

# Tuba City Regional Health Care Corporation 2010 Annual Report

## Sacred Peaks Health Center Expanding Services Closer to Home

A significant enhancement in TCRHCC's ability to provide accessible healthcare to its Native American beneficiaries is the opening of the Sacred Peaks Health Center (SPHC) in Flagstaff in March 2010. Services offered include routine and non-emergent primary care, internal medicine, family medicine, pediatrics and gynecology. Other services include radiology, physical therapy and a pharmacy.

More than 4000 Flagstaff area Natives live in the TRHCC service unit area. SPHC will also offer local services to the many Native American students at Northern Arizona University.

The 10,000 square foot facility at 3480 East Route 66 in the Park Santa Fe Shopping Center, has a large, comfortable waiting room, 12 exam rooms and a procedure room. The SPHC staff of 25 includes one full time and four part



*Sacred Peaks Health Center Staff.*

time primary care providers, two physical therapists, two pharmacists and four medical assistants. Navajo speaking staff members are available for interpretation.

Cynthia Adson, RN, BSN, manager of SPHC said, "It has been a challenging time getting this new clinic open and running, but it is exciting to be able to provide services to many people closer to their homes."

Adson, formerly an operating room nurse, has been on staff at TCRHCC for ten years.

In addition to general, ongoing primary care for babies, children, adults and elders, SPHC will provide diagnosis and treatment of acute and chronic conditions, newborn and well baby care, well child care and immunizations, physical exams for general health maintenance, and health education. Beneficiaries will no longer need to make the long and time consuming drive from



*Sacred Peaks Health Center Lobby Area.*

*Continued on page 6.*

Hospitals, clinics and private medical practices across the country have initiated the use of electronic health records (EHRs). Tuba City Regional Health Care Corporation (TCRHCC) has begun using EHRs, and will continue to implement the use of EHRs through all of the departments of the hospital over the next year. TCRHCC is on the leading edge of EHR technology in the United States.

Simply stated, an electronic health record is a patient's health care

information and history entered into a computer for storage, retrieval and portability throughout various departments of the health care facility. This also allows the transmission of patient records to other health care facilities, rather than having to transport folders full of paper records. Security and confidentiality of EHRs is a top priority.

EHRs, stored by computer, will replace rooms full of shelves where file folders of paper must be handled manually. EHRs will enhance efficiency and accuracy, and greatly reduce time in the clinic setting sorting through paper documents and records. EHRs are easily portable, and in the future will be transmitted to offices and hospital across the country when necessary, if a patient is injured, hospitalized or sent for testing away from their primary doctor or home hospital.

In 2004, the federal government set the goal that most Americans have electronic health records by the year 2014.

When transmitted electronically, all records information is encrypted so only authorized parties can view patient records and information.

The Obstetrics Department is the first department to be operational, or "live" with EHRs, and the EHR system will be adopted sequentially through all departments of the facility.

*Continued on page 7.*

## Electronic Health Records Improving Healthcare, Saving Lives, and Reducing Time



*Elvira Hardy, RN, OB Unit Nurse Manager, setting IV machine and entering patient information into the new EHR hand-held device.*



# Continued Growth at Tuba City Regional Health Care Center Integrated Health System



## Dear Members of Our Communities of the Western Navajo Nation, Hopi and San Juan Southern Paiutes:

The 2010 Annual Report for the Tuba City Regional Health Care Corporation (TCRHCC) is presented against a backdrop of many accomplishments and successes during the past year. The TCRHCC Board of Directors has chosen to take the next natural step in Self-Determination – to step up to Title V in tribal healthcare self-governance under Public Law 93-638. This report will provide an update on the overall status of your community-based, not-for-profit, regional health care system, including overall patient services and the solid financial status of the corporation. We hope you will enjoy this Annual Report and we welcome your feedback.

We are pleased to report that TCRHCC's healthcare operation continues to grow in mission and capacity, as we strive to develop more comprehensive healthcare services in the TCRHCC service area. The corporation again achieved a positive financial margin over the past fiscal year, thanks to the hard work and quality of our physicians, all of our medical providers, the stewardship of administrative staff, and the support of the communities we serve. We exceeded our patient service and budget goals, and increased the corporation's financial reserves.

In March 2010, TCRHCC was again awarded full medical accreditation by The Joint Commission, the premier national health care accrediting body for hospitals and healthcare organizations in the U.S. This is representative of the overall quality of care delivered at TCRHCC. The Joint Commission survey is a comprehensive inspection by a professional team of physicians, nurses, patient safety experts, administrators and facility experts. They spend a week onsite at TCRHCC scrutinizing every aspect of patient care and facility operations. They conduct extensive interviews with patients, clinical staff and hospital support staff. The hospital board and staff were gratified when The Joint Commission team reported: "Of the five pillars used by The Joint Commission in accrediting hospitals, two of these especially stand out at your hospital, and these are the quality of your staff and your strategic planning." The TCRHCC Board and staff are proud of their hard work and dedication having heard this summation. As a community, we hope you share our accomplishment.

## Vision With a Purpose

By design, TCRHCC is governed by a Board of Directors from the grass roots level, representing eight Navajo chapters, The Hopi village of Moencopi, and the San Juan Southern Paiute Tribe. Board members are available and accessible to answer questions and hear community input. Putting healthcare governance in the hands of the local communities is the core principle of Self-Determination.

