



TUBA CITY REGIONAL HEALTH CARE CORPORATION

ANNUAL REPORT 2009

Our Vision

To Heal, To Respect,
To Console

Caring for Our People

Eunice Manson, Rocky Ridge

There was a time while raising four children, Eunice Manson helped tend to hundreds of sheep and cattle, along with all of the chores of living a traditional life miles from town. She began working very young and lived an active life at her Rocky Ridge home.

In recent years, seventy-three-year-old Manson was having trouble getting around. Gradually, over five years, pain and swelling in her knees took their toll and she was able to do less and less. The once-active grandmother of 21 children was unable to walk 100 feet.

Manson and her children knew of the new orthopedic surgery specialty at Tuba City Regional Health Care Corporation (TCRHCC), as her older sister previously had a knee replaced.

In 2008, TCRHCC established a joint replacement program with the creation of the Department of Orthopedic Surgery. TCRHCC surgeons now replace knee and hip joints, one of just two Indian hospitals in the United States to offer these surgeries. Dr. Jonathan Bromberg, Chief of Orthopedic Surgery, performed joint replacement surgeries on Manson, replacing both knees, one four months after the other.

Manson was prepared for the surgeries and learned about the procedure from videos and sample x-rays. She also knew what to expect from talking to her sister.

In March 2008, Manson had her left knee replaced and in July, her right. Both times she was on her feet in just three days to try out her new knees for just a few steps. There'd be no more pain in her knee joints, just her muscles during rehabilitation.

Manson spent 15 days in the hospital for each knee, then was discharged to her daughter's home in Tuba City to be near the hospital for physical therapy.

Often, an average of eight weeks of physical therapy, two times per week is necessary after knee replacement surgery. Proper exercises are monitored for strengthening, range of motion, and stretching, along with ambulation (walking) training. Soon after recovery, Manson was back home, harvested corn, made kneel down bread and cleared the corn field.



Eunice Manson still enjoys taking care of animals at her Rocky Ridge home. She's healthy and active again after joint replacement surgery on both knees. At right: Manson also enjoys weaving and creating traditional clothing.



Orthopedic Surgery

Now Manson routinely walks to the gate at the road in front of her house, takes a walk every other day, and once a week goes on a walk for miles to the top of a nearby hill to look out over the area where she has lived her whole life.

Manson, a medicine woman herself, said, "I received great care at the hospital. They took real good care of me and my doctor was very involved in the whole process."

She performed self-healing ceremonies using herbal medicine, to heal
Continued on page 7 ▶

A Most Welcome Baby

Yasminda and Craig George, Sr., . . . & Damon, Moenkopi

Twenty-eight-year-old Yasminda George was surprised to learn she was pregnant last August. She and her husband Craig, Jr. had grieved over the death of a son two years ago from Sudden Infant Death Syndrome (SIDS) at just five months old. The couple has six other children, but Yasminda had two miscarriages in the past as well. As soon as she knew she was pregnant she made an appointment at TCRHCC's Women's Clinic.

"I was scared having lost my son just a year before," Yasminda said. "We weren't really planning on more children until later."

"But we've always wanted a big family," added husband Craig George.

The couple, Yasminda, 28, and Craig, 30, have lived their whole lives in Moenkopi, and their other children are strung out in age from 3 years to 14 years of age.

"Our schedule has changed a lot with the pregnancy and all of the children and different things to do and places to be," said Yasminda. "We already had our hands full, and at times it's quite stressful, but we've had a lot of family support and help with babysitting and transportation."

Yasminda also works and attends classes at the Tube City Diné College center.

Women's Clinic

Quiet time for Yasminda and Craig George, with infant son Damon, while their other six children are at school or with family. Inspired by her experiences at TCRHCC during her pregnancy, Yasminda now hopes to become a nurse.



Continued on page 7 ▶

Community Stewardship for Improved Health and Wellness

To the Members of Our Communities,

Once again, it is an honor to provide you with this 2009 Annual Report for Tuba City Regional Health Care Corporation and its health care operations. In these eight pages we will provide a brief look at the state of your community-based health care corporation, along with a list of some of our successes in Fiscal Year 2008 (FY08), and an overview of the financial status of the organization.

In this annual report, we hope you will enjoy the touching stories of what we mean by "Caring for Our People." Ask any health provider and they will tell you how much each patient has touched their life, as well. This is part of our "Circle of Health."

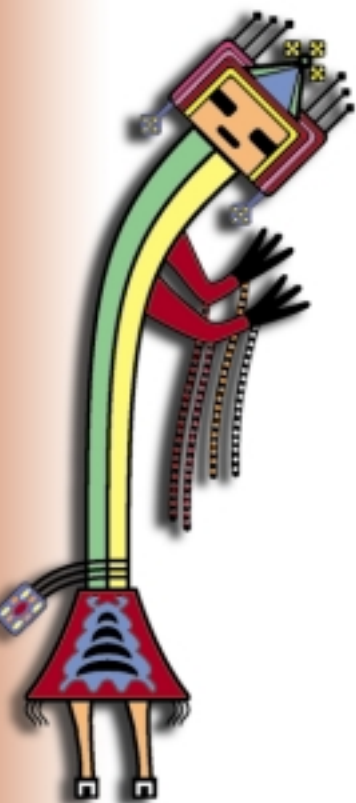
We are happy to report that TCRHCC's health care operation continues to grow in strength and depth of services. The hospital and health system again operated comfortably "in the black" last year with a positive operating margin, increased financial reserves, added clinical services and many facility updates.

The operation of TCRHCC, which has full medical accreditation by The Joint Commission, is governed and overseen by a Board of Directors (BOD), from the grass roots level, representing eight Navajo chapters, Moencopi Village, and the San Juan Southern Paiutes. Each member of the BOD is accessible and available to answer questions and concerns and hear your input. Self-Determination has put health care into the hands of the greater community we are here to serve.

