

TULE RIVER INDIAN HEALTH CENTER, INC.
BOARD OF DIRECTORS
TULE INDIAN RESERVATION

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PORTERVILLE, CALIFORNIA 93258

7 MAY 2014 BOARD MEETING MINUTES

I. CALL TO ORDER: Chairperson Gayline Hunter called the meeting to order at 9:04 a.m.

II. ROLL CALL: Secretary Alberta Chavez called Roll.

<u>Board Members:</u>		<u>Staff</u>	
Gayline Hunter, Chairperson	P		
Barbara Baga, Vice-Chair	P	Zahid Sheikh	P
Donna Medrano, Treasurer	P	Casey Carrillo	P
Alberta Chavez, Secretary	P	Danièle Healy	P
Yolanda Gibson, Member	L/P		
Christina Dabney-Keel, Member	P		
Richard Brown, Member	P		
Joseph Garfield, Alternate	P		
William Carrillo, Sr., Alternate	P		

P=Present; A=Absent; I=Ill/Sick; L=Late; E=Excused; T=Travel; V=Vacation

William Carrillo, Sr. was seated at 9:05 a.m.

III. APPROVAL OF AGENDA

Christina Dabney-Keel asked to add MLR contract, number 8 under Old Business.

MOTION #1: Christina Dabney-Keel/Barbara Baga motioned to approve the agenda with one addition. Motion carried, 6-0-0.

IV. APPROVAL OF PREVIOUS BOARD MEETING MINUTES

- December 11, 2013 Board meeting minutes

MOTION #2: Christina Dabney-Keel/Barbara Baga motioned to approve the December 11, 2013 Board meeting minutes as written. Motion carried, 5-0-1, Willie Carrillo abstained.

- February 5, 2014 Board meeting minutes

MOTION #3: Christina Dabney-Keel/Barbara Baga motioned to approve the February 5, 2014 Board meeting minutes, with corrections. Motion carried, 5-0-1, Willie Carrillo abstained.

- March 5, 2014 Board meeting minutes

MOTION #4: Barbara Baga/Alberta Chavez motioned to approve the 5 March 2014 Board meeting minutes as written. Motion carried, 5-0-1, Christina Dabney-Keel abstained.

- April 2, 2014 Board meeting minutes

Gayline Hunter stated that she sees no reason for Casey Carrillo to accompany Mr. Sheikh to Morongo to check out their pharmacy; someone needs to be here and Mr. Sheikh can bring financial information back. Gayline Hunter would rather have Francine Gibson accompany Mr. Sheikh.

Barbara Baga and Richard Brown moved their car at 9:24 a.m.

MOTION #5: Christina Dabney-Keel/Donna Medrano motioned to approve the April 2, 2014 Board meeting minutes with corrections. Motion carried, 4-0-2 (Barbara Baga and Richard Brown were still out of the room).

Barbara Baga and Richard Brown returned at 9:27 a.m.

V. AAAHC ACCREDITATION

1. Presentation by Dr. Thomas Kim of CRIHB.

Dr. Thomas Kim introduced himself and gave a short background; he called IHS when he was still in medical school to have an experience on a reservation; so he went to South Dakota. There, he got to see patients in a clinic environment and also do home visits; he saw 3 generations in one family. Then he got "the prevention bug" especially regarding diabetes. Dr. Kim is originally from the East Coast but has spent 7 years on the West Coast.

What it involves to reach AAHC accreditation.

5 Keys to understanding clinic accreditation.

1. Achieving accreditation is like having the clinic be the patient. Organizations are living organisms who need

head to toe check and get "a clean bill of health" through accreditation. Boards are like parents. Accreditation requires an external and independent review. Accreditation requires nationally recognized standards. Dr. Kim showed the 2013 AAAHC handbook standards.

What do you get?

- Increased respect from clinics & Hospitals.
- Increased assurance to your community.
- There is parity in quality.

Dr. Kim explained the AAAHC acronym: **A**ccreditation **A**ssociation for **A**mbulatory **H**ealth **C**are. AAAHC is more focused towards clinics like ours, than JACO is. The accreditation logo is part of the company's branding.

2. Accreditation is an investment toward operational stability and growth.

Yolanda Gibson joined the meeting at 9:51 a.m.

Dr. Kim listed some of the **AAAHC Standards**:

- Patient Rights and Responsibilities.
- Governance and Administration
- Quality Care and Improvement
- Clinical Records and Health Information
Dashboard - example: records of slots used
- Infection Control and Safety
- Facilities and Environment

Teams and Assignments -

Lead Team, Assessment and Strategy, Work timeline.