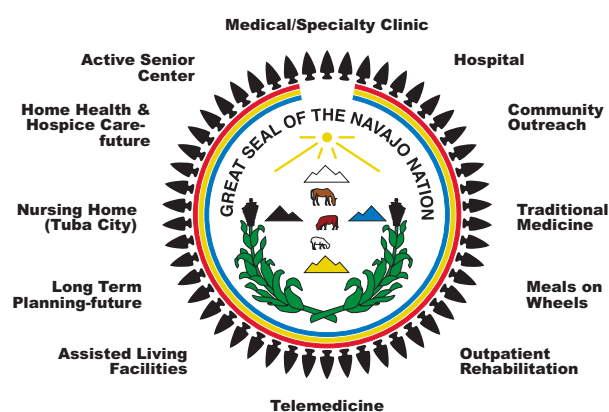
"Vision With a Purpose" expresses the intent of our corporate strategic plan with the dual mission of being both a premier regional medical center and a community-based integrated health system. The leadership of TCRHCC is mindful of both priorities as additional healthcare and preventive services are developed.

The TCRHCC Board of Directors has been actively engaged in training opportunities in 2009-2010, such as those offered by the National Governance Institute, the National Indian Health Board, and the Indian Health Service. There has been a special focus on events sponsored by The Association of Indians for Self-Determination in Healthcare (638), including two "638 Title V Boot Camps" to educate Navajo Nation entities on the next steps toward Title V implementation.

## Why is "Title V" the Next Step in Self-Determination (638)?

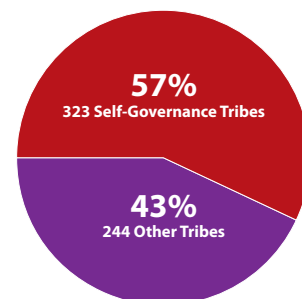
In the summer of 2009, after a number of successful years as a healthcare provider under Self-Determination, "Title I" of PL93-638, the TCRHCC Board of Directors began education and planning for the next step forward in Self-Determination – becoming a "638

### AN INTEGRATED HEALTH SYSTEM



Title V" provider. Title I is the first, important level in 638 healthcare self-governance. Title V will empower the corporation with additional self-governance responsibilities, including:

- Moves the focus of decision-making for healthcare services even more to the community or local level, and enables the TCRHCC Board and leadership to match program design and management with service delivery needs. This includes patient care, strategic planning, health policy, facility construction and other governance priorities
- Title V plus IHS benefits, "the best of both worlds," with more security, efficiency and stability.
- Same Federal compliances for funding and construction, but with more flexibility.
- The IHS Office of Tribal Self-Governance assigns an advocate to the corporation for increased federal support.
- Ability to compact the IHS Bodaway Gap Health Center (BGHC) project and negotiate an interim community health clinic, while allowing overall design and construction. The BGHC Steering Committee is firmly in support of Title V for TCRHCC.
- At present, 323 of the 567 Federally recognized tribes are operating under self-governance.



To become eligible to progress to Self-Determination, 638 Title V, a Title I corporation is required to have the following successes, and TCRHCC meets them: (1) Three years of clean audits under 638 Title I; (2) A successful 638 Title I healthcare contractor; (3) Complete a 638 Title V plan and budget submission (in process); and (4) Evidence of local and tribal support.

In 2009 and 2010, members of the Association for Indian Self-Determination in Health Care (638), a new private, not-for-profit association, hosted several special training sessions including two "638 Title V Boot Camps." These events included members of the Navajo Nation Health & Social Services Committee, Navajo Area IHS, the Navajo Division of Health, and the Office of Tribal Self Governance from IHS headquarters. The Self-Determination Association members include Winslow Indian Health Care Center (WIHCC), Tuba

City Regional Health Care Center (TCRHCC), and the Utah Navajo Health System (UNHS). Each of these corporations are passionately committed to community-based, self-governance in healthcare. These boot camps have also encouraged the Boards of Directors of each of the three corporations to openly exchange ideas on how to address healthcare delivery challenges in each of the service areas. The three corporations consider and strategize the added benefits to local communities when Title V is approved by the Navajo Nation Council. This is both exciting and energizing!

## The Role of the TCRHCC Board and Leadership in this New Era of Health Care

As TCRHCC keeps changing, growing and improving, community education and input is a vital part of a board member’s stewardship role, along with TCRHCC Administration.

- **The monthly Healthy Directions newsletter**, now an indispensable tool for health education.
- **Quarterly Chapter Officials Meetings**, where board members report on health activities such as the resolution supporting “going Title V” under Self-Determination P.L. 93-638
- **Navajo Nation, Hopi Tribe and Other Meetings**, where board members and executive staff meet frequently with Navajo Nation Council delegates and committees like the Health and Social Services Committee, the Navajo Division of Health, Hopi tribal committees and Regional Healthcare Network, the Navajo HIS Health Advisory Board, the Bodaway-Gap Health Center Steering Committee, and state, regional, and federal officials and legislators; and finally, regular, open
- **Regular, Open Board of Directors Meetings**, where time is allowed for public input, and anyone is welcome to attend and learn more about healthcare services. We are all educators.

