funding agreement

In both examples client services are met, staff are effectively resourced and reimbursement is received. The key difference being that Medicare was billed in the 1st case preserving IHS funding. In the 2nd case IHS funding is utilized to meet the gap.

LONG TERM CARE STUDY GROUP

The State submitted the Money Follows the Person Tribal Initiative (MFP-TI) grant to The Centers for Medicare and Medicaid Services (CMS). The application deadline was October 17, 2013. The grant has not yet been awarded by CMS, but only 7 states applied for the grant. The grant is expected to be awarded shortly. The next scheduled meeting of the State Long Term Care Committee is mid- April in Wausau.

The proposal included planning for a service delivery structure which includes a set of administrative functions delegated by the State Medicaid Agency to Tribes or Tribal Organizations and the following objectives.

- *Develop Tribal Home Health or Personal Care Agencies*
 - Provide technical assistance for interested Tribes to become personal care or health agencies.
- *Develop Tribal Infrastructure supporting the delivery of Long Term Care services to Tribal members*
 - Develop the infrastructure and mechanisms for Tribes to provide comprehensive Long Term Care services.
 - Increase community provider capacity; include Information Technology systems changes and training, to achieve a sustainable model of long term supports.
 - Develop the needed infrastructure and processes when a Tribe is interested in working with a Managed Care Organization to provide Long Term Supports to Tribal Members.
- *Develop Improved, Affordable, Accessible Community-Based Housing for Tribal Members*
 - Increase access to adequate, accessible housing for Tribal elders and younger members with disabilities to transition or continue to live in the community.
 - Increase access to available state or federal funds to enhance housing capacity.

CURRENT ISSUES OR TRENDS/PROJECTS:

Behavioral Health

- Sandy Holden Psychotherapist Retired 11/29/13
- Dr. Johnson Adult Psychiatrist Retired 12/16/13
- Jeanette Pieper AODA Counselor Retired 12/31/13
- Centurion Panic System installation and training completed. All staff trained.
- Initial intakes are out to February 2014 for Mental Health, Psychiatry and Psychology and ATODA.
- Backfilling for positions to work on the EMR project remains a concern and places additional burden on access by the use of providers on the EMR team.
- Continued issues in obtaining correct reports with the implementation of Centricity Patient Management system.

- Access to Care-ongoing evaluation to meet the needs of the patients without hiring of additional staff and maintaining full staff. Access to care Survey will be starting in November, 2013.
- Recruitment and retention as well as remaining competitive within our professional market are major concerns.
- Advanced Training Trauma Focused Cognitive Behavioral Therapy (TF-CBT) collaboration with Outagamie County took place with three of OBH staff participating.
- Suicide Prevention collaboration with Suicide Coalition utilizing the Garrett Lee Smith Grant.
- Coordination of Care with Primary Care remains ongoing to improve the quality of care
- Two staff attend the Comprehensive Continuous Integrated Systems Change (CCISC) Tribal/State Collaborative that meets every 3 months in collaboration of implementation of co-occurring programming. The main areas of focus are on implementing Co-Occurring Programming, Coalition support in effort such as changing legislation for IDP Assessments, Prevention testing, and Clinical Supervision.
- Program Restructuring for Case Management Services remains ongoing.
- EMR Implementation is ongoing, with critical need for the Clinical Applications Coordinator position. This position currently on hold due to cost containment.
- Electronic Prescribing also went live with a few minor issues but overall went smoothly.

