

Tuba City, Arizona
June/July 2011

Tuba City Regional Health Care Corporation 2011 Annual Report

Improving Western Navajo Regional Trauma Care

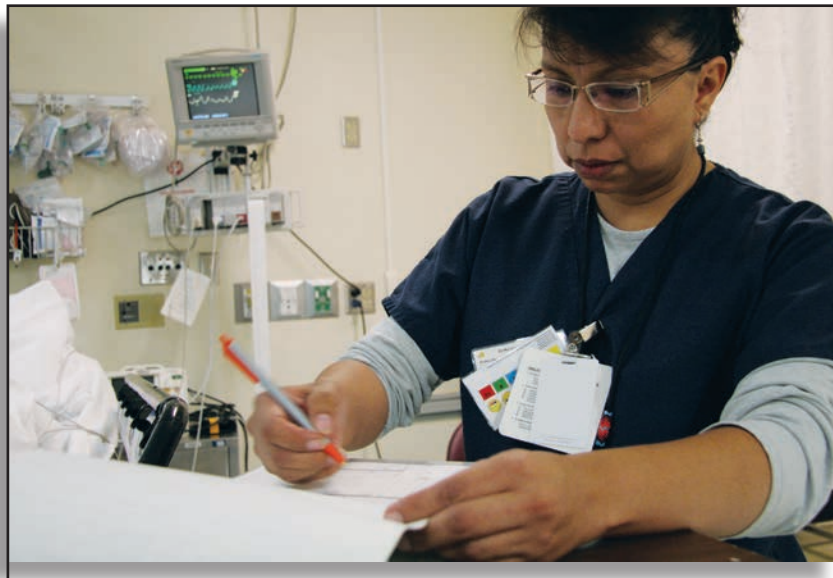
In 2009, Tuba City Regional Health Care Corporation (TCRHCC) received official designation as a Regional Level 4 Trauma Center in the state of Arizona. TCRHCC is the only hospital in the Western Navajo region to earn the designation as a trauma center, with quality, service and safety.

As more capabilities and expertise are made available for patients in the TCRHCC Emergency Room (ER), TCRHCC looks to become the first Level 3 designated trauma center on the Navajo Nation.

In moving toward becoming a Level 3 trauma center, TCRHCC recruited Native American trauma surgeon Dr. Zane Kelley. He has been appointed TCRHCC's Director of Trauma and Co-Director for the Intensive Care Unit's Critical Care Services.

Kelley completed his residency at the University of Pittsburgh Medical Center-Horizon, in Farrell, Pennsylvania, and recently completed two fellowships at the University of Nevada-School of Medicine, University Medical Center and Children's Hospital of Nevada in Surgical Critical Care and Acute Care Surgery.

Kelly plans to achieve Level 3 trauma center status in the near future in order to be able to treat patients with more severe injuries at TCRHCC. "Increasing the trauma status is definitely going to allow us to keep more



Shannon Johnson, RN, Interim Trauma Coordinator for the Emergency Room will assist Trauma Director, Dr. Zane Kelley and other medical specialists in designating TCRHCC ER as the first Level 3 Trauma Center in Arizona.

patients at a higher level of acuity," said Kelly.

Kelly envisions TCRHCC as a center of excellence in trauma and critical care services. "This medical center, in general, is truly going to become a regional medical center for Navajo Area as a whole, and become a center for critical care services."

In an effort to keep patients and families close to home, Kelly said, "We want to accept critical care and trauma patients from

all corners of the Navajo Reservations. Ideally, any trauma patient can be flown to TCRHCC rather than to Flagstaff or Phoenix. This is going to begin in the very near future."

"We are already the destination on the entire reservation for total hip and joint replacement, performed by certified surgeons," he added. "I'm excited to be working with the emergency physicians, and my surgical partners, to expand TCRHCC as a referral center for the reservation in critical care and trauma."