The Indian Health Care Improvement Act (IHCIA) has now been made permanent law as part of the Affordable Care Act recently signed by President Obama, on March 23, 2010. The President’s signature codifies the U.S. Government’s nationwide “trust commitment” for the health care of all First Americans.

There are also a number of innovative health programs that will begin to expand the scope of health and wellness services, for example, long-term care and elderly services, increased contract health services, medical home services, Native veterans being dually eligible for VA and IHS benefits, behavioral health, and innovative health facility construction demonstration projects.

So today, we find ourselves at the dawn of a new era in health and wellness services for the Navajos, Hopi, and San Juan Southern Paiutes that TCRHCC is here to serve. The health service opportunities going forward in expanded mission and scope represent challenges for us to all work together. As members of one greater community team we must take advantage of each of these new programs and continue to improve the quality of healthcare services we deliver each day.


## Continued Commitment to Excellence!

As overall healthcare stewards of TCRHCC, the Board of Directors and Executive Leadership wish to again thank our dedicated professional clinical and support staff for the outstanding patient care delivered at TCRHCC at all levels. We want to recognize all the staff members of TCRHCC for their commitment to excellence!


During this past Fiscal Year 2009, we have met many goals and developed new services. More advances are underway and planned for Fiscal Year 2010, Fiscal Year 2011, and beyond. With a staff of over 900, TCRHCC is still challenged to meet the growing need for the healthcare services of our communities and a growing population. Staying abreast of medical and technology advances, and dealing with limited space issues are additional challenges. We look forward to the expanded facility space in FY2010-2011. Our long-term dream is for an all new facility that will enable us to fulfill our mission, deliver quality medical care, and preventive health services to the communities we serve.

Thank you for your understanding and support as we go forward.

Joe Engelken, CEO



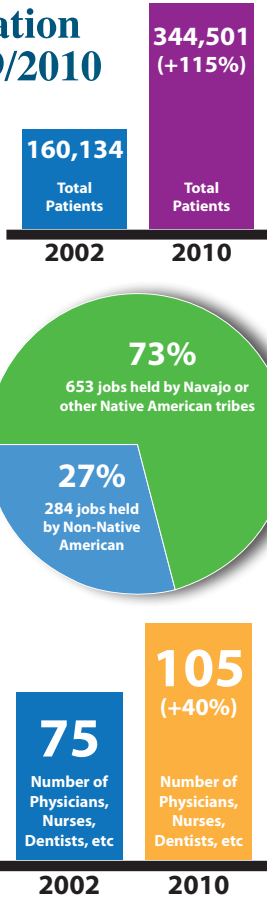
Grey Farrell, Jr., Board President



## Some TCRHCC Self-Determination Successes from 2002 to FY 2009/2010

Growth in health professions, enabling continued expansion of our health care services:

- Total patient visits grew from 160,134 in 2002, to 344,501 in FY2009 (+115%)
- Healthcare jobs increased from 525 in 2002, to 937 in 2010 (+78%)
- 653 of 937 jobs are filled by Native Americans (+73%)
- Number of physicians, dentists and physician extenders increased from 75 in 2002 to 105 in 2010 +(40%)
- TCRHCC offers 12 scholarships for nurses and other providers per year
- 50 new housing units added since 2002; a need for 100+ more.



## Growth in quality healthcare services:

- Pharmacy services upgraded, including 24-hour Refill Pharmacy, with automated call-in refill service and mail order prescriptions implemented in 2010.
- TCRHCC has a certified Level IV Trauma Center – a first in IHS/Tribal medical centers on tribal lands.
- A new patient-friendly, Open Access Pediatric Clinic, opened in 2010.
- Three-story, modular Medical Office Building (33,000 sq. ft.), scheduled to open on November 1, 2010, will triple available exam room space for primary care services, and reduce waiting times.
- Patient parking expansion in 2010 in conjunction with new Medical Office Building and new General Services Building.
- Integrated Diabetes Treatment and Prevention Services (DTPS) Program initiated in FY2010.
- Orthopedic Total Joint Replacement Program, initiated in 2009, serves the entire Navajo Area IHS; one of only two such programs in Indian health in the U.S.
- Obstetric and Gynecology: Lowest C-section rate in Arizona and U.S., and the only vaginal birth after C-section (VBAC) service north of Phoenix.
- Cameron Dental Clinic opened in 2009, four days per week.
- Sacred Peaks Health Center opened in Flagstaff in 2010 to serve over 4,000 beneficiaries living in the Flagstaff area, along with Native students at Northern Arizona University.
- In-house MRI Diagnostic Center opened at TCRHCC in 2009, one of two in-house in all of IHS.
- New 32-slice CAT Scan Center, opened in 2009.
- First Medicare-certified Cardiac Rehabilitation Center in all of IHS, opened in 2007.
- Integrated Rehabilitation Service, including Physical Therapy, Occupational Therapy and Speech Pathology on the TCRHCC campus and at Sacred Peaks Health Center (Flagstaff).
- Expansion of in-house Dialysis Services in FY2010.

