



President/CEO Message

I would like to extend a personal invitation to everyone to visit our BBAHC internet site and Facebook page to access health, safety and general information that we feel is important. Our Facebook page coordinates with the website, where more detailed information is available. Much of what we mention in our newsletter articles are considered “best practices” and are shown and proven to be effective and have good outcomes. We strive to offer services and programs that are considered “best practices”.

Medical terminology is difficult to understand for most lay people and depending on the complexity of the subject matter trying to decipher and learn about health related information can be daunting. Our goal in providing content in our newsletters is to make it easy to understand and more meaningful to you.

This newsletter includes:

- How to refill/reorder prescription medication
- How to read and understand printed information on a medication prescription label
- Influenza information – why you should receive a flu shot
- Care Teams
- Telemedicine
- Bar Code Medication Administration
- Health Aide Training
- Project Update

We want all of you to have good positive experiences when you use our services, and I believe our team works hard to carry out BBAHC’s mission to provide quality health care with competence and sensitivity.

Please feel free to contact us if you have any questions, if we can be of assistance and if

you feel that a certain health topic or concern needs to be discussed, let us know. We send newsletters to all postal boxholders in our service area and we have newsletter information on our internet site.

Respectfully,

Robert J. Clark
President/CEO



According to recent statistics only 25% of BBAHC’s user population received the flu shot.

Common reasons Bristol Bay residents have not received the flu vaccine and the reasons that you should.

“I got sick from the flu vaccine.”

- **The flu vaccine takes approximately 2 weeks to provide immunity.** People who get sick shortly after getting the flu vaccine were likely exposed to someone else’s germs around the time that they got a flu vaccine and are sick from that, not the flu vaccine.

- **The most common reaction to the flu shot in adults has been soreness, redness or swelling at the spot where the shot was given.** This is most likely the result of the body’s early immune response reacting to a foreign substance entering the body. Other reactions following the flu shot are usually mild and can include a low grade fever and aches.
- **If these reactions occur, they usually begin soon after the shot and last 1-2 days.** The most common reactions people have to flu vaccine are considerably less severe than the symptoms caused by actual flu illness.

"We already got sick this year so we don't need a flu vaccine."

- It can be hard to distinguish between the flu and a bad cold. **Unless you had a lab confirmed influenza diagnosed, we do not know whether you actually had the flu.** Also, the flu vaccine protects you from 3-4 different strains of the flu each year. Even if you had a lab confirmed flu virus this season, you can still benefit from the protection of the other strains covered by the flu vaccine.

"I am healthy and never get the flu so I don't need a flu vaccine."

- Many people go many years without getting the flu. Healthy people who come into contact with the flu can often overcome the illness without any serious consequences. However, **if you pass that illness on to a baby, elder or someone with other diseases like Diabetes, Asthma, COPD, Cancer, or HIV they can become very ill or die.**

"You don't even know if the strains in the vaccine this year are the same as what is circulating in my community so why should I get vaccinated?"

- The effectiveness of the flu vaccine can vary from year to year however, **studies have shown that those who get the flu vaccine have less severe illness than those without.**
 - One study showed that flu vaccination was associated with a **71% reduction** in flu-related hospitalizations among adults of

all ages and a **77% reduction** among adults 50 years of age and older during the 2011-2012 flu season.

- Flu vaccination also has been shown to be associated with **reduced hospitalizations** among people with diabetes (79%) and chronic lung disease (52%).
- Vaccination helps protect women during pregnancy and their babies for up to 6 months after they are born.
 - One study showed that giving flu vaccine to pregnant women was **92% effective in preventing hospitalization of infants for flu.**

"I don't trust the government and/or what they put in the vaccines."

- Flu vaccines are among the safest medical products in use. **Hundreds of millions of Americans throughout the United States have safely received flu vaccines over the past 50 years.** There has been extensive research supporting the safety of flu vaccines. In fact, the government is trying to provide protection to our residents to prevent another disaster like the 1918 influenza pandemic. **The 1918 flu has been blamed for as many as 50 million deaths worldwide and claimed the lives of all but approximately 500 survivors in Bristol Bay.** Those that did not die of the flu, died because they were too weak and sick or there were too few people left to hunt, fish and get wood. Many children were orphaned and raised in the orphanage set up in what is now Kananak Hospital in Dillingham. This "Great Death" did not only cause a great loss of lives, but also a loss of identity and culture. There were very few people left who could teach the survivors their family histories, about subsistence activities and culturally important traditions.



The Infection Control / Immunization Program held a flu vaccine raffle for each BBAHC community in an effort to promote and increase community flu vaccine rates. Thank you to all of those community members who did their part to protect themselves, protect their loved ones, and protect their community from the flu!