Our goal is to continue growing as a Regional Medical Center and health system while developing additional services. This kind of proactive future requires the stewardship of a responsive Board as well as your attention and participation going forward.

Continuous Board Education and Training

P.L. 93-638, Self-Determination in health care, brings decision-making regarding health care back to the local level by local leaders, with a personal commitment to the community. These decisions entail patient care, health strategic planning, health policy issues, administration, construction, improvements, and so many other governance priorities. This means that Board members must take advantage of regular training and conferences like programs offered by the National Health Care Governance Institute, the National Indian Health Board, and others. Once again, the BOD has worked hard through training and conferences to learn new ways for a private, not-for-profit health entity to expand its mission through new services, collaborative partnerships, and knowledge on current health care issues. This past fiscal year the Board has worked closely with TCRHCC's Senior Leadership in developing and implementing strategic priorities.



Grey Farrell, Jr.
Board President



Joseph Engelken,
CEO



Expansion of Community Communications

As a Regional Medical Center, creating more opportunities for community input is an important part of a Board member's stewardship role. During the past year this has continued to be a high priority, with the strengthening of established channels and the creation of new opportunities. It is also part of the role of the Board and Administration to communicate TCRHCC information to the communities served, such as new clinical services and health promotion. Here is a list of the various communication tools used:

- **Monthly *Healthy Directions* Newsletter.** Each new monthly issue is distributed to all of our primary chapters we serve, Hopi villages, to area Navajo Nation Council Delegates, members of the Health and Social Services Committee, and other officials. The newsletter has become a very important tool for educating, and communicating with, the communities we serve, especially regarding new clinical services. TCRHCC has received many congratulatory notes on the quality and content of the newsletter, along with suggestions for topics and improvements.
- **Quarterly Chapter Officials Meetings.** These sessions are held four times each year and have become excellent, broad-based opportunities for receiving recommendations from the communities we serve. They have become regular joint planning sessions, and both the Board and Administration appreciate these opportunities to get direct input on so many topics. Council delegates are frequently able to attend and participate.
- **Chapter Meetings.** Board members regularly attend their respective chapter meetings and report on TCRHCC health services and related activities and financial matters.
- **Navajo Nation, Hopi and Other Meetings.** Board members and Executive Staff meet frequently with Navajo Nation Council Committees such as

TCRHCC BOARD OF DIRECTORS

Tuba City Regional Health Care Corporation's governing body is the 10-member Board of Directors – qualified representatives of the eight chapters within the Western Navajo Agency, one from the Hopi Village of Moencopi, and one from the San Juan Southern Paiutes. The eight Navajo chapters include Bodaway-Gap, Cameron, Coalmine, Coppermine, Kaibeto, LeChee, Tonalea and Tuba City.

Under the Indian Self Determination Act, the TCRHCC Board of Directors is no longer an advisory board to the Indian Health Service (IHS) but is a true equal with the United States government and the IHS. As stewards over the TCRHCC hospital and resources, the Board of Directors now has fiduciary oversight responsibility for the corporation and its mission. ♦



Left to right: *Kee Y. Goldtooth, Coalmine Canyon; Grey Farrell, Jr., President, Tonalea Chapter; Regina Allison, Bodaway-Gap Chapter; Geraldine Goldtooth, Tuba City Chapter; Esther Tsinigine, Coppermine Chapter; Shanna Yazzie, Vice President, Cameron Chapter; Kathleen Sloan, Kaibeto Chapter; Delsine Nez, Treasurer, LeChee Chapter; Florence Albert, Moencopi Village.*

the Health & Social Services Committee, the Navajo Nation Division of Health, Hopi Tribal Committees, the Hopi Regional Healthcare Network, and the Navajo Area Indian Health Service Area Health Advisory Board, etc. Meetings with other officials occur throughout the year, such as those with Council Delegates, the Bodaway-Gap Health Center Steering Committee, and state, regional and federal officials and legislators.

- **Regularly Scheduled BOD Meetings.** Each meeting always allows a time for public input, and anyone is welcome to attend and learn more about health care services.
- **Collaborative Partnerships.** Recently members of the Association for Indian Self-Determination in Healthcare (638), a new private not-for-profit association, met for a full-day of brainstorming new priorities, how to improve services and work more closely together and increase health care capacity. For the first time, the BOD and Executive Staff from each of the four corporations in attendance had a chance to sit down as a group and exchange ideas on how to coordinate together, to attract new members and to more creatively address the health care delivery challenges in each member's service area.

Board Meetings Are Open

Regular Board meetings are held each month as open meetings to focus on all issues and components of the corporation's operations, planning and development. The Board also holds occasional special meetings to address more critical issues as they come up, e.g. Annual Funding Agreement negotiations with Indian Health Service officials, the Medical Staff credentialing process, and other special items affecting the corporation.

2008 Annual Board of Directors Meeting

On November 13-16, 2008, the BOD held its Annual Board Meeting with a full agenda. Many reports were given by department clinical

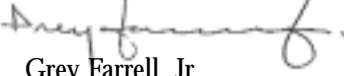
medical directors, accompanied with considerable strategic brainstorming on health care priorities. Also included were a review of the TCRHCC bylaws, TCRHCC operating policies and procedures, and other documents and items. The annual election of officers also took place. The 2008 Annual Meeting was conducted in Flagstaff, Arizona, and included presentations of accomplishments and challenges from the perspective of the Chief Executive Officer (CEO), the Senior Leadership Council and others.


Commitment to Excellent Care

While the Board is responsible for stewardship, the outstanding patient care delivered at TCRHCC is provided by a dedicated staff of professionals at all levels — credentialed and compassionate health care providers, support staff, and administrative staff. We again wish to recognize all the staff of TCRHCC and to sincerely thank them for their commitment to excellence. During this past FY08, we have accomplished many goals and developed new services, and more are in the works in FY09. With a staff of more than 800, our TCRHCC providers and support staff are more challenged than ever to meet the needs of a growing population, to keep pace with medical knowledge and technology advances, and to deal with space limitations.