## Other Special Improvements:

- Integrating new Electronic Health Record (EHR) system throughout the healthcare center over the next year, to comply with federal mandates and improve efficiency with new, modern technology.
- Received \$4 million+ in ARRA and IHS funds to upgrade the aging TCRHCC facilities in electrical, fire safety, and circulation systems.
- Received special grants for: Diabetes/HPDP Services; Alcohol/Meth and Suicide Prevention programs; new program for babies with Severe Combined Immune Deficiency Syndrome (SCID); HRSA planning grant for two mobile community health center units; and HRSA/AZDHS planning grants for Kaibeto Independent Living Center/Clinic.

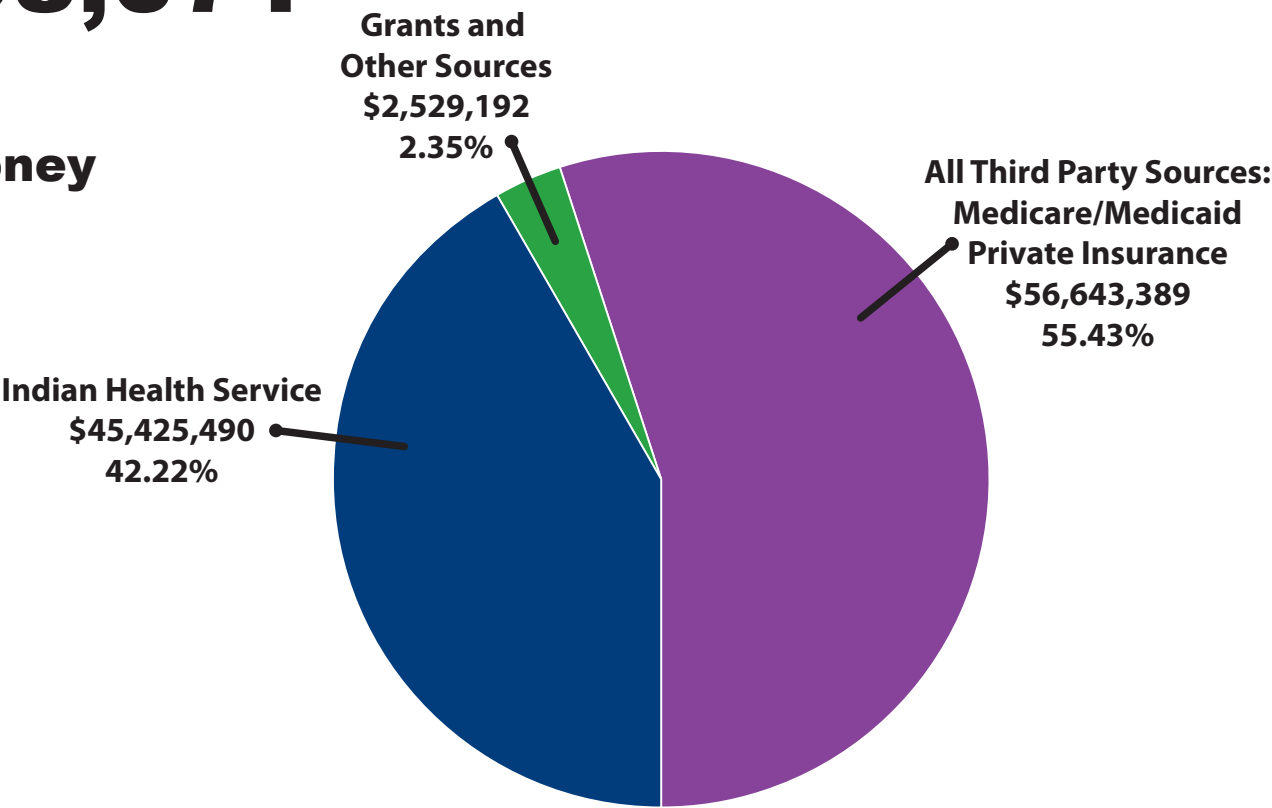


# Operating Revenue & Expenditures

## TCRHCC Revenues FY 2009

**\$107,598,071**

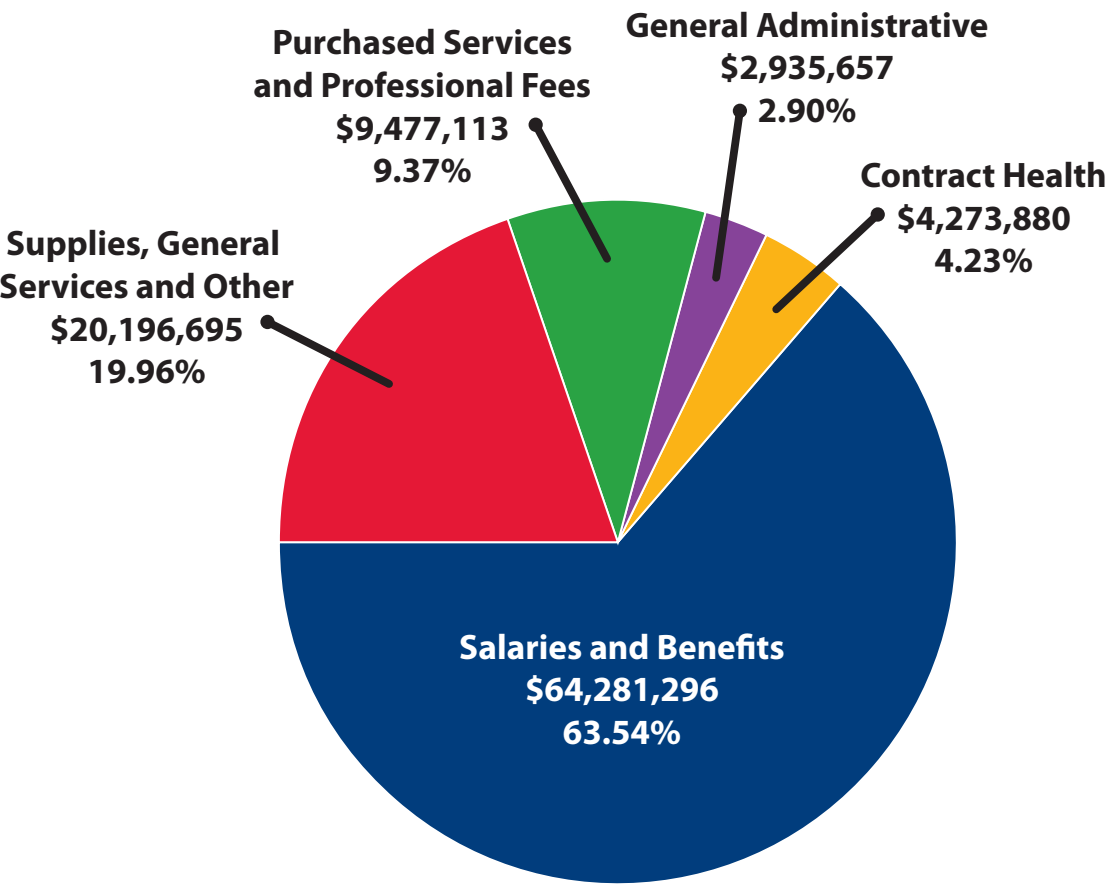
Where the money comes from...



## TCRHCC Expenditures FY 2009

**\$101,164,641**

Where the money goes...



## TCRHCC OPERATING REVENUE & EXPENDITURES FY 2009 Net Operating Surplus: \$6,433,430

This year has been a key growth period, as exhibited by a 29% increase over last fiscal year in volume/workload. Driving the growth and higher level of patient service \$8.5 million was invested in the purchase of property and equipment during fiscal year 2009. So even more than the net operating surplus was invested back into the facility and modern technology.

TCRHCC is committed to serving its entire population in all geographical areas. Fiscal year 2009 is a year of further extension and commitment to serving as completely as possible, all population under