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New Outpatient Primary Care Center

Since 2002, Tuba City Regional Health Care Corporation (TCRHCC) has grown from being a community hospital to a regional referral medical center with an integrated healthcare system that includes state-of-the-art medical equipment, and highly qualified professionals available to the communities throughout Western Navajo.

In May 2011, TCRHCC celebrated the grand opening of the latest addition to its hospital campus, the 34,000-square-foot, three-story Outpatient Primary Care Center (OPCC). Located next to the current Medical Center in Tuba City, the OPCC was built to offer more space to meet ever-increasing patient demand, and prepare for the region's population growth.

Before the OPCC opened its doors, outpatient departments located in the old main hospital were bound by space constraints. "We were seriously compromised in the number of patients rooms we had available to us in the old clinics," said Dr. Kathryn Magee, Family Medicine Physician. "With the growing population of patients requiring chronic care, as well as preventive care, we were unable to meet their needs."

The OPCC features Family Medicine, Internal Medicine, Pediatric Clinic, Pharmacy, Women's Clinic, and Patient Registration and Patient Benefit Coordinators.

Since May, patient exam rooms have been doubled in TCRHCC outpatient clinics. Family Medicine grew to 10 exam rooms from 4; Pediatric Clinic grew to 12 exam rooms from 8 rooms; and Women's Clinic doubled patient exam rooms from 5 to 10 rooms. The OB Ultrasound and Antenatal Testing Unit (ATU) is now on the same floor of the building as the Women's Clinic.

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Above from left to right: Davis Filfred, Former Navajo Nation Health & Social Services Committee Member; Kee Y. Goldtooth (Coalmine Canyon Chapter), Board of Directors Member; Kathryn Magee, M.D., TCRHCC Family Medicine; Douglas Peter, M.D., Deputy Director/Chief Medical Officer Navajo Area Indian Health Services; Walter Phelps, Council Delegate (Cameron, Coalmine Canyon, Birdsprings, Leupp, Tolani Lake). Bottom: The Outpatient Primary Care Center (OPCC) features Diabetes Healthy Living Center, Family Medicine, Internal Medicine, Patient Registration, Pediatric Clinic, Pharmacy, and OB/GYN & Womens Clinic.



A New Era in Patient Service at Tuba City Regional Medical Center Integrated Health System

In Fiscal Year 2010-2011, the TCRHCC regional health system Board of Directors, Providers and Staff took the next natural step into a new era of health care service with the approval by the Indian Health Service and the Navajo Nation Council as a Title V Tribal Self-Governance Medical Center serving our communities of the Western Navajo Nation, Hopi and San Juan Southern Paiutes.

This step up not only means our community-based Board of Directors now has true direct peer-to-peer standing with the Federal Government via the I.H.S. Office of Tribal Self Governance. It also symbolizes the new health service accomplishments this past year under the watchful stewardship of the Board. This includes:

- Opening the new 34,000 sq. ft. Outpatient Primary Care Center (OPCC) more than doubling patient care space for family and internal medicine, pediatrics and OB/Gyn clinics, 24/7/365 Pharmacy, and diabetes center of excellence.
- Opening the new 7,000 sq. ft. General Services Center houses several tribal health programs on the TCRHCC campus.
- With recruitment of Native American trauma surgeon Dr. Zane Kelley, our Western Navajo Trauma System continues to improve trauma and critical care services as a center of excellence and as part of our whole clinical team of physicians and surgeons.
- Publication of the 2010 Community Needs Survey Report, an in-depth community needs survey, provides all chapters we serve with vital needs data and was funded with grants from HRSA, St. Luke's Health Initiative and Arizona Health Facilities Authority.
- Received several million dollars in grant funds to upgrade the TCRHCC hospital and campus.
- Continued integration of the new Electronic Medical Record (EMR) patient records system.
- Overall patient services utilization and financial health report card are presented in this report for the community-based, not-for-profit regional health care system.