Billing:

- Maintaining a consistent Accounts Receivable daily.
- We are finalizing the reporting components with the new Pharmacy A/R

Community Health Nursing/Community Health Services:

- Comprehensive Case Management System- making baby steps forward toward personal care agency. Goal to implement use of comprehensive health assessment tool in Sandata the next quarter.
- Public Health Accreditation- on hold.
- Working with EMR team on EMR/ Wisconsin Immunization Registry interface.
- Some nursing staff will train to complete Immunization encounters in EMR in January 2014.
- Restructuring of Community Health Nursing area will be delayed until the new RN and Social worker can be hired. This is currently on hold due to cost containment.
- Working on Community Health Services facebook page.
- Scheduling employee training sessions (child abuse, elder safety, fit-testing, etc.) for those needing this requirement.
- Reviewing of all policies and procedures within the department
- Working on revising and meeting requirements for grant objectives within the FY 14 funding cycle.
- Working on space issues associated with departments within the Community Health Services area.
- Working with Brown County and City of DePere Health Departments on coordination of services in absence of Regional Office Director for State of Wisconsin.

Dental:

- PIT (Process Improvement Team) continues to meet monthly, Purpose Statement: develop consensus based process improvement & efficiency by utilizing Plan-Check-Do-Act model
- Heather H continues to participate on the Infection Control Committee for the Dental Clinic.
- Dental clinic continues to work closely with HRD in the hiring process for necessary staff (dental assistants, hygienist, office manager position). Due to the delays in hiring, the department has had to cut back on hours available for the scheduling of patient care.
- Interim Dental Supervisor status expires January 2014.

- Deferred services list continues to grow for patients whose care is beyond the scope of the Oneida Dental Department. Those placed on the list contain costs that exceed \$9,000. or more. This is provided to the CHS Supervisor monthly.

Pharmacy:

- Working daily to decrease the long lines and to stay caught up with a daily average prescription fill of 1200+.
- Upgraded to the most recent version of PDX (Pharmacy software) in November. Process took some time to work out the kinks but seems to be working efficiently now.
- Working on training additional IT staff to replace the vacancy which will be experienced by the retirement of J. Olson.
- Pharmacy staff will also be receiving additional training on the pharmacy system.

Safety:

- Problems with software for the new Fit Test Machine. Working with MIS to resolve the issues.
- Infection Control Policies and issues are being addressed.
- Working on e-learning program for Infection Control for all employees of the Division.
- Tracking when training is due continues to be an issue, working with HRD to resolve the issues for the Comprehensive Health Division.
- Material Safety Data Sheet Training (MSDS). Working on an e-learning training for this.
- Safety/ Emergency preparedness training will be held in spring.
- Working with HR on the combining of additional QA job duties to existing Job Description.

Community Options Program COP:

- COP-Social Worker continues to work with the Regional Family Care Project. It appears that Family Care will move forward within the near future for the State of WI.
- There continues to be uncertainty with regard to how invoices are processed for the COP Program. The Administrative Assistant maintains that the problems have increased since Accounting began requesting all invoices come there first. Multiple times a month Social Worker is contacted by vendors requesting past due payments. The department is currently working with Accounting to resolve the issue.

Medical Clinic:

- EMR: Project team is preparing for Meaningful use phase 2 attestation. Team is reviewing patient portal and E-Signature proposals for EMR.
- Clinical Applications Coordinator positions are being developed with HRD assistance. These positions are critical for supporting our current operations and these positions are currently in our approved budget but are currently on hold due to Cost Containment.

Clinic Nursing:

- Patient concerns/complaints continue to be tracked for a total of 22 complaints/concerns tracked for this quarter.
- Based upon total number of patient visits during this same time period of 22,296 resulting in a 0.06 percent average of complaints to patient visits for Quarter 1, 2014.
(See page 17 for the tracking log report)

Medical Records:

- Medical Records staff continues to scan all deceased and inactive records into the OnBase system.
- Medical Records staff workload has increased due to additional work processes required as we move to the full EMR.