our area of responsibility to deliver medical services as efficiently as possible. The opening of Sacred Peaks Health Center in Flagstaff is a prime example, that just started in April 2010.

Long-term planning and financial leverage is key to addressing and prioritizing the next areas of health and medical service needs.

# Independent Auditors' Report

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 statement below represents in all material aspects, the assets, liabilities, net assets, revenues, expenses, and change in net assets of TCRHCC as of and for the year ended September 30, 2009.

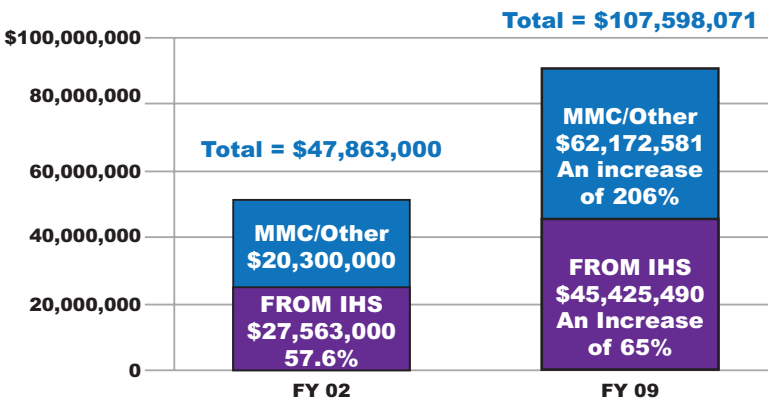
Schedule of Assets, Liabilities and Net Assets September 30, 2009		Schedule of Revenues, Expenses and Change in Net Asset For the Year Ended September 30, 2009	
Current assets	\$ 26,679,045	Total operating revenue	\$ 107,598,071
Restricted cash and equivalents	7,695,813	Total operating expenses	101,164,641
Property and equipment, net	14,908,966	Operating income	6,433,430
Total assets	\$ 49,283,824	Nonoperating income	233,358
Current liabilities	10,555,784	Change in net assets	6,200,072
Current liabilities	207,113	Net assets, beginning of year	24,779,970
Current liabilities	7,540,885	Net assets, end of year	\$ 30,980,042
Net assets -- unrestricted	30,980,042		
Total liabilities and net assets	\$ 49,283,824		

## TCRHCC Revenue Sources

The chart directly to the right (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 FY09. The seven-year growth is well over double and is indicative of key enhancements in additional services, technology and staff. The revenues generated by TCRHCC from third party sources, aside from IHS, have been increased by 206%.