Survey - Develop, Train & Coach, Mock Survey

It costs about \$700 to submit the application itself.

Surveyor for one costs 1 to 4 thousand dollars. Once you pass, you get the accreditation for 3 years; the following rounds are not as involved.

Accreditation gives you:

- Improved quality of clinical care
- Advantages in staff recruitment and retention

3. Achieving accreditation is a whole clinic effort
Accreditation requires:

- Review of policies and procedures
- Observe the actual policies and procedures

- Accreditation requires patients and two inseparable ingredients; a trellis and a vine.
4. Two ingredients for success are: policies and procedures and organizational culture. Your employees are the vine. Board encouragement has great impact on employees during this change.

Owning the standards, mission driven, patient centered, team culture, continual quality improvement.

Leading staff toward accreditation

- can be frustrating for all = pushing vision down
- can be an opportunity for all = pulling with vision

Can you provide a "picture" to your staff?

Accreditation is not the "end goal"; there are always more levels to achieve.

5. Achieving accreditation is always better when you're not alone.

CRIHB can provide:

- P&P development assistance
- Trainings: Quality Improvement (QI) and Quality Assurance (QA)
- Practice assessment and coaching
- Mock or practice surveys
- Executive and clinical Director

Your Role as Board is to envision the possibilities; look at 2014 accreditation manual.

Management's responsibility is patient centered care; it is totally different than CRIHB management - CRIHB is also in a transition period - develop a 5-year strategic plan.

Christina Dabney-Keel asked if CRIHB will be assisting us in this accreditation process with surveys or do we do surveys ourselves. This is our organization; Dr. Kim is an extra pair of eyes for our management. How can CRIHB assist us in this process? Policies and procedures assistance, training, assessments, mock or practice surveys, when we get close to being accredited

Mr. Sheikh stated that we really appreciate CRIHB; it has been our ultimate goal to be AAAHC accredited. Mr. Sheikh

attended an initial AAAHC accreditation training with Dr. Hana who is in constant contact with Dr. Kim. We are already starting to change the behavior and educate our staff; we have line staff involved in the process.

Gayline Hunter asked what our first step would be as a Board. Dr. Kim explained that the two day accreditation training would be beneficial for Board Members representatives to attend to understand the whole process; go forward with policies and procedures. Assessment will be important and understanding the standards before approving the policies and procedures. Mr. Sheikh stated that we started reviewing our policies according to the accreditation standards and requirements.

Dr. Kim recommended that the Board give Mr. Sheikh, Mr. Huerta and Dr. Hana the time to work on this. We will check the schedule for the next training. Gayline Hunter would like to have a copy of the standard and governance section of the training binder Mr. Sheikh brought back.

Dr. Kim left the Board meeting at 10:39 a.m.

Mr. Sheikh left the room at 10:39 a.m. and returned at 10:42 a.m.

Willie Carrillo was unseated at 10:40 a.m.

VI. OLD BUSINESS

1. Update on Health Fair

The final report was given out.

Gayline Hunter had concerns:

1. to pay some vendors to come when we do not pay for others.
2. Incentive for committee members was not in the budget nor pre-approved. Casey explained that we did not go over budget.

Christina Dabney-Keel asked why, if we had donations from Council, we not used that money first. Casey Carrillo stated that we purchased the gifts with the approved budget. Christina Dabney-Keel stated that we should add the additional budget that the Board agreed on and what we received from Council.

Gayline Hunter stated that she signed the check for the committee incentive because she knows that everyone worked very hard but other committees may expect it in the future.

Joseph Garfield reported that one vendor was accepting money; charged for their massages and advocated for youth to come to their school.

Barbara Baga gave a favorable comment regarding the health fair and that it was nice to have the food in lunch boxes. Also, it was suggested to also have kids' size meals in the future.

Donna Medrano left the room at 10:44 a.m.

2. Approval of final Dental Policies and Procedures

Yolanda Gibson and Christina Dabney-Keel asked to have the policies e-mailed to them. Danièle Healy was asked to bring the signature page to Gayline Hunter. One binder will stay in the Board room.

MOTION #6: Barbara Baga/Yolanda Gibson motioned to approve the final dental policies as presented by Dr. Newman. Motion carried 5-0-1 - Donna Medrano was still out of the room.

Donna Medrano returned at 10:46 a.m.

3. GPRA Report

Rebecca Hawley joined the meeting at 11:20 a.m. to present her report.