Tuba City Regional Health Care Corporation continues to maintain a steady and focused pace of growth in both "margin and mission." This is cause for cautious celebration, given the current economic conditions impacting other community hospitals in Arizona and elsewhere. We look forward to expanded facility space in 2009 as well as the continued longer-term dream for all new facilities, to help us expand the ability to deliver quality medical care and preventive health services. All of these future accomplishments will result in a sustainable Legacy of Community Health.

Cordially,


Grey Farrell, Jr.,
Board President


Joseph Engelken,
Chief Operating Officer

Our Mission: To provide accessible, quality, culturally sensitive health care.

Accomplishments FY 2008

- New Cameron Dental Satellite Clinic opened.
- In-house mammography implemented.
- New DEXA bone densitometry unit acquired for diagnosing certain conditions, especially osteoporosis.
- New 32-slice CT scanner acquired.
- CT virtual colonoscopy implemented.
- New PACS Imaging tele-radiology system implemented.
- Completed new Surgery and Orthopedics building in honor of Dr. Broughton.
- New Podiatry specialty service implemented.
- 17 new housing units added.
- First tax-exempt capital bond financing – \$10 million in 2008 for:
 - New 7,000 sq. ft. General Services Building (2009)
 - New 32,000 sq. ft. Medical Office Building (2009)
 - New integrated electronic health record system (2009-2010)
 - Outpatient Refill Pharmacy (2009)
 - New in-house MRI unit (2009)
 - Additional housing units (2009-2010)
- Green Team implemented by staff – recycling tons of cardboard, aluminum, and plastic.
- TCRHCC Orthopedic Surgery implemented – one of two Indian health facilities in the United States performing hip and knee replacement surgery.
- Automatic Electrical Transfer Switch – A facility-wide project to automatically switch from outside electric power to generator power if an outage occurs, as required by the Joint Commission accrediting body.
- Fire & Smoke Dampers replaced/installed, dividing the facility's ventilation system into zones.
- Patient Registration Renovation – Phase 1 of renovation to make Outpatient Clinic patient registration area more efficient and comfortable.
- Operating Room Humidity – Upgrades to the HVAC system in the operating rooms to regulate and maintain the proper humidity.
- Operating Rooms – Replaced washer/disinfector for washing and sterilizing operating room instruments.
- Information Systems – Implementation of an upgrade to ensure encryption security of information transmitted to other health care facilities.

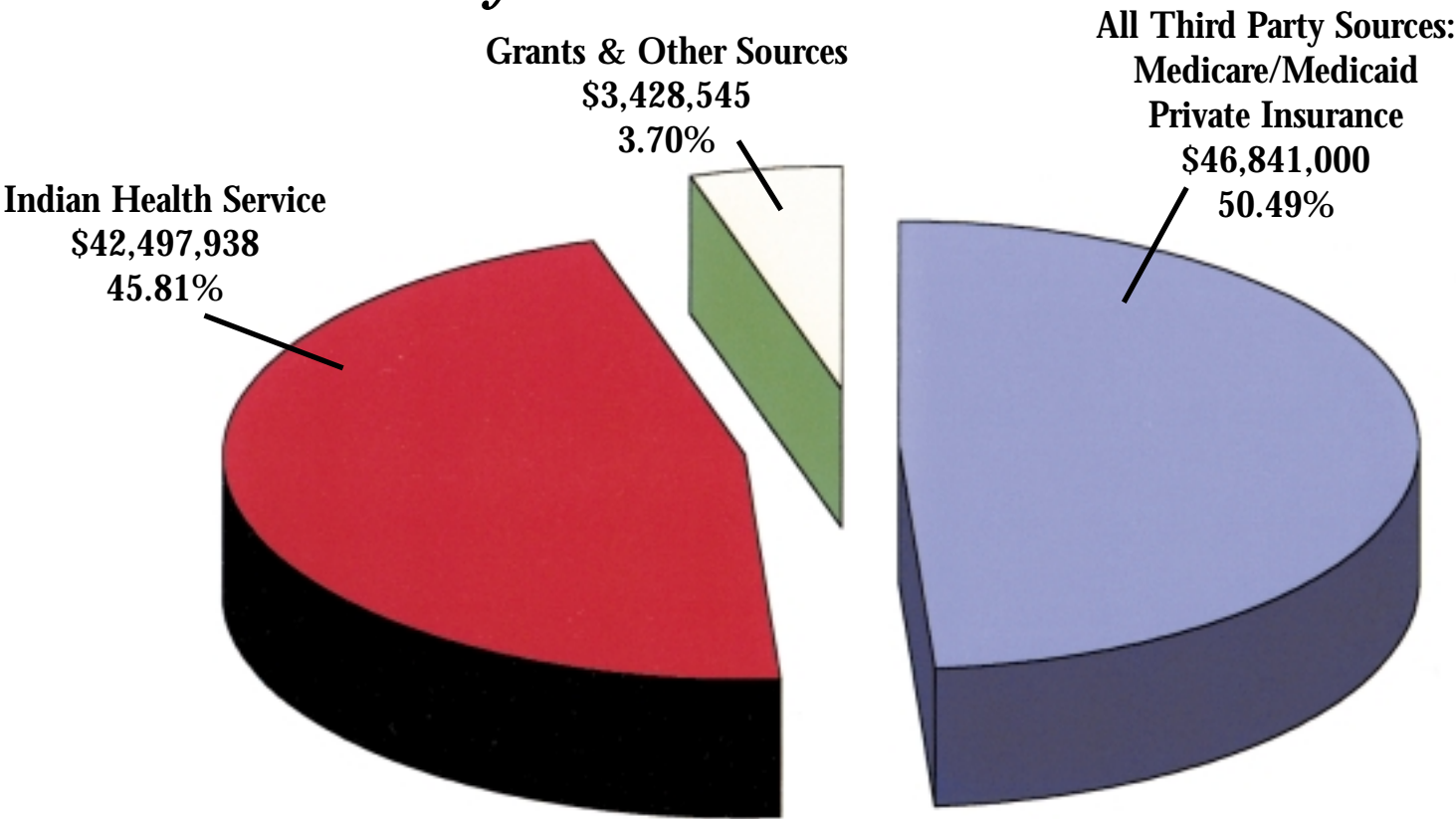
- Cardiac Rehabilitation – Purchase of additional exercise equipment.
- ICU Cardiac Monitors – Upgraded to state-of-the-art monitors for all patients in Intensive Care.
- Extended hours with a walk-in clinic until midnight for non-life-threatening injuries and illnesses.
- Emergency Lighting – Installation of additional emergency lighting as needed throughout hospital.
- Incident Command Center – New work station as an Incident Command Center for disaster drills and events with improved multi-agency communications.
- OB Unit Improvements – Upgrade to state-of-the-art newborn hearing screening equipment, purchase of new beds and furniture.
- Nurse Call System – A major upgrade of the current nurse call system for patient beds and restrooms throughout the entire facility.
- Chiller Replacement – Replacement of chiller for air conditioning system for the entire hospital.
- Audiology Booth – Replaced old soundproof booth used for hearing tests.
- Medical Air System – Replaced entire medical air system, oxygen/nitrogen/air for constant and continuous flow through inpatient areas, in compliance with Joint Commission standards.
- Industrial oven replaced in kitchen.