The chart thus reflects the success of the corporation in acquiring funds from other sources.

TCRHCC Revenue Sources: FY02-FY09



## Patient Care Utilization Data

The TCRHCC Inpatient and Outpatient Summary Report displays patient visits by the Navajo Area Indian Health Service (NAIHS). Several trends in patient care workload from 2002 to 2008; and particularly from 2008 to 2009 are readily apparent. 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. This data includes visits, as well.

The average rate of total utilization growth has been 14% annually in the period of 2002 through 2008; however, this growth rate become 29% in the last fiscal year comparison of 2008 through 2009. The majority of growth occurred on the outpatient side, while some also came from inpatient activity.

In Fiscal Year 2009, total combined hospital inpatient and outpatient visits grew to a total of 344,501 visits. This

represents a +115% increase in total patient visits during the seven-year period, growing from 160,134 visits in 2002.

The parallel to this level of growth involves the \$6.5 million positive surplus of revenue over expenditures and the \$8.5 million of investment for equipment and buildings to support the growing need for patient services.

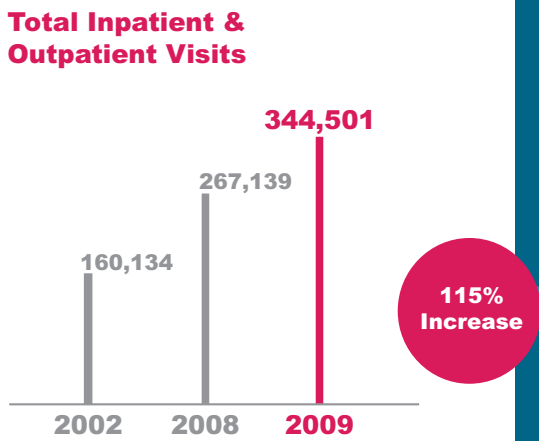
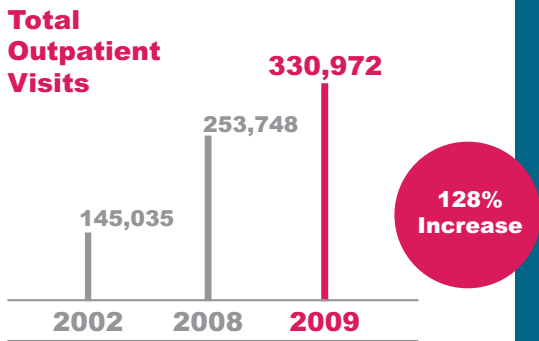
The outpatient visit growth of 30% in 2009 versus 2008 was favorably impacted by the outpatient refill pharmacy and the 3% increase for inpatient hospital discharges was positively supported by an additional two beds opening up in the adult care unit. The great need for additional housing for clinical staff continues to have a major direct bearing upon the ability to continue to grow with additional patient services, including inpatient, outpatient and emergency room services as well.

TCRHCC Inpatient & Outpatient Workload FY02-FY09

INPATIENT	FY 02	FY 08	FY 09	FY 02-09 CHANGE	FY 08-09 CHANGE
Hospital Discharges	3,458	3,053	3,140	-9.2%	2.8%
Inpatient Days	14,153	12,431	12,553	-11.3%	1.0%
Average Daily Census	38.0	33.1	34.4	-9.5%	3.9%
Newborns	512	508	507	-1.0%	-0.2%
Newborn Days	946	960	976	3.2%	1.7%
Total Inpatient Days	15,099	13,391	13,529	-10.4%	1.0%
Discharges	3,970	3,561	3,647	-8.1%	2.4%
ALOS	3.3	3.7	4.0	21.2%	8.1%

OUTPATIENT	FY 02	FY 08	FY 09	CHANGE	CHANGE
Total Outpatient Visits	145,035	253,748	330,972	128.2%	30.4%
-PCPV's	81,373	177,680	239,189	193.9%	34.6%
-Dental	11,089	21,355	18,099	63.2%	-15.2%
-Other	52,573	54,733	73,684	40.2%	34.6%

GRAND TOTAL UTILIZATION					
Inpatient & Outpatient	160,134	267,139	344,501	115.1%	29.0%





# Magnetic Resonance Imaging

## State of the Art

### Magnetic Resonance Imaging (MRI)

In October 2009, TCRHCC's Radiology Department added another significant advance to its in-house medical imaging capabilities with the acquisition of a state of the art magnetic resonance imaging (MRI) unit. MRI is able to provide excellent, highly detailed images inside the human body. The unit utilizes a powerful magnet that surrounds the area of the body being imaged. TCRHCC is once again on the leading edge of medical technology as in-house MRI is available only here and at an IHS unit in Alaska. In-house MRI makes necessary images immediately available, saves patient travel to other facilities in the state and is far more cost effective.

MRI is safe, painless, uses magnetic fields and radio waves, and no radiation. It is used to image every part of the body, and is particularly useful for neurological conditions, for disorders of the muscles and joints, for evaluating tumors, and for showing abnormalities in the heart, blood vessels and brain. MRI provides superior images and much greater contrast between the different soft tissues of the body.