Christina Dabney-Keel is concerned about immunizations; we have not reached 50% yet of the national average. Mr. Sheikh will look into this report for the next Board meeting. Rebecca was asked to make sure that all the departments are sending the requested information to her to prepare accurate reports.

Christina Dabney-Keel asked why Dental was not entering data into RPMS if Dentrix does not talk to RPMS. Mr. Sheikh reported that he has talked to Dr. Newman who only wants to deal with Dentrix. Christina Dabney-Keel argued that this needs to be done. Data should be entered by Dental; the Data Entry clerks should not have to take this on. Patients are entered at Medical

Registration into RPMS. This should all be done by Dental. Medical is doing double or triple entry. Dental should follow suit - this information is required for GPRA. Rebecca reported that the next GPRA report for the year should be available in August/September.

4. Discussion on renovation of Mental Health Department Offices (William Carrillo, Sr.)

Mr. Sheikh assured the Board members that we are working on this. We are waiting to find out what M&I funds are available. Danièle Healy explained that the goal is to move Behavioral Health into what is now the storage area - the large rooms are air conditioned. Mr. Sheikh explained that we will also be receiving more funding through the HOOP program and reported that the staff had training this week on suicide prevention.

Behavioral Health currently has 2 Interns and a Receptionist through WIA. They are currently restricted in space to add more personnel.

Willie Carrillo explained that he had met with Behavioral Health management and Gayline Hunter reminded him that we have chain of command and he should inform the CEO when he visits other department heads.

5. Traditional Medicine Policy

Tabled

6. Review Meal Contract (AOA)

Willie Carrillo left the room at 12:10 p.m. and returned at 12:16 p.m.

Richard Brown left the room at 12:12 p.m. and returned at 12:18 p.m.

Gayline Hunter asked when we reapply for the grant can we include the vehicle and salary?

Tabled - want to see grant and budget.

Mr. Sheikh has asked Finance for a draw down report for all grants. Resty is working on it; it should be included in the Finance report.

7. MLR agreement

Mr. Sheikh referred to Troy Pitney's e-mail sent to Gayline Hunter. He explained that we have been asking statistics from the tribe; less than 2% of patients go to the hospital. It is only supposed to be for Tribal members - not for non-Indians; however, they want to apply it to everyone in order to save money. A lot of doctors do not take MediCal insurance. It will hamper the network of our CHS patients.

VII. NEW BUSINESS

1. Board Training scheduled Tuesday May 20 & Wednesday May 21
 - 5/20 Tuesday (Council/Available Health Board): Roles and Responsibilities, Governance, and Parliamentary Procedure
Trainers: Marilyn Pollard/Anita Oldbull-Bigman
9AM-12:30 PM
 - 5/21 Wednesday (Health Board/Available Council): HIPAA/Compliance
Trainers: Susan Dahl/Elizabeth Bitsilly
9AM-12:30 PM
2. Discussion on Future Potential Sponsorship for Community Sports and Wellness Endeavors (William Carrillo, Sr.)

Mr. Carrillo explained that he wants to put this on the Board's radar for discussion; it is not a proposal for approval - youth and adult sports. Parents put their kids in sports outside of the Reservation; they have to pay for travel and registration. Mr. Carrillo suggests looking at some type of sponsorship to support that type of activity.

We are non-profit; the tribe has to give to non-profits. Casino vendors are looking at non-profits for donations to support sports and wellness activities.

Yolanda Gibson stated that the Tribe is cutting back because many ask for donations from the Tribe, the Casino and the Health Center - is this double dipping?

Willie Carrillo suggested developing a policy to allocate funds for Wellness and Well-being Activities. Accept donations from casino vendors as tax deductions and a list of allocations/purpose (who they want the money allocated to = primary functions)

Mr. Sheikh suggested that in order to facilitate this, in the future the health center could take control of the Gym or add onto it.

Mr. Sheikh reminded the Board that the health center gave \$15,000 for new gym equipment. Some has not yet been delivered. Mr. Shiekh has given responsibility to Aaron Alafa, Personal Trainer to check on swimming for youth this summer as well as basketball and water aerobic exercise - once we receive the report, it will be presented to the Board.

3. CRIHB Lobbying Trip to D.C. (William Carrillo, Sr.)

Feedback: Mr. Carrillo met with Tribal Representatives, Congressmen, Elders, State Representatives. He listed 6 issues: funding, full funding of CSC, CHS funding, re-evaluate facilities requirement, increase M&I funds, fund next phases of water treatment centers. He reported that Dr. LeBeau gave a strong testimony. They also talked about the CSC settlement. Mr. Carrillo thanked the Board Chair for allowing him to go; it was very informational. It would be nice to have our own ambassador to attend this type of events.