Operations:

- Quality Assurance/Improvement Committee meets monthly to review ongoing Quality assurance studies from various departments. The team has implemented a permanent area in the lobby for the posting of patient comments and suggestions.
- ICD-10 Implementation planning is beginning with the full implementation deadline of October 1, 2014. ICD-10 is the International Classification of Diseases, 10th Edition, Clinical Modification /Procedure Coding System which will be required to be used by all health care settings.
- Implementation of community education plans for the Affordable Care Act to include a December Community Meeting to assist the community in understanding the impact of the ACA to the Oneida community.
- Comprehensive Health Management Team completed their Strategic Planning for 2013-2016. Roll out to the staff and community has been planned.
- Share the Care Cancer prevention Conference Planning Committee for May, 2014 has begun. This year's conference will be held in Lac DuFlambeau, WI. The conference is scheduled for May 6-8, 2014.
- Providing back up assistance for the BC Health liaison for CMS-TTAG, CDC-Technical Advisory Team, DHS consultation, DHHS Consultation and IHS Budget testimony in Washington DC throughout the coming year.
- Representative Tammy Baldwin will be scheduled to visit the facility for a tour and brief Q&A session in January, 2014 to gain her support for the continuation of the SDPI funding.
- Review of current Audiology contracts and submission of RFP for continuation of on-site services. To be completed by end of quarter 2.

Xray:

- The GE mammography unit has intermittent problems with the large film Bucky not initializing when taking a mammogram. This will eventually fail and needs to be replaced which is planned for FY 2014.
- At that time the whole mammography unit will need to be replaced with a digital mammography unit which will require a Picture Archiving Communication System, (PACS system) to operate.

Lab:

- We had our CLIA survey and had one minor deficiency. This deficiency was related to the interface between the EMR and the LIS. Certain information must be available in the EMR regarding the location of where a test was performed. This has been corrected and we have been certified for another two years.

HPDP:

- HRA Nutrition Education – Previously eliminated, this will now be provided via quarterly sessions for employees in collaboration with Gaming RNs and WIC/Nutrition.
- DPP for Employees – Health Promotion has expanded DPP to include participation for employees beginning January 1, 2014. As a result, 2 extra classes have been added, January 9th at noon and February 18th at 5pm. Below are the registration numbers:
 - Session 27, Jan 7th-April 22nd = 11 participants
 - Session 28, Jan 9th-April 24th = 17 participants
 - Session 29, Feb 3rd-May 19th = registering
 - Session 30, Feb 18th-June 10th = 16 participants & still registering
- HPDP has collaborated with EHN to offer A1C & Lipid Panel testing pre/post/annual for all employees who are not OCHC patients. Data will be collected for everyone and reported quarterly.
- 2014 Community Calendar – HPDP distributed 2500 calendars. -COMPLETED
- Youth Leadership Council Project – The team consisting of Tina Jacobsen, Tek Skenandore, Sarah Phillips, Kaylynn Gresham, Dianne McLester-Heim, and Artley Skenandore completed the strategic plan and used the plan to write a grant (Notah Begay III Foundation). The team should hear if qualified to receive funding in January 2014.

- Annual Domestic Violence Awareness Event: Sarah Phillips collaborated with Oneida Social Services and Wise Women Gathering Place to offer this year's DV Event on 10/18/13. The annual DV event is to raise awareness in the community and to come together to break the silence. The DV committee comprised of HPDP, WWGP & Oneida DV. There were 128 participants.

WIC/Nutrition:

WIC /Nutrition Director:

- **WIC/Nutrition Department:** Completed annual updates/revisions of Department Personnel P & P's Manual.
- **WIC Program Grant:**
- FY13 Work-plan initiative: "Being Person Centered" has been completed by staff on 12/31/13. (Lead: Alyssa)
- FY14 New Work-plan initiative: "Baby Behaviors" has been chosen for this year's Project educational goal.
- Oneida WIC Project was chosen for a site visit by State WIC Management staff (Program Policy and Fiscal Mgmt) on 10-14-13. They observed WIC appointments, toured OCHC, met leadership, all w/ excellent feedback.
- WIC Lactation Manual P & P's have been written and/or updated with the staff RD/IBCLC.
- **Projects: Diabetes/Nutrition Staff Collaborations for the Oneida Community:**
 - *9th Family Fun Night:* RD's/core team are planning for Annual Youth Event to be held: 2-19-14. (Lead: Jill)
 - *Diabetes Cookbook:* Recipes, art, education, and design are all on track for completion by 3/31/2014. (Lead: Susan)
 - *16th Annual Diabetes Event:* RD's to begin planning for event, to be held in August of 2014. (Lead: Betty).
- **Oneida Wellness Council:** assisting in roll-out of "Employee Wellness" policy. Next initiative: Oneida Food Policy.
- **UWGB Dietetic Internship Preceptors:** the WIC RD's, CDE/RD and HPDP/RD are collaboratively providing a Community Nutrition rotation, to (6) UWGB Dietetic Interns /year.