Operating Revenue & Expenditures

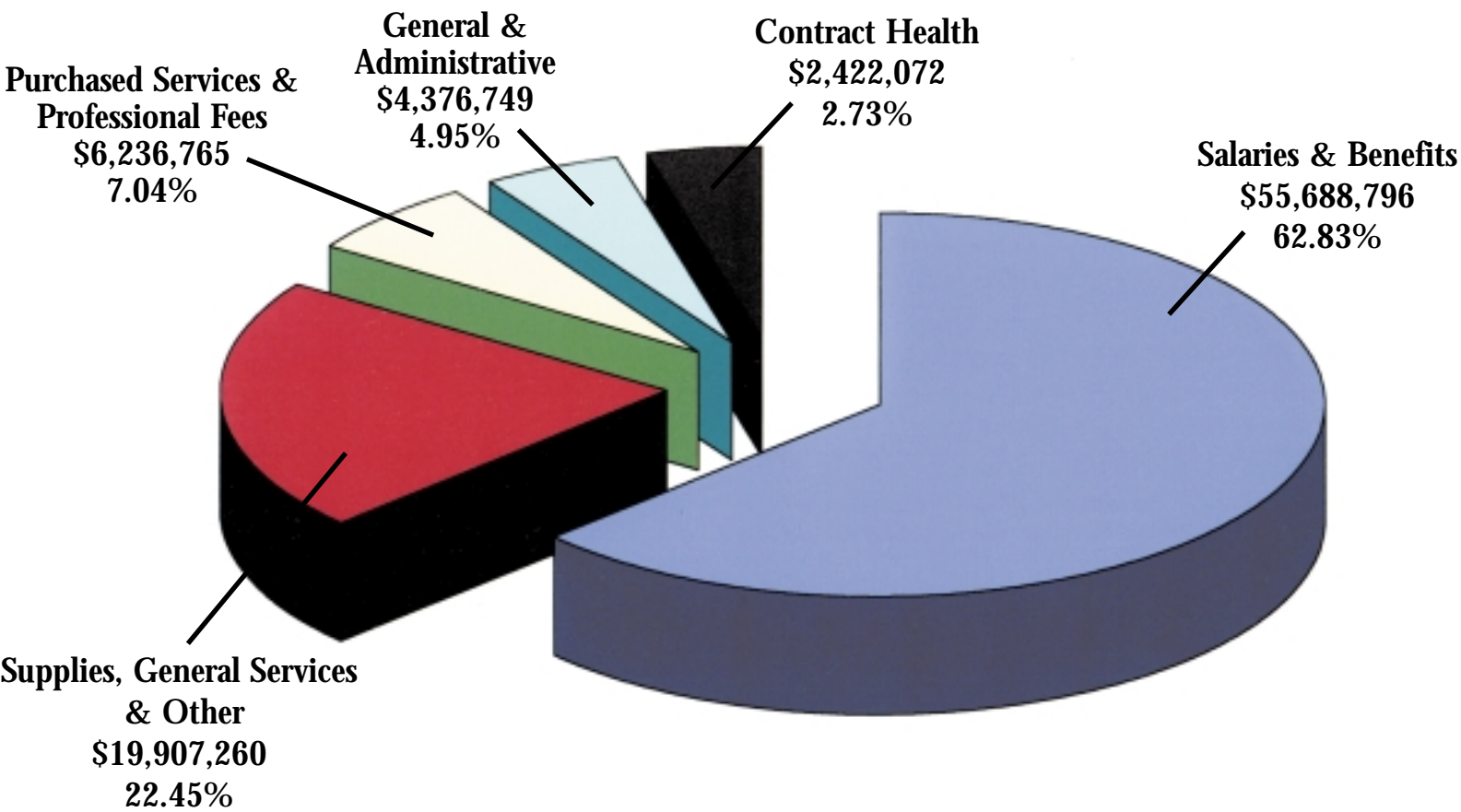
TCRHCC Revenues FY 2008: \$92,767,483

Where the money comes from . . .



TCRHCC Expenditures FY 2008: \$88,631,796

Where the money goes . . .