Dedicated Quality Healthcare Team

Without the dedicated team work of our physicians, nurses, and all allied health and support staff, the successes highlighted this past year would not have been possible. This is what has allowed our 970-strong Employee Team to increase total patient visits from 286,000 in 2009 to 409,391 visits in 2010, a 43% increase we can all celebrate even as we face the changes of the future coming from the federal government.

At last year's national accreditation inspection of the TCRHCC hospital and health system by The Joint Commission (TJC), the



onsite TJC Survey Team gave special recognition of "the quality of the Staff and Strategic Planning." This is high praise coming from the premier hospital accreditation body in the United States. TCRHCC has full hospital and lab accreditation.

A Work in Progress

We are a work in progress. With all the expansions in space and services, we know this has caused confusion for patients and providers alike. We want you to know we are taking steps to make it easier for each patient to get needed health care service as quickly as possible. One's health care has to be a personalized event to work well; it needs to be an individualized experience. That is why patient service and quality care are Job #1 for us, and we are taking steps to make sure this pledge is fulfilled for you and your family. We appreciate your patience.

Our Core Vision

It is by design that TCRHCC is governed by a community-based Board of Directors, representing the eight Navajo chapters, the Moenkopi Village and the San Juan Southern Paiutes. Each member of the Board of Directors is accessible and available to answer questions and hear your input. This is the core principle of 638 self governance, i.e., to put health care into the hands of the Greater Community we serve.

This core vision also directly drives TCRHCC's dual mission to become both a premier Regional Medical Center and a community-based Integrated Health System. We are mindful of both these priorities as we develop additional health care and preventative services. This kind of proactive future requires the stewardship of a responsive Board and strong Community participation. This foundation in turn empowers our Hospital Board of Directors in its frequent collaborative meetings on strategic priorities and needs with I.H.S. (OTSG and NAIHS), the Health Committee of the Navajo Nation Council, the Navajo Division of Health, and the Office of the President and Vice-President throughout the year.

Continued Commitment to Excellence!

As watchful stewards of TCRHCC's resources, the Board of Directors and Executive Leadership want to again thank our dedicated clinical and support staff for the outstanding patient care delivered each day. This commitment to excellence is vital to our successful accomplishment of Mission and builds a sustainable Legacy of Health.

A'he'hee,

Grey Farrell, Jr.

Grey Farrell, Jr.
Board President

Joe Engelken

Joe Engelken
Chief Executive Officer



From left to right: Francisco Mora, Resident Surgeon from University of Arizona; Dr. Kevin Abnet, Surgeon; Correy Sonnett, PA; Dr. Thomas Drouhard, Surgeon; Dr. Zane Kelley, Surgeon; Dr. Joachim Chino, Chief of Surgery.