4. Aaron Alafa presentation on Porterville Olympic Day. Aaron was not available - Mr. Carrillo explained that Aaron is bringing in athletes to interact with kids and promoting wellness activities in June.

5. Timeline for Medical Policies and Procedures

A report of what was reviewed and copy of policies were placed in the binder.

Mr. Sheikh explained that we are adapting policies that were already AAAHC accredited. The Core group meets every Tuesday afternoon from 1:30 to 4:30 p.m. We may need to close every Tuesday morning to work on AAAHC accreditation.

VIII. EXECUTIVE REPORTS AND COMMITTEE REPORTS

- CEO Report

Mr. Sheikh read through his report.

Board members had to leave; Gayline Hunter asked the Board members to e-mail questions to Mr. Sheikh. Section 5 of the CEO report will be added to the June CEO report.

- CAC Report

Rebecca Hawley presented her report following the GPRA presentation.

Christina Dabney-Keel expressed her concern about the weekly report - discrepancy between charge amount and adjustment amount.

Rebecca explained that several patients have IMG who only reimburses us \$24. However, MediCal will eventually pay the difference, but it takes a long time (3 to 6 months). Rebecca said that we can try and bill MediCal electronically to shorten the waiting period. Christina Dabney-Keel asked who is responsible to re-bill. Rebecca explained that it is the Billing department

Saturday clinic: Gayline Hunter would like to see a cost effective analysis for Saturday clinic at the next Board meeting. Mr. Sheikh will present the analysis with a plan at the next Board meeting.

Summary of visits: Christina Dabney-Keel questioned Dr. Saljoughy's low numbers. Mr. Sheikh informed her that administrative changes are being made, due to budget constraints. Effective May 1, 2014 Dr. Saljoughy will only work one day a week (Wednesdays) and will be on-call to cover other physicians when on travel or vacation. Dr. Hana is Interim Medical Director since May 1, 2014.

Gayline Hunter asked why Dr. Newman's numbers are so low. Mr. Sheikh explained has Administrative time to work on policies and procedures and one week training in May.

Yolanda Gibson left the room at 11:56 a.m.

MOTION #7: Christina Dabney-Keel/Barbara Baga motioned to approve the CAC report. Motion carried 5-0-1 (Yolanda was still out).

Yolanda Gibson and returned at 12:02 p.m.

- CFO Report (was presented early as CFO had to leave for a

doctor's appointment)

CFO Casey Carrillo went through his written report. Regarding the CSC claim, Gayline Hunter asked what our proposed number is (\$1.6M) and what time frame is for negotiation. Casey Carrillo explained that if we do not have an answer from Margo Kerrigan, then it should go into litigation by end of year.

Casey Carrillo explained that AFA means **Annual Funding Agreement** with IHS.

Casey Carrillo explained that 2 different job descriptions for the Accounts Payable/Payroll Clerk were in circulation. He suggested using the job description that was initially approved by the Board. Casey reported that Rommell Tahimik had given his resignation effective May 16, 2014. The Accounts Payable/Payroll Clerk position will be advertised immediately.

MOTION #8: Christina Dabney-Keel/Yolanda Gibson motioned to approve the Accounts Payable Technician job description with revised date of May 7, 2014 and updated logo. Motion carried, 6-0-0.

Motion #9: Yolanda Gibson/Alberta Chavez motioned to approve the CFO report as presented. Motion carried 6-0-0.

- CHS Report

CHS Committee meeting is scheduled for Thursday, 29 May 2014 @ 8:30 a.m.

- HR/Compliance Report

Daniele Healy announced that the Executive Secretary position has been filled by Elizabeth Medrano who is scheduled to start on Tuesday 13 May 2014. Board members expressed their concerns whether this was the correct choice.

CHR interviews will take place on Thursday, May 8, 2014.

IX. DEPARTMENTAL & GRANT REPORTS - for information only

- Dental Report
- Medical Report
- Clinical Services Report

- Community Outreach Report
- Behavioral Health Report
- Information Technology Report
- Diabetes Grant Report
- Injury Prevention Grant Report

X. ITEMS FOR INFORMATION

XI. ADJOURNMENT

MOTION #10: Christina Dabney-Keel/Alberta Chavez motioned to adjourn at 1:12 pm. Motion carried 6-0-0.