Kanakanak Hospital Care Teams

The Bear, Salmon, and Sea Otter Care Teams are coordinated through the Case Management Office. Team members include, doctors, health aides, registered nurses and support staff.

What do care teams do?

- Promote health and quality of life
- Connect you with community services
- Provide support for nearly any type of need
- Coordinate medical services for a patient

How do I get on a care team?

- If you live in a village you are assigned to a care team based on your village doctor
- If you live in Dillingham you should choose a doctor from any of the care teams
- If you are unsure which care team you are assigned to – call the Case Management Office – 842-9549. To schedule an appointment with your primary care provider please call 907-842-9369.

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Bar Code Medication Administration

Members of the Indian Health Services Division of Information Technology Bar Code Medication Administration (BCMA) Team visited Kananak Hospital for two weeks to help with deployment of bar code medication administration. Equipment involved includes a barcode reader, computer/workstand and software. When a patient is



admitted to inpatient a computer generated wristband is made that has a main barcode, which includes information such as name, date of birth, chart number and various codes that relate to administering medication. When the nurse gives medication to a patient the main barcode on the wristband is scanned, this shows the nurse scanning that this is the right patient, scanning other barcodes on the wristband and medication containers continue; the nurse and the software verifies it is the right medicine, at the right dose, at the right time, by the right route. When used properly BCMA technology is an effective means to help prevent medication errors. Many departments at BBAHC are involved with implementation and have gone through extensive training. One item of note is that BCMA is a tool that assists medication administration and we continue to rely on expertise and professional judgement of our health care provider whether nurse or physician administering medicine. Inpatient Nursing is currently documenting in the BCMA process.

Gun Safes

Fifty-four gun safes acquired through the Methamphetamine Suicide Prevention Initiative Grant funded by the Indian Health Service



have been distributed to eligible families throughout communities in the Bristol Bay Service area. Priority was given to families with children, and adolescents who have no way of securing their firearms. The safes also can be used for personal items such as medication or other items that may pose a safety issue

in the home. The safe initiative is an example of an early intervention strategy used in a family environment to help prevent and reduce the incidence of suicide.

<http://www.med.umich.edu/yourchild/topics/guns.htm>

How can I keep my child safe from gun injury?

According to the American Academy of Pediatrics, *“the best way to keep your child or teen safe from gun injury or death, is to never have a gun in your home, especially not a handgun”*.

For those who know the dangers of guns, but still keep a gun in the home, each of the following four measures helps protect children and teens from accidental firearm injury and suicide:

- Keep the gun locked (gun safe)
- Keep the gun unloaded
- Store the ammunition locked (gun safe)
- Store the ammunition in a separate place from the gun



Safes to Store Medication

BBAHC was successful in securing grant funding of \$17,563 from the Rasmuson Foundation to purchase safes for BBAHC's village based clinics. The safes provide a secure controlled storage area for controlled substance medications (CSMs), such as Tylenol 3, Morphine, Valium and others. It is important to keep CSMs secure since many are highly addictive and dangerous if used without proper medical supervision. Several clinic burglaries prompted staff to explore ways to safeguard CSMs in village clinics to assure that those persons who medically need them have access to medications. Our thanks to the Rasmuson Foundation for enhancing security in our village clinics and allowing us to continue our mission to provide quality health care with competence and sensitivity.

Dental Clinic/Administrative Offices and Main Hospital Remodel Project Update

The excavation and building foundation work for the new dental clinic/administrative offices building began late June 2015. The target date to open the new facility is fall of 2016. The new Dental Clinic with its 12 operatories and Dental Department Offices will occupy the first floor of the 15,500 square foot, two-story facility. Health Information Management Systems (HIMS), Finance and Patient Account Department offices will move from the main hospital to the second floor of the new building.

The two-phase project is on schedule. Phase I, which is the active stages of construction, included interior and exterior work, mechanical and electrical rough-in work, and selection of color schemes for material and finish selections. Construction work is currently shutdown until mid-

April or until the first barge of the season comes into Dillingham with materials to complete the project.

Grant funding secured through the Health Resources Services Administration for \$1 million will be used to assist with project costs for Phase II, which involves remodel of the space vacated by HIMS and the Dental Department in the main outpatient area at Kananak Hospital including the area currently housing the Pharmacy Department. Remodel of those areas will occur after the new Dental building is opened. A portion of that remodel will include a space to be utilized as a centralized telemedicine delivery suite. Phase II is recognized as the Telemedicine Utilization Centralization Project (TCUP); an architectural firm has been selected and preliminary design work has started on that project.