Sacred Peaks Health Center



Tuba City Regional Health Care



TCRHCC OPERATING REVENUE & EXPENDITURES

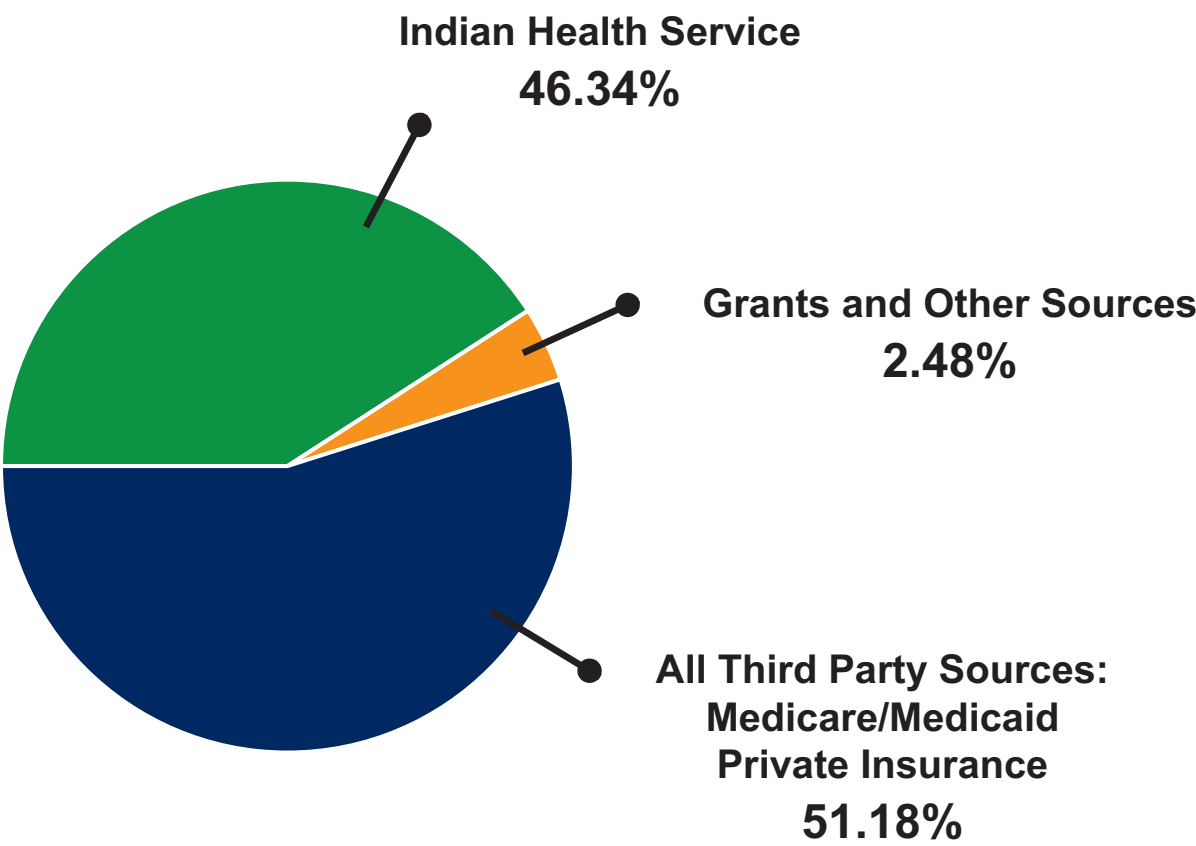
FY 2010 Net Operating Surplus To Use for Facility/Service Improvements: \$6,110,282

Last fiscal year TCRHCC saw a total of \$116,602,735 in net revenue and \$111,026,191 in expenses. This year has been a period of significant growth, as exhibited by a 43% increase over last fiscal year in volume/workload to 409,391 visits. Driving the growth and higher level of patient services \$11.7 million was invested in the purchase of capital property and equipment during fiscal year 2010. This means that more than our net operating surplus was invested back into the facility and modern medical technology.

TCRHCC is committed to serving its entire population in all geographical areas. Fiscal year 2010 was a year of further extension and commitment serving these communities as completely as possible, and delivering medical services as efficiently as possible.