Employee Health Nursing:

- Health Risk Appraisals(HRA) for insured employees and their spouses:
 - Total of HRAs done this year as of 10-25-13 were 1907. 300% increase from FY 2013.
- Influenza (Flu) Clinics
 - EHN office vaccinated 451 employees
 - Offsite Clinics vaccinated 233 employees. Number of offsite clinics 16.
- Department of Transportation (DOT) Designated Employee Representative (DER):
 - All EHN staff completed drug & alcohol training with Randy Bond from Prevea Drug Management
 - Oneida Drug and Alcohol Free Work Place Policy revised with BC approval.
 - All DOT Oneida employees' current with required drug/alcohol trainings.
- Early Return to Work (ERTW):
 - Case Management Meeting with Risk Management (RM), Crawford Insurance -Worker's Compensation and HRD-Employee Insurance- every other month.
 - ERTW Law amendment revision approved by the BC
- Case Management:

EHN Case Management	Oct	Nov	Dec
Injury reports reviewed	40	42	40
Work related new cases	26	30	23
Work related continued cases	41	44	49
Work related Placements	3	2	3
Work related Accomodated	1	1	2
Non-work related New cases	14	12	17

Non-work related Continued cases	40	39	34
Non-work related Placements	6	3	5
Non-work related accomodated	5	3	4

- Employee Health Nursing Safety:
- Gaming and Program Safety Meetings are held monthly with EHN staff participating
 - Oct:
 - Basic Safety with orientation 1 employee.
 - Bloodborne Pathogen (BBP) Training 15 employees.
 - Advanced BBP Training with new employee orientation 1 employee.
 - CPR/First Aid classes 20 employees
 - 11 First Aid
 - Ergonomic Assessment 1 employee
 - Respiratory Fit testing Questionnaire reviews OCHC 63 employees
 - Respiratory Fit testing Medical Assessments 29 employees
 - Respiratory Fit testing done on PortaCount Machine for 10 EHN staff
 - Nov:
 - CPR/First Aid classes 12 employees 10 First Aid
 - Ergonomic evaluations 2 employees
 - Globally Harmonized Systems (GHS) Material Safety Data Sheets training for 147 employees
 - Advanced BBP Training with new employee orientation 5 employees
 - Annual Bloodborne Pathogen 40 employees trained
 - Blood drive collected 30 units of blood.
 - Dec:
 - Basic Safety with orientation 4 employees.
 - Bloodborne Pathogen (BBP) Annual Training
 - BBP training for BH with a total of 30 trained
 - Advanced BBP Training with new employee orientation for 6 employees.
 - Ergonomic evaluations 2 employees
- Drug and/or alcohol testing
 - Pre-employment /internal transfer :
 - Oct 15
 - Nov 18
 - December 24
 - Suspicion:
 - Oct 1
 - Nov 2
 - December 0
 - Random:
 - Oct 3
 - Nov 1
 - December 0
- Clinic Services (office visits):
 - Oct 1001
 - Nov 423
 - December 142
- Infection Control Committee
- Quality Assurance Committee
- Wellness Committee

SUCSESSES OR CELEBRATIONS:

AJRCCC:

- Letter of Compliance for our annual survey (9/25/13 – Health; 10/7/13 – Engineer) was received 12/3/13. The letter finds us in compliance with the federal regulations for continued certification in the Medicare and Medicaid programs, effective retroactively to 11/21/13. The letter also approved a temporary waiver for an engineering tag (K56) until 3/7/14.
- Documentation was also received for complaint investigations on 10/21/13 and 12/27/13 that indicated no deficiencies were found, i.e., the complaints were not substantiated.