Community Health Aide Training

Kanakanak has been approved as a Satellite Training Center by the Alaska Native Tribal Health Consortium. Several training sessions have taken place at Kanakanak throughout this past year and more are anticipated. The project initially began because of the difficulty in getting Health Aide Trainees into basic training in a timely manner at one of the two training centers in the state. The waiting period was often from one to two years. Our goal is to assure that all of the villages we serve have quality health care available. The training sessions at Kanakanak are helping to assure that our communities receive the best care possible.

All sessions are in collaboration with the Alaska Native Tribal Health Consortium, University of Alaska/Fairbanks (Dillingham campus) and the CHAP Certification Board. The training sessions are a team effort and we appreciate everyone who have made the sessions at Kanakanak successful!



Telemedicine

Physicians, health aides and other clinical staff continue to expand and use telemedicine technologies for patient care, whether working with patients at Kanakanak or in the outlying communities in the region. Videoconferencing (VTC) using Vido conferencing software is becoming more commonplace, especially since we are getting good results. Staff continues to VTC from Kanakanak to specialists at the Alaska Native Medical Center. Benefits of having appointments by VTC are reduced travel costs for patients and BBAHC; the patient does not have to travel to Anchorage or Kanakanak and can access high quality care from their community. *(Telemedicine cart pictured left.)*

ATV Safety

Many Alaskans enjoy riding all-terrain vehicles (ATVs) because they allow access to remote areas all year long. They are sometimes the only practical means of access to remote, roadless areas, making life in those places a little easier. For those whose livelihoods depend on fishing and hunting, they have become an extremely valuable tool. The increase in ATV popularity, however, has brought about a need for more information on safe riding practices to help prevent the rising number of injuries and deaths associated with ATV use in Alaska.

ATV injuries were the second leading cause of injury hospitalization among Alaska Native people in the Bristol Bay Region between 2002-2011 (Alaska Trauma Registry). Most of these injuries could have easily been prevented by taking simple precautionary measures. The single most important piece of personal protection an ATV rider can wear is a helmet.

A helmet should be worn every time you, a friend, or a family member ride. Not only do helmets offer protection from collision, tree branches, and falls, they provide warmth and some protection from noise.

When choosing a helmet it is important to make sure it fits properly. A helmet should fit snugly with no pressure points and should be equipped with a chinstrap. The helmet should fit level on your head and cover as much as possible. Above all, with the strap fastened you should not be able to get the helmet off your head by any combination of pulling or twisting. If it comes off or slips enough to leave large areas of your head unprotected, adjust the straps again or try another helmet. A sticker inside the helmet tells what standard it meets. Helmets made for the U.S. must meet the US Consumer Product Safety Commission standard, so look for a CPSC sticker.



Additional ATV safety tips include:

- Always wear a helmet, goggles, long sleeves, long pants, over-the-ankle boots, and gloves.
- Never ride on paved roads except to cross when done safely and permitted by law; another vehicle could hit you. ATVs are designed to be operated off highways and other paved roads.
- Never ride under the influence of alcohol or drugs.
- Never carry a passenger on a single-rider ATV, and no more than one passenger on an ATV specifically designed for two people.
- Ride an ATV that's right for your age.
- Supervise riders younger than 16.
- Ride only on designated trails and at a safe speed.

For more information on helmet and ATV safety, please contact BBAHC's Injury Prevention Program at (907) 842-3396, or toll-free at (888) 792-2242. Safe riding!



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EPA Grant Funding Award to Address Bed Bugs

A grant award for \$69,446 was received from the Environmental Protection Agency for “Addressing Bed Bugs in Rural Alaska” for fiscal year 2016. Work will focus on providing education and resources for combating bed bugs to rural communities across the State of Alaska.

Dental Received Award – Government Performance Results Act (GPRA)

The Dental Program team was recognized for achieving GPRA year 2015 measures/goals (access of dental care, dental sealant application, and application of topical fluoride), and was nominated as the best overall dental program in the Alaska Area Indian Health Service Area, and consequently recognized as one of the ten “best of the best” for the GPRA Year 2015 Program Awards through the IHS.

2015 HUD Secretary’s Award For Healthy Homes

The Alaska Native Tribal Health Consortium received recognition for excellence in promoting resident health through housing interventions. BBAHC supported the project in three communities (Togiak, Koliganek, New Stuyahok). The project focused on developing and testing interventions to reduce the need for respiratory medical care among high-risk children through healthier housing and improved air quality. Results of the study after three years, involving 63 homes and 8 communities showed air quality improvement, resulting in healthier people (less clinic visits, less hospitalizations, and less school days missed). Interventions included addressing mold and moisture problems, improving ventilation, changing out old leaky woodstoves with more efficient models and providing education to reinforce healthy behaviors.