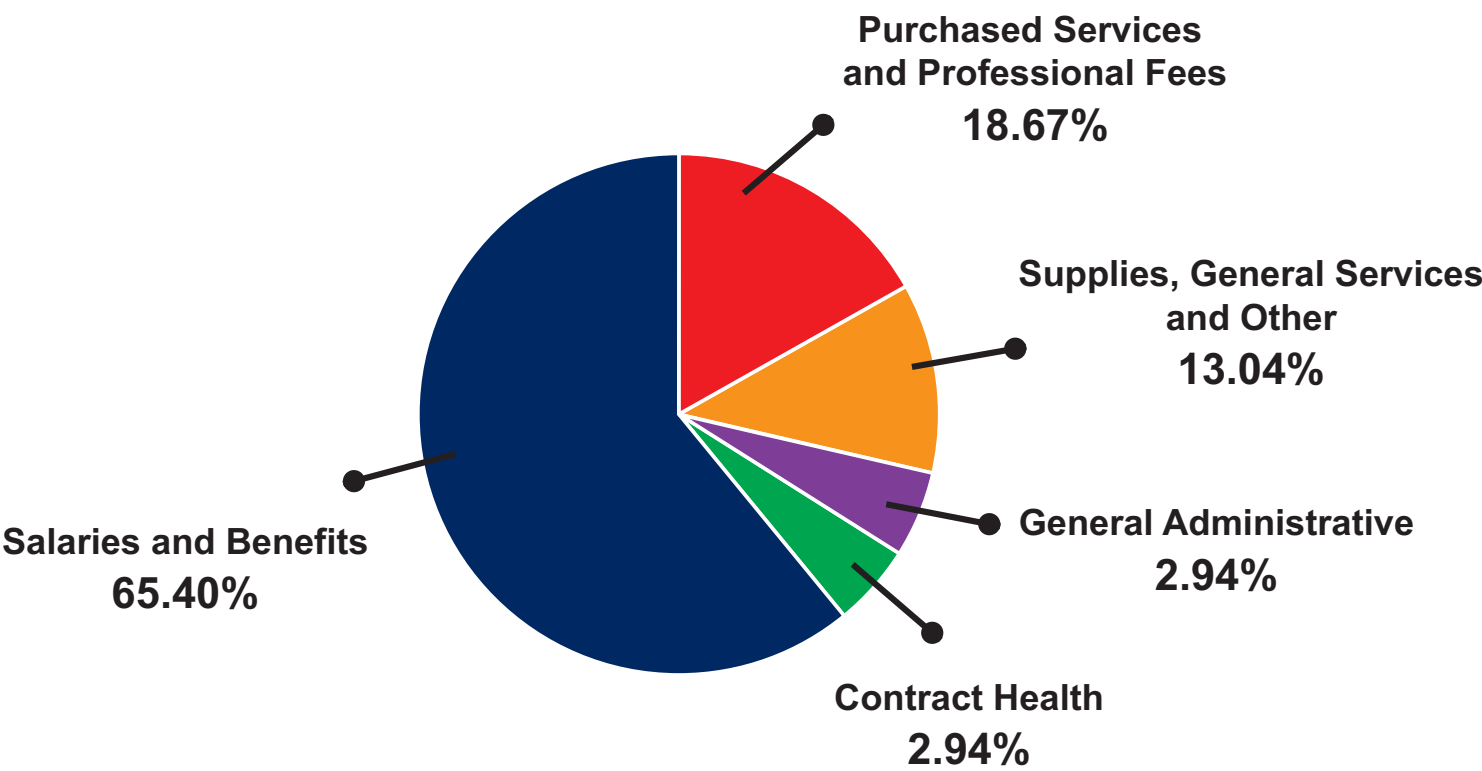
TCRHCC Revenue FY 2010

Where the money comes from...



TCRHCC Expenditures FY 2010

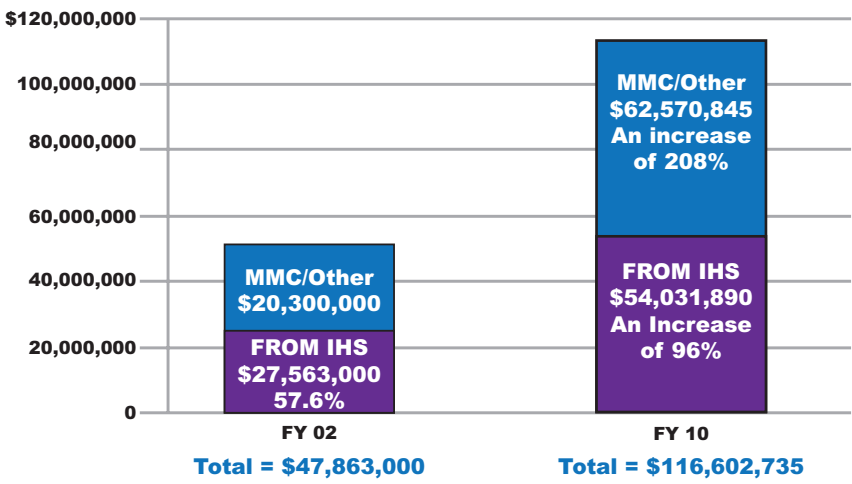
Where the money goes...