Behavioral Health:

- CPR Training 2nd session completed
- Centurion Installation and everyone trained
- Soft Go live with MH and ATODA
- Go Live with Psychiatrist medication Check and Patient Instructions.
- Signature Capture Proposal in draft form. Viewing Demo's in January 2014.
- Stairwell issues have been fixed.
- Cleaned up BH billing on status of new and implemented the non-billable process within the EMR.

Pharmacy:

- Pharmacy has adapted and maintained customer service while volumes have grown by over 10% in the last year. Continue to have peaks of over 1000+ per day.

Community Health Nursing/Community Health Services:

- The Annual Diabetic Dinner Event took place in August with a sold out crowd once again with 450+ in attendance.
- 300 evaluation were completed and returned with an overwhelming 93% stating either excellent, good and fair for the overall event.

Safety:

- Completed respiratory fit testing. This was done throughout October and into November. Six group sessions were held, with a total of 40 people getting fit tested. I also conducted individual fit testing with the new machine. 25 people got fit tested this way. 6 people were not able to pass, 3 of those need smaller respirators. I will order a couple additional types and sizes for next year.
- Ergonomic assessments done on 4 Health Center employees, 2 footrests given out, and 1 chair replaced.
- Car seats – 56 seats with education was provided. 37 old seats were destroyed. The old office supply room was cleared out for our car seat storage. It works great! Access at all times and much easier to keep track of inventory.
- Recordable Incidents (Lost time, Medical treatment) – 1 (pulled back while assisting patient). There were a total of 6 employee incident reports filled out – 2 of those were falling in the parking lot right as they stepped out of their car. There were 2 patient incident reports. Both fell and were okay.
- Tina Jacobsen and I have been working on a sweatshirt order for all staff, using booster club funds. Two 50/50's need to happen and then there will be enough money. Sweatshirts should get ordered by the end of January.
- We have re-introduced the response board through the QA committee. Each month patients and staff write suggestions. Those are handed to the appropriate people to answer. Their answers are posted on the board to show patients that we are reading their comments and solving issues. January is the first month the responses are getting posted. Safety Town completed in August with a total of 68 out of 80 completed. 136 people attended the graduation ceremony.

Xray:

- In early December 2013 the X-ray Department went live with the EMR and now are paperless except for the patient stickers we receive. It was a smooth transition.

Lab:

- The CLIA survey went well with only one minor issue which was addressed immediately by the Lab.

Dental:

- CDHC (Community Dental Health Coordinator) Outreach Program’s success, RDH Barb A is in the Oneida Nation School System the dental clinic has decreased the number of children needing dental care.

Community Options Program (COP):

- We are having fewer issues with the Sandata Case Management Software as staff is becoming more familiar with using it.

HPDP:

- Stefanie Reinke & Tek Skenandore successfully audited one semester of Human Nutrition at UWGB. Both have improved their nutrition education skills significantly through this class.
- JMIO will be changing locations from Oneida Family Fitness to Oneida Nation Elementary School. We hope this new location will reach more families in Oneida. The location offers more space for walkers, a larger area to eat, greater access for health education, etc.
- Sarah Phillips successfully completed the 2013 Healthy Native Communities Fellowship.

Community Meetings:

- Held quarterly for the last 7 years continues attendance average of 35-40 for each meeting.