TCRHCC OPERATING REVENUE & EXPENDITURES

FY 2008 Net Operating Surplus: \$4,135,841

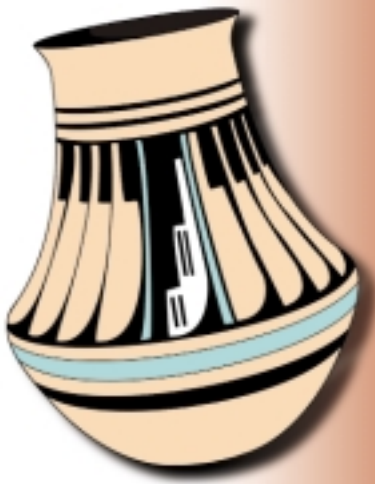
Through continued, focused, critical attention to every segment of the internal revenue cycle, and by capturing every dollar rightly due to TCRHCC, the corporation finished Fiscal Year 2008 with a net operating surplus of more than \$4 million, and a total cash balance on hand of over \$16.6 million.

The corporation’s “needs” for additional equipment, staff, housing, repairs and facilities continues to exceed surplus cash. As with a prudent household, (or any similar healthcare facility) as opposed to spending all available cash, TCRHCC seeks to have several months’ operating cash in the bank in reserve, in order to weather any unforeseen events or sudden changes in revenues. TCRHCC also obtained over \$10 million of long-term financing for essential capital projects.

As outlined on the back page of this document, the healthcare demands of the TCRHCC service area will continue to grow, placing more and more demands on present facilities and staffing levels. The TCRHCC Board and Administration are looking to the future in an effort to best meet the demands of a growing population and ever-advancing technologies. ♦

Tuba City Regional Health Care Corporation

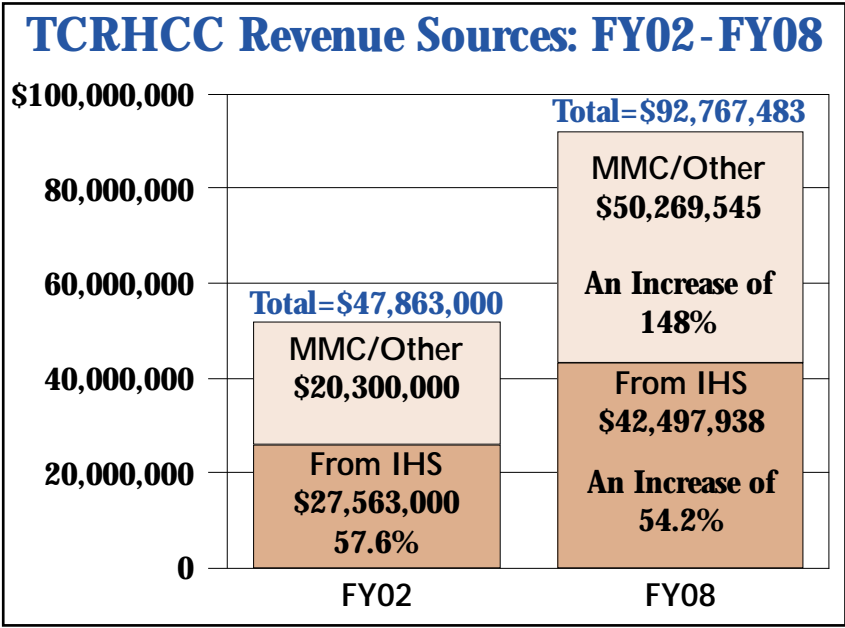
Schedule of Assets, Liabilities and Net Assets September 30, 2008		Schedule of Revenues, Expenses and Change in Net Assets For the Year Ended September 30, 2008	
Current assets	\$ 26,637,392	Total operating revenue	\$ 97,767,483
Property and equipment, net	8,117,179	Total operating expenses	88,631,642
Total assets	<u>\$ 34,754,571</u>	Operating income	<u>4,135,841</u>
Current liabilities	\$ 9,974,601	Nonoperating income	<u>406,530</u>
Net assets—unrestricted	24,779,970		
Total liabilities and net assets	<u>\$ 34,754,571</u>	Change in net assets	4,542,371
		Net assets, beginning of year	20,237,599
		Net assets, end of year	<u>\$ 24,779,970</u>



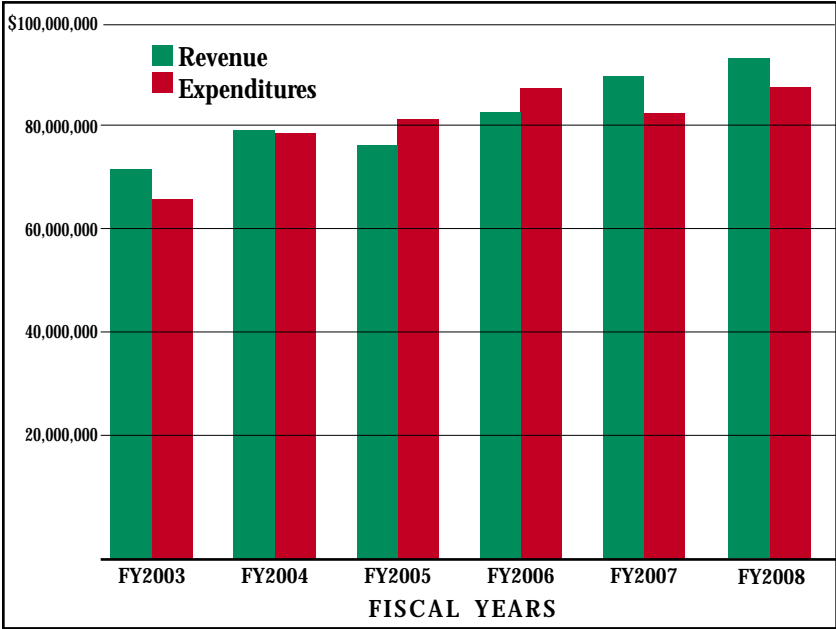
Each year an audit of TCRHCC finances is performed by an independent, outside auditing firm of the schedules in accordance with auditing standards in the U. S. This audit is an assurance of the accuracy of reported financial statements and schedules. An audit also includes an assessment of the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. The above statement represents in all material respects, the assets, liabilities, net assets, revenues, expenses, and change in net assets of TCRHCC as of and for the year ended September 30, 2008