Revenue Sources

The chart directly to the right (Revenue Sources) compares the Fiscal Year 2002 (FY02) with FY10, is a reflection of the increase in the overall budget of TCRHCC since it became a Self-Governance health system. The eight-year growth is well over double and is indicative of key enhancements in additional health services, technology and staff. The revenues generated by TCRHCC from third party sources, aside from IHS, have been increased by 208% and this has allowed TCRHCC to grow as a Regional Medical Center.

TCRHCC Revenue Sources: FY02-FY10



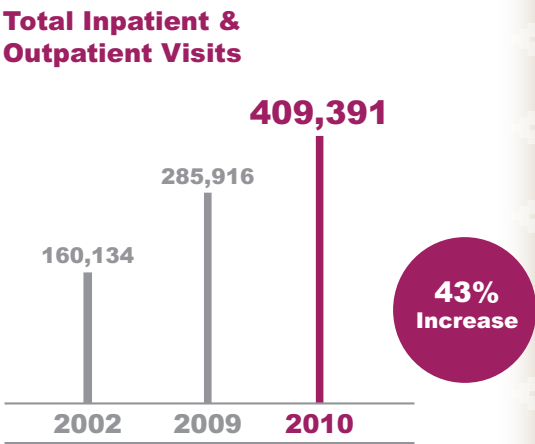
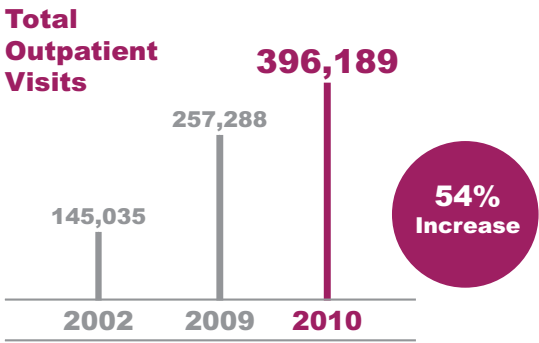
Patient Care Utilization Data

The TCRHCC Inpatient and Outpatient Summary Report displays patient visits by the Navajo Area Indian Health Service (NAIHS). Trends in patient care workload from 2002 to 2010 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 patient visits, as well.

The average rate of total utilization growth has been 32% annually in the period of 2002 through 2010. The majority of growth occurred on the outpatient side, while some also came from inpatient activity, as shown in the table below.

In Fiscal Year 2010, total combined hospital inpatient and outpatient visits grew to a total of 409,391 visits. This represents a +255% increase in total patient visits during the eight year period, growing from 160,134 visits in 2002.

The outpatient visit growth of 54% in 2010 versus 2009 was favorably impacted by the expanded pharmacy, changes in hospital discharges, and a 15% growth in Surgery Cases. Sacred Peaks Health Center’s opening in April 2010 also positively supported growth. The need for additional housing for clinical staff continues to have a major bearing upon our ability to continue to grow with additional patient services, including inpatient, outpatient and emergency room services as well.