TCRHCC's state of the art Toshiba Vantage MRI unit incorporates sound dampening technology that reduces acoustic noise by almost 90%. Noise is generally a significant discomfort to patients in other, typical MRI units, and the most common cause of patient anxiety. The Toshiba unit captures images with speed and accuracy, while maximizing comfort to the patient.

Single MRI images are called slices. Images are stored on computer and can be sent to be viewed by doctors and radiologists throughout the hospital or at other hospitals or facilities. Sometimes dozens or hundreds of slices are imaged of an organ or structure.

Images can be as detailed as a single nerve in the ear or spine. A full brain scan takes just 15 to 20 minutes, during which time a patient

must stay perfectly still to capture the sharpest and highest quality images. Such accurate images allow doctors or surgeons to know exactly where to perform delicate procedures such as surgery, or to biopsy a tumor or cyst.

As a regional referral medical center, patients travel to TCRHCC for MRI imaging from across the western Navajo Reservation including Utah Navajo Health Systems, Kayenta Service Unit, Winslow Indian Health Care Center, Hopi Health Care, and from Flagstaff. Diane Acosta, TCRHCC Nurse Practitioner, acts as a liaison and counselor to patients arriving for MRI. Many patients don't know what to expect regarding the MRI procedure, and Acosta provides information and support. She also consults with radiologists and care providers at other facilities to understand and determine specific imaging needs.

Acosta, on staff since June 2009, explained, "Many patients don't know what to expect and are unfamiliar with the procedure. Some might be frightened, claustrophobic, or simply may want to know how long the procedure will take. I provide guidance on what to expect."

"Since starting to offer MRIs in July 2009, 1157 procedures have

been performed," according to Elizabeth Schneider, TCRHCC Chief of Radiology. "247 patients have come from other service units for MRIs."

The MRI unit is housed in a new building that was placed at the immediate west end of the main Tuba City Hospital making it easily accessible to the Radiology Department. A comfortable waiting room dedicated to MRI was added as well.

The new MRI unit adds to the sophisticated imaging capabilities of the TCRHCC Radiology Department that include computerized axial tomography (CAT or CT scanning), which creates 3-D images of organs and structures in the body, and dual energy x-ray absorptiometry (DEXA), used to measure bone density and test for osteoporosis. Typically a CAT scan is used for faster diagnostic imaging, and MRI is for more detail.

The cost of the new MRI unit and dedicated building was under \$1.2 million, where MRI imaging is available immediately, Monday through Friday.



TCRHCC New Toshiba Vantage Magnetic Resonance Imaging (MRI).



Tuba and Alaska have the only in-house MRI units in all of Native American healthcare.

### Expanding Services Closer to Home, *From page 1.*

Flagstaff to Tuba City for prescription medicine refills.

Lauretta Redsteer, a lifelong resident of Flagstaff, whose husband Jack recently had back surgery, takes him to SPHC for physical therapy. "This is just so convenient," she said. "This clinic saves us so much travel time and the staff is very nice. It's also very convenient to be able to get medications here."

"This saves time and gasoline," said Bill Williams of Flagstaff. "I don't have to spend an entire day with drive time and waiting." Williams previously drove to Tuba City or Winslow.

Adson said, "We have a very dedicated, professional staff." She hopes the clinic can offer more specialty care in the future and expects the number of patients at SPHC will grow rapidly as it becomes more well known.



*Continued on page 7.*



Expanding Services Closer to Home, From page 6.

SPHC pharmacist James Stumpff remarked, “Patients were obviously going to Tuba City for their prescription refills, as well as Winslow and local Flagstaff pharmacies. Some still want to see their favorite providers in Tuba City, but are very appreciative of having the ability to get their prescriptions locally.”

Physical therapy at SPHC includes a range of services – orthopedics, gait evaluations, neuro-rehabilitation, post-operative rehabilitation, fall assessments and prevention, prosthetic rehabilitation and training, and sports conditioning and enhancement. SPHC Physical Therapist Michael LaPlante is the only board certified clinical electrophysiologist in the Indian Health Service in the U.S. Nerve conduction velocity

testing performed by LaPlante is a specialty service that measures how rapidly an electrical signal travels along nerves. It is used to diagnose a number of nerve related conditions, pain and numbness.

Radiology services at SPHC include diagnostic x-rays and ultrasound.

The SPHC clinic and pharmacy are open from 8:00 a.m. to 5:00 p.m., Monday through Friday. Services are by appointment only but some same day appointments may be available if slots are open.

Improving Healthcare, Saving Lives, and Reducing Time, From page 1.

As defined by the U.S. Centers for Disease Control (CDC), EHRs will have information on patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology records. EHRs will streamline and help automate healthcare delivery work flow, greatly improving efficiency.

Software chosen to implement EHRs at TCRHCC was developed by ALERT Life Sciences Corporation, and will incorporate touch screen functionality at all work stations and on portable devices throughout the facility. The new software is compatible with Apple Computer’s recently distributed iPads, and TCRHCC is the first healthcare facility in the United States to incorporate the use of iPads. The devices are lightweight, extremely portable, inexpensive and efficient. Staff members can easily carry and use the devices during their working rounds to immediately view and enter patient information.



Lana Yellowhorse holding newborn, Kaleigh Marie Nelson. Kaleigh is the first patient to be recorded in the Electronic Health Record at TCRHCC.