The chart directly below (Revenue Sources) is a reflection of the increase in the overall budget of TCRHCC since it became a 638, Self-Determined corporation, comparing Fiscal Year 2002 (FY02) with FY08. The TCRHCC budget is nearly double over the course of six years, reflecting many enhancements, additional services, and investments in new technology and staff. The revenues generated by TCRHCC from third party sources, aside from IHS, have been increased by 148%. *The chart thus reflects the success of the corporation in acquiring funds from other sources.*

The chart at the right reflects an increase in services provided over the same 6-year period. ♦



While the quality of care for every individual patient is of paramount importance, it is the role of the Finance Department to capture every dollar that is rightfully due to TCRHCC, for the good of the health care of the entire community. Every step of the internal revenue cycle is important, and Finance is giving attention to detail at every step of data collection to assure revenues are properly collected. This process is essential if TCRHCC is to continue increase services.



TCRHCC Inpatient & Outpatient Workload FY02 - FY08

INPATIENT	FY02	FY08	CHANGE
Hospital Discharges	3,458	3,053	- 11.7%
Inpatient Days	14,153	12,431	- 12.2%
Average Daily Census	38	33.1	- 4.9%

Newborns (NB)	512	508	+ .07%
NB Days	946	960	+ 1.5%

Total Inpatient Days	15,099	13,391	- 11.3%
Discharges	3,970	3,561	- 11.4%

ALOS	3.3	3.7	+ 9.7%

OUTPATIENT	FY02	FY08	CHANGE
Total Outpatient Visits	145,035	253,748	+ 75.0%
- PCPVs	81,373	177,680	+ 118.4%
- Dental	11,089	21,355	+92.4%
- Other	52,573	54,733	+ 4.1%

Grand Total Utilization = (Inpatient & Outpatient)	160,134	267,139	+ 66.8%

Data retrieved from Navajo Area IHS Operational Summary Report & Inpatient Stats Report.

Patient Care Utilization Data

The TCRHCC Inpatient and Outpatient Summary Report (above) displays utilization data provided by the Navajo Area Indian Health Service (NAIHS). Several trends in patient care workload from 2002 to 2008 are readily apparent, since the hospital became a Self-Determined 638 facility. This tracking data helps the hospital's ability to grow and to provide new services because it helps set reimbursement and funding levels each year. In this report, total dental visits have been added to the data.

In Fiscal Year 2008, total combined hospital inpatient and outpatient utilization grew to a total of 267,139 visits. This represents a +66.8% increase in total patient utilization during the six-year period, growing from 160,134 visits in 2002.

During this time, outpatient services have also grown by 75% to 253,748 outpatient visits in 2008 versus 145,035 visits in 2002. This data consists of primary care visits (+118%), dental visits (+92%), and other special visits like Public Health Nursing (+4%).

The total inpatient hospital discharge days of care declined from 14,153 in 2002 to 12,431 in 2008, or a 12% decline. During the same time the average inpatient length of stay (ALOS) increased by almost 10% to 3.7 days. The total births and newborn days stayed essentially level from 2002 to 2008.

Overall trends indicate that more and more patients are able to be cared for in the outpatient area, which is a very good trend because it means patients are staying healthier. Meanwhile, those patients who do require inpatient hospital care are tending to require more days in the hospital with more intensive levels of hospital care. This is a primary reason why TCRHCC started the Swing Bed program in 2007-2008, for patients who require extended skilled nursing care. As the population continues the aging process, this level of care will likely increase over time.



Caring for Our People *Continued from page 1.*

Leona Honahni, Lower Moencopi

Leona Honahni couldn't make it up her inclined driveway without stopping to rest. A heart attack survivor, she also sees a doctor at TCRHCC for the management of her diabetes. It was suggested that the TCRHCC Cardiac Rehabilitation Program might help her regain her strength.

Honahni decided she wanted the education of the rehab program. She had always been active but had slowed way down. Before starting an exercise program she was given an EKG test to check her heart function, then had her bone density tested in the Radiology Department.

At first, cardiac rehab patients are evaluated with a simple walking test.

"We give new patients a six-minute walk test to see how they do," said Joette Jones, RN, Cardiac Rehabilitation Nurse. "And we listen to what the patient says about how they feel."

When the exercise portion is started, a patient's vital

Cardiac Rehabilitation

signs are always taken first. They are then monitored during exercise. An individual patient plan for rehab depend on whether the patient has had a heart attack, heart surgery, on their weight and their previous lifestyle.

Exercise at Cardiac Rehab then begins three days a week. Patients are carefully monitored. Honahni said that when she started on the machines it was first to exercise her arms for 30 minutes, then her legs.

"It's real good exercise when you build up to doing the arms and legs at the same time," said Honahni. She had a personalized program for exercising two days per week. The entire rehab program typically runs for 36 weeks.

Honahni has regained an active lifestyle. She goes to exercise at the Senior Center in Moencopi Village every week. Every week is something different and hospital supervised.

"At the Senior Center we exercise to Native pow wow songs and exercise doing the butterfly dance," Honahni said. "We're always active. One



Leona Honahni likes to make yeast bread at her Moenkopi home. She admits an occasional weakness for a doughnut. At right: Leona on an exercise machine in the Physical Therapy Cardiac Rehab area.



time we had a Hawaiian luau and danced barefoot to Hawaiian music. Another time we exercised to Mexican music."

Honahni's family is concerned for her well-being and they check on her at home often. She has one daughter and she raised two nephews as well. Other friends in the village check on her also.

Continued next page ►

Local Teacher Takes Journey to Wellness

Suzie Riggs, Tuba City

Suzie Riggs came to a time in her life where she decided it was time to take care of herself and her health. She had invested so much time in raising her children and taking care of others, that now it was time for her.