TCRHCC Inpatient & Outpatient Workload FY02-FY10

INPATIENT	FY 02	FY 09	FY 10	FY 02-10 CHANGE	FY 09-10 CHANGE
Hospital Discharges	3,458	3,140	3,334	-3.5%	6.2%
Inpatient Days	14,153	12,553	12,280	-13.2%	-2.2%
Average Daily Census	38.0	34.4	33.1	-12.9%	-3.8%
Newborns	512	507	508	-0.8%	0.2%
Newborn Days	946	976	922	-2.5%	-5.5%
Total Inpatient Days	15,099	13,529	13,202	-12.6%	-2.4%
Discharges	3,970	3,647	3,842	-3.2%	5.3%
ALOS	3.8	3.7	3.4	-10%	-8%

OUTPATIENT	FY 02	FY 09	FY 10	FY 02-10 CHANGE	FY 09-10 CHANGE
Total Outpatient Visits	145,035	257,288	396,189	273.2%	54.0%
-PCPV's	81,373	138,670	215,052	264.3%	55.1%
-Dental	11,089	18,099	20,493	85.0%	13.2%
-Other	52,573	100,519	160,644	306.0%	60.0%

GRAND TOTAL UTILIZATION	FY 02	FY 09	FY 10	FY 02-10 CHANGE	FY 09-10 CHANGE
Inpatient & Outpatient	160,134	285,916	409,391	255.7%	43.2%

Sacred Peaks Center Health Continues Extending TCRHCC'S Continuum of Care

In April 2010, the Sacred Peaks Health Center (SPHC) in Flagstaff was opened to expand TCRHCC's effectiveness in providing accessible health care to all of its Native American beneficiaries. Located in the Parks Santa Fe Shopping Center on Route 66 in the service area's largest population center, Sacred Peaks better serves the more than 4000 Native Americans living in Flagstaff and vicinity. The 10,000-square-foot facility was opened to provide primary care, family care, internal medicine and some limited specialties, and has continued to grow in visits and services.

TCRHCC is experiencing growth in patient visits at 10 percent per year, nearly twice the growth rate of medical systems in the U.S. as a whole. The opening of the Sacred Peaks Center was a way to address this ever-growing need for quality, accessible care. Previously, TCRHCC's Flagstaff area patients had to make the drive to Tuba City or Winslow for doctor visits or other procedures, as well as to simply refill prescriptions, spending as much as a day of their busy lives in the process. Now, beneficiaries can make appointments at Sacred Peaks, drop in for prescription refills, and receive professional medical services close to home, and, for example, by taking just a couple of hours off of work. Most patients are seen by appointment, with a few appointments left available each day for same-day care.

According to SPHC Director Raul Rubio, patient visits and services provided at SPHC have significantly increased since it opened. There were 1006 patient clinical visits in March 2011, as compared to 405 in March 2010. In the fiscal year beginning October 1, 2010, through the end of June 2011, there have been 7064 patient clinical visits. The SPHC Pharmacy filled 3777 prescriptions, the highest number to date for one month, in June 2011.

The specialty services of Radiology and Physical Therapy have been offered since the opening of SPHC, but in more recent months other services have been added. A surgeon now sees patients one day per month at SPHC, and an orthopedist sees patients two days per month. In both cases this is for patients who may have had surgery or treatment in Tuba City and are recovering or need follow-up care. An obstetrics/gynecologist sees patients four days per month, and a dermatologist sees patients three days per month. Optometry services are scheduled to begin in August 2011 to provide specialty services for diabetic patients and those with acute eye problems.

The SPHC Pharmacy Department is in the process of implementing a Coumadin clinic for those needing regular blood tests, and an immunization clinic for the coming flu season.

Presently, SPHC has a permanent staff of 23, with three MDs, and two full time staff pharmacists. There is plenty of parking, an inviting and relaxing waiting room, and Patient Access Specialists promptly greet and register patients. There are 12 exam rooms, and a medical laboratory for specimen collection and some simple tests.

SPHC serves the Navajo and Hopi populations in Flagstaff, as well as beneficiaries regardless of tribal affiliation. The elimination of co-payments for doctor visits and prescriptions makes SPHC the economical choice for Native Americans and beneficiaries. Native American students at Northern Arizona University are encouraged to take advantage of the services at SPHC, and the clinic advertises its services in NAU campus publications.