According to June Murray, RN, Clinical Informatics Director, “We anticipate that the implementation of electronic health records will eventually reduce the time needed to document patient medical information allowing more time spent on patient care. As with any advances in medicine or new technology, there is a period of training and becoming familiar in the early stages of implementation.”

Incorporated “live” first on May 5, 2010, the OB Department waited for the next patient admitted to begin use of EHRs. They did not have to wait long as Kaleigh Marie Nelson was born that day at 3:44 p.m. to Lana Yellowhorse and Jim Nelson. Kaleigh’s entire medical record from birth will be on EHR.

(SPHC) in Flagstaff will also incorporate EHRs, so records and information can be transmitted between the main TCRHCC Campus and SPHC.

An April 2009 article in the New England Journal of Medicine reported that only 1.5% of hospitals in the U.S. have a comprehensive electronic-records system (present in all clinical units), and 7.6% have a basic system (present in at least one clinical unit). Computerized provider-order entry for medications had been implemented in only 17% of hospitals.

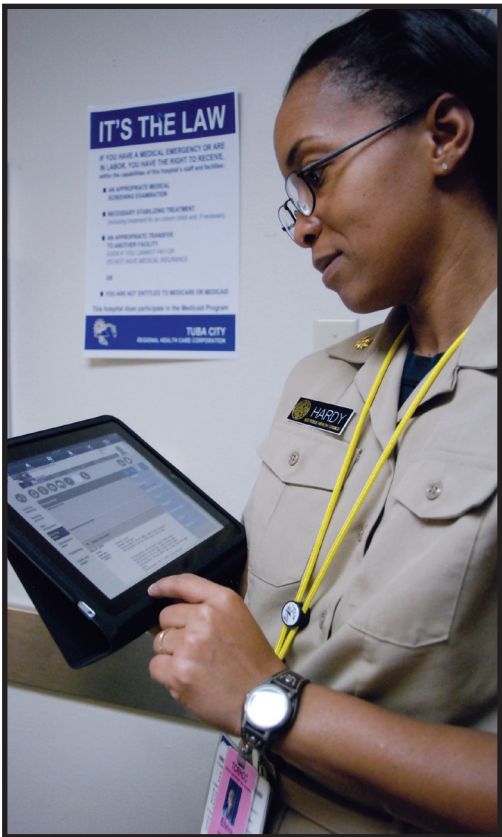
The results of an earlier survey in 2008 showed that 41.5% of physicians reported using all or partial EHR in their office practices.

The use of EHRs at TCRHCC will greatly enhance the quality of care, the security of patient records, and cost effectiveness in the delivery of healthcare.

According to John Ruehle, TCRHCC Consulting Chief Information Officer, “Security and privacy of EHRs is insured with security codes (passwords) assigned only to providers who are authorized to access patient information. The system keeps a record of authorized views of patient records, as well as any attempts by unauthorized personnel to access records.”

The move to EHRs at TCRHCC began with a complete analysis of the corporation’s information technology (IT) infrastructure in 2008. It was determined that the entire infrastructure at that time had to be replaced. An analysis of the needs of each department was performed, and an implementation plan was developed. As implementation of the EHR system expands throughout the facility, TCRHCC is on track to meet the government’s 2014 expectation for the implementation of EHRs.

The new Sacred Peaks Health Center



Elvira Hardy, RN, OB Unit Nurse Manager, entering patient information into the new EHR hand-held device.

As set forth by the U.S. Department of Health and Human Services, electronic health records will:

- Ensure that appropriate medical information to guide medical decisions is available at the time and place of care;
- Improve healthcare quality, reduce medical errors, and advance the delivery of appropriate evidence-based medical care;
- Reduce healthcare costs resulting from inefficiency, medical errors, inappropriate care, and incomplete information;
- Promote a more effective marketplace, greater competition, and increased choice through the wider availability of accurate information on healthcare costs, quality and outcomes;
- Improve the coordination of care and information among hospitals, laboratories, physician offices, and other ambulatory care providers through an effective infrastructure for the secure and authorized exchange of healthcare information; and
- Ensure that patient’s individually identifiable health information is secure and protected.



**The Tuba City Regional Health Care Corporation (TCRHCC) is a 73-bed, acute care facility organized as a private nonprofit healthcare 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 Dinnebetto, 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 regional 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 October 1, 2005.

Today, TCRHCC is in its eighth 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.

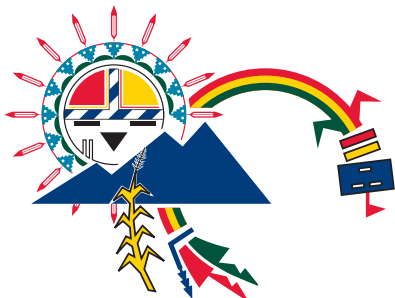
The condition of TCRHCC is sound. The top priority of the Board of Directors, administration, medical staff and support staff is the quality of patient care. Patients, families and communities can be assured that TCRHCC adheres to the highest standards of patient care as evidenced by its accreditation 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 experience 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 2009 ended with a positive operating margin and surplus revenues. 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 reservation, 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.

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**Tuba City**  
**Regional Health Care Corporation**