Her 'Journey to Wellness', began when she took the 'DPP Challenge' with the TCRHCC Diabetes Prevention Project. The DPP Challenge encourages individuals to have a two-hour oral glucose tolerance test, to help individuals learn and understand their health numbers. By doing the test, she learned about her blood glucose level, then later her cholesterol and triglycerides levels – all critical to maintaining a healthy cardiovascular system.

"I wanted to do something about my health, but it wasn't going to be easy to commit to being healthy," said Riggs.

She started taking the Honoring the Gift of Heart Health classes, and then began taking the 16-week Lifestyle Balance classes with the TCRHCC Health Promotion/Disease Prevention (HPDP) Department. Both programs provide education on portion size, reading food labels, understanding fat grams, calorie intake and exercise. Through the education learned in the class for heart health, Riggs obtained some powerful tools in seeking a healthy, balanced lifestyle.

Riggs said it took time to get over her anxiety and step out of her comfort zone – to exercise, and do it at the Community Wellness Center.

"The idea of going into the Wellness Center made me feel uncomfortable," she said.

"I had to tell myself to not be afraid, I can do this." She soon realized that there are others in the community at the Wellness Center who had the same goals – learning and working on being healthy. Once she began exercising at the center, she began participating in other group fitness classes such as step aerobics, kickboxing, and spinning classes.

From her blood glucose test, Riggs was labeled pre-diabetic, and she began to make big changes, reading food labels, and controlling portion sizes. Her new knowl-



Suzie Riggs at her desk at Tuba City Boarding School. She now teaches simple healthy living principles to her students and has healthy snacks in her classroom.

edge and awareness helps her take better care of her children as well. Everyone is learning healthy practices together.

"The people in HPDP are just great," said Riggs. "I've learned and made lifestyle changes as well as new mental and spiritual ways of thinking."

Riggs volunteers time to the community with the HPDP School Health Program, and Just Move It! events, aside from being a dedicated teacher.

One of Riggs' personal milestones was the completion of a three-mile run and sharing the experience with her youngest son waiting at the finish line, giving his full support.

"I hadn't run since high school," said Riggs, and she ran the entire race to see her son at the finish line yelling, "Mom, you can do it! You just finished running 3 miles."

Continued next page ►



Health Promotion/ Disease Prevention

Leona Honahni, *continued from page 6.*

“I know what foods are good for me and those that aren’t,” said Honahni. “I control my diabetes through diet.”

Honahni enjoys making piki bread, gathering corn and corn husks and making blue corn meal. She’s trying to pass traditions down to the next generation – her two granddaughters, ages 21 and 25.

“I tell them, you’re ladies now, you have to learn to do these things,” said Honahni. “I’m trying to pass on what I know to my granddaughters.”

Honhani’s advice to others is, “Take care of yourself and go to the hospital and get checked. Eat right and exercise.”

She eats a lot of blue corn meal and blue corn mush.

Honahni praised the rehab program and the people who have helped her learn to exercise properly. “It really helped me,” she said.

Honahni leads an active life again and sees no reason to slow down, enjoying the exercise with her fellow seniors each week.

“Cardiac Rehab assists patients with understanding their heart attack or disease, develop a safe exercise routine, providing nutrition education, and offer additional support services if needed,” said Jones. “Overall, Cardiac Rehab is a knowledgeable team of health care providers that work with the patient, so that they may return to living a life that they can enjoy.”◆

Suzie Riggs, *continued from page 6.*



Suzie Riggs teaching in her first grade classroom.

“This was quite a moment for me,” she exclaimed.

Riggs’ journey has also provided much renewed strength, motivation, and self-empowerment.

“I have come to understand that I need to be healthy *for me*,” Riggs continued. Her children, grandchildren and friends provide continued support. Her new healthy lifestyle is an encouragement for everyone, and a story that others can identify with as well.

Riggs’ next goal is to prepare for and run in the Shiprock Marathon Team Relay, as she continues on her ‘Journey to Wellness.’◆

Eunice Manson, *continued from page 1.*

herself more quickly. Manson performs ceremonies every few days and remains quite busy — protection ceremonies, the Beautyway ceremony, kinaaldá ceremonies and ceremonies for women’s health.

Regardless of any pain she felt during physical therapy, Manson knew that she had to use her knees, exercise and stretch. Even though she would tire easily, she knew it was necessary. She pushed herself and knew she wanted to get better.

“A person’s recovery and healing process is up to them,” said Manson. “You have to take the exercise and healing into your own hands. You can’t be lazy and lay around.”

“Eunice Manson is an example of how seniors can go on to live active lives for a good number of years after joint replacement surgery,” said Dr. Bromberg. “Eunice is also an ambassador for us in sharing her story at public education events so other people can hear of her experiences and how the surgery changed her life.”

Manson is active again, going to song and dance, and she enjoys the different fairs all over the Navajo Reservation now that she is pain free. She is able to take care of herself and keep house and cook on her own.

The Department of Orthopedic Surgery gives public education sessions in area communities on joint replacement, will do as many as 80-100 joint replacement surgeries in the next year.◆

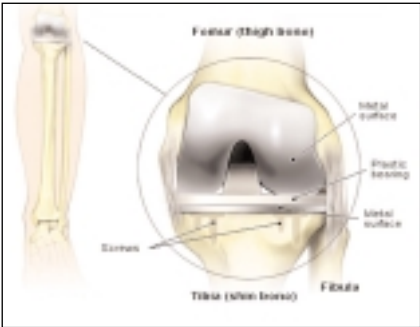


Diagram of a knee joint replacement.

Yasminda, Craig George, Sr., & baby Damon, *from page 1.*

She praises the Women’s Clinic staff and doctors for providing excellent care and support. Her pregnancy was termed “high risk” and she had weekly appointments, sometimes twice per week, and was given weekly progesterone shots from week 16 to week 36 to prevent labor from beginning early. She also took additional iron supplements and had several ultrasounds to monitor the baby’s development.