Operations

- Passage of FY 2014 Budget
- Implementation of the EMR has been completed for the Medical Areas, still have areas that need to be implemented. Behavioral Health has transitioned as well.
- Bi-monthly updates continue to be successful with the Oneida Business Committee on improving communication and the Committee members verbalized appreciation for the updates and open communication as well as encouraging all the committee members to participate in these updates.

FINANCIALS

YTD FINANCIAL Revenue REPORT
AS OF 12/31/13

	Tribal Contribution		Grants		Other Income		External Sales		TOTAL	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Consolidated Health	[9]	0	5,267,071	2,929,707	3,122	8,802	5,537,975	4,905,373	10,808,160	7,843,882
Anna John Nursing Home	382,247	238,994					435,727	627,208	817,974	866,142
Employee Health Nursing	159,591	147,158							159,591	147,158
Misc Grants	63,268	48,508	448,980	389,738					512,248	438,246
TOTAL	605,097	434,600	5,716,051	3,319,445	3,122	8,802	5,973,703	5,532,581	12,297,973	9,295,428

* NOTE: From Infirmum Report DIVSUMHLT Budget and Actual Report

Patient Complaints Tracking log

Date Reported	Date of Occurrence	Department	Complaint Type	Resolution Positive	Resolution Negative
10/1/2013	unknown	Podiatry/Providers	Unsatisfied with care	x	
10/9/2013	10/7/2013	Family Practice/Providers	wrong diagnosis	x	
10/14/2013	10/14/2013	WIC/Nutrition	Rude	x	
10/15/2013	10/15/2013	Patient Registration	Rude	x	
10/21/2013	10/18/2013	Pharmacy	Not getting medications	x	
10/22/2013	unknown	Patient Registration	Booked Physical appointment too soon	x	
10/25/2013	10/23/2013	Family Practice/Nursing	Rude	x	
10/31/2013	10/28/2013	Dental	Appointment took too long	x	
11/5/2013	11/5/2013	Pharmacy	Rude	x	
11/14/2013	unknown	Patient Registration	Rude	x	
11/19/2013	11/19/2013	Patient Registration	Rude	x	
11/20/2013	11/20/2013	Internal Medicine/Nursing	Rude	x	
11/20/2013	11/20/2013	Patient Registration	Rude	x	
11/22/2013	1/22/2013	Against Patient	Patient was being rude	x	
11/25/2013	11/25/2013	Family Practice/Nursing	Rude	x	
11/26/2013	11/26/2013	Family Practice/Providers	additional care wanted		x
11/26/2013	11/26/2013	Dental	Not allowed in room with child		x
11/27/2013	11/27/2013	Internal Medicine/Providers	Was refused narcotics		x
12/9/2013	12/9/2013	Patient Registration	Wrong appointment time given	x	
12/11/2013	12/10/2013	Internal Medicine/Providers	was not given the requested appt time	x	
12/20/2013	12/20/2013	Podiatry/Nursing	Rude	x	
12/20/2013	12/20/2013	Patient Registration	Rude	x	

Department Complaints

PATIENT VISITS

Against Patient	1	Dental	3,628
Dental	2	BHS	3,526
Internal Medicine/Nursing	1	Optical	2,487
Internal Medicine/Providers	2	Registered Dietitian (WIC)	42
Family Practice/Nursing	2	Physical Therapy	323
Family Practice/Providers	2	Contract Health	1152
Patient Registration	7	Lab	3,677
Podiatry/Nursing	1	Family Medicine	3,281
Podiatry/Providers	1	Internal Medicine	1,469
Pharmacy	2	Diabetes	469
WIC/Nutrition	1	Women's Health	373
TOTALS	22	OBGYN	365
		Pediatrics	1,111
Pharmacy		Podiatry	262
Rx total 10/1 - 12/31	56,250	Radiology	122
Avg Rx per day	862	Audiology	9
On Call Nurse		TOTALS	22,296
Total calls 10/1 - 12/31	622		
Monthly Avg calls	207		
Triage			
Total calls 10/1 - 12/31	10,663		
Daily Avg calls	170		