“The staff at the Women’s Clinic was so helpful and flexible for me. They’d always get me right in, and we got to know each other well as I was there so often,” said Yasminda.

Dr. Diane Evans recommended and performed a cervical cerclage (ser-’klāzh) – a stitch or band of strong thread tightened around the cervix to prevent premature labor. A cerclage is used in some women with a history of miscarriages or with a cervix at risk of opening under the pressure of the advancing pregnancy.

Baby Damon came eight days earlier than his due date, through natural childbirth on April 2, 2009. He was delivered by Nurse Midwife Linda Higgins. Mother and baby were healthy and left for home the following day.

The Women’s Clinic consults with a Phoenix perinatologist through telemedicine technology, so fewer high risk patients need to be sent elsewhere for their care.

Over the years, Yasminda has seen improvements in the education and instructions for expecting parents with videos to watch and educational CDs to listen to at home. The couple also learned about proper car seats. She said there was also instruction for how parents should take care of themselves as well, not just the new baby.

“The Women’s Clinic staff was very attentive and very understanding. They took care to ask where I wanted my shot as I had to have one each week,” Yasminda said. “They were very concerned about my care.”

All of the rest of the children are excited to have a new baby brother.

“They’re all very attached to their new brother,” Yasminda added, and the younger ones kept asking when the baby was going to be born.”

On the 21st morning at sunrise, Damon received his Hopi name from his paternal grandmother. Until then, neither mother nor baby could go out and see the sun.

Inspired by all of the care and support she received in the Women’s Clinic, Yasminda has decided to pursue a career in nursing and hopes to begin classes at Northern Arizona University’s distance learning center in Tuba City.◆

Patient Success Stories

In this year’s Annual Report, we decided to bring you just four of the many stories of healing and healthy living of people who’ve passed through TCRHCC, under the heading *Caring for Our People*.

Our mission is to heal, to respect, and to console. To put this in different words, the greatest satisfaction of the entire medical, administrative and support staff is to treat and cure illnesses, improve the quality of life of our people, and to promote wellness throughout our TCRHCC communities.

We believe there are many more stories to tell. If you’d like to tell your story, or a story from your extended family, of healing, of your experience with the people of TCRHCC, or of your improved quality of life, please contact us so that we might share your words in a future publication. We’d like to hear from you.

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Tuba City Regional Health Care Corporation

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The Tuba City Regional Health Care Corporation (TCRHCC) is a 73-bed, acute care facility organized as a private nonprofit health care organization operating under the Indian Self-Determination Act P.L. 93-638 since September 30, 2002. TCRHCC serves a large geographic area, primarily encompassing 4,400 square miles on the western Navajo Nation.

Tuba City is the largest community by zip code on the Navajo Nation. Tuba City Hospital is the primary campus, or hub, for TCRHCC's integrated health system. The hospital and outlying clinics (a limited clinic in Dinnebito, and a new dental clinic in Cameron) provide primary care services to 27,500 Navajo, Hopi and San Juan Southern Paiutes. Growing at approximately 10% per year, twice the overall U.S. growth rate, the population in the TCRHCC primary service area is expected to reach 30,400 by 2015.

TCRHCC also serves as a Referral Medical Center for 75,000 residents across the Navajo Nation and adjacent communities.

Building on the legacy of the Navajo Area Indian Health Service, previously as Tuba City Indian Medical Center (TCIMC), the formal incorporation process under P.L. 93-638 for Tuba City Regional Health Care Corporation (TCRHCC) began on January 19, 2001, followed by approval by the Navajo Nation Council as a startup 638 effective September 30, 2002. In June 2005, the Navajo Nation Council approved the removal of pilot program status and reauthorized the organization for the purpose of managing and operating contracts with the Indian Health Service for a 15-year period starting on October 1, 2005.

Today, TCRHCC is in its seventh year of 638 funding and operation, and it continues to grow as a regional, community-based health care system.

TCRHCC provides hundreds of clinical and patient care support services spanning the medical spectrum. It provides a full range of preventive health and wellness services. All areas of service incorporate cultural sensitivity and the Navajo philosophy of the four sacred directions.

Our Health Promotion and Diabetes Prevention

program reaches out to communities across the service area with primary prevention focus programs including asthma, diabetes, nutrition, obesity, physical activity and exercise, and tobacco cessation.

The condition of TCRHCC is sound. The top priority of the Board of Directors, administration, medical staff and support staff is the quality of patient care. Patients, families and communities can be assured that TCRHCC adheres to the highest standards of patient care as evidenced by its accreditation by the national accrediting body – The Joint Commission. All areas of the facility meet or exceed national health care standards. All medical service providers are fully credentialed to practice medicine. TCRHCC has an experienced and stable medical staff. Many of the physicians, nurses and allied professional staff have been at TCRHCC for decades.

An audit is conducted each year by an independent accounting firm to assure that TCRHCC is reporting financial information at the highest level of standards and practices. Fiscal Year 2008 ended with a positive operating margin and surplus revenues (see page 5). The Finance Department staff continuously reviews the practices of the corporation in order to capture every dollar that is due to TCRHCC from third-party sources for the improved health care of the community.

TCRHCC is fully compliant with the Navajo Preference in Employment Act (NPEA). Ninety-five percent of all new hires for non-technical positions are Navajo, and the remaining five percent meet a category under the order for Navajo Preference (spouse of Navajo or other Native American). Every effort is being made to encourage, train, mentor and attract Navajo and Native American individuals to the health professions for the future, including leadership, technical and professional positions.

TCRHCC has set the goal of being the *Employer of Choice* in the Tuba City region to attract, retain and promote talented and qualified Navajos and Native Americans residing on the reservations, in Flagstaff, and other accessible areas; to attract and retain excellent healthcare professionals from across the nation; and to provide great job satisfaction for all employees. ♦