Free transportation to SPHC is available for qualifying patients through



AHCCCS when necessary through the clinic's Patient Benefit Coordinator. Language translators are always available on site for any and all situations.

SPHC is in the process of integrating with the TCRHCC main campus in terms of electronic health records (EHRs) so patient information can be transmitted between facilities in a convenient and secure manner.

SPHC has an excellent professional relationship with Flagstaff Medical Center (FMC) as patients are sometimes referred for specialty care, or patients being discharged from FMC may see SPHC health care providers for follow-up visits. A full time TCRHCC employee serves as a liaison between FMC, TCRHCC and SPHC.

When asked about his visit to SPHC to see a doctor and obtain a prescription, Flagstaff resident Derrick Shirley commented, "This is so convenient. It's good to have services locally. Everyone has been friendly and professional."

Marvin Nephew of Flagstaff, at SPHC for a doctor visit and prescription, stated that he had been to SPHC several times before as opposed to Tuba City. "It's very good to use this clinic as it saves a lot of gas and is more convenient. In the past I've had to take an entire day off from work."

A patient outreach program is underway at area chapter houses to inform more community members of the services and specialties now available at SPHC.

Improving Care for Western Navajo Rural Trauma

Continued from page 1.

"Top of the Line" Emergency Room

Reservation area emergency health care has come a long way since 1975 when the main portion of the older Tuba City hospital was built and within the past 3 years, the ER (Emergency Room) has become a very specialized area of medicine with Tuba City hospital leading the way in state-of-the-art emergency room equipment and specialty trained physicians for its patients.

Dr. Stephen Conairis, who heads up this special area of medicine said, "there has been a 20% increase in patient volume for our ER without an increase in wait time because of our more effective and efficient residency trained emergency physicians who are assigned to our Tuba City ER department."

National hospital statistics state that the average patient has a 17 times greater chance of dying in a rural hospital setting like Tuba City as opposed to a more metro area such as Phoenix or Flagstaff which are the closest, heavily

populated metropolitan areas but with physicians like Conairis and his ER staff, Tuba City emergency health care is making serious headway to serve their clients more effectively and efficiently.

With the average wait time in Arizona emergency rooms being about 5 hours, the average wait time at Tuba City's emergency room is about 2 hours.

"One of the biggest reasons for our wait time is that our ER is currently too small. We have an 8 bed emergency room that sees

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Improving Care for Western Navajo Rural Trauma

Continued from page 6.

29,000 patients a year. This volume of patients is suggested to have at least 18-20 beds in its ER room.”

What started with 2 specialty trained physicians has now increased to 7 full time, emergency room trained physicians at Tuba City.

These specially trained emergency room medical staff members know how to assess quickly, efficiently the type of treatment a patient will require when minutes could mean life or death.

This type of emergency room residency training can be extremely stressful because human lives are at stake and Tuba City hospital ER takes that responsibility very seriously.

Dr. Conairis, however, is confident that Tuba City ER will continue to make more progress towards gaining a new level of emergency status, from their current level of service, titled Trauma Level 4 to the next higher level of Trauma Level 3.

“We are fortunate that our hospital governing board recognizes the need to purchase the latest and most advanced equipment for our patients. Our purchase of a 32 Slice CT and easy access MRI is something that is not seen in many ER’s anywhere. This special 32 Slice CT produces much sharper images that helps us assess our patients’ health issues quickly, so we can determine what type and level of care to give.

“The MRI available to our ER patients is better than most Level 1 ER care centers I have been familiar with, which makes our job in the ER that much more effective,” said Conairis.

Other areas of improvement scheduled for the ER include expansion of the current patient waiting area which is slated for construction remodel within the next 3 years.

Another improvement that the ER will see, is the new “records and treatment computerization” which will speed both pharmacy and treatment referral services for patients who are being seen in ER.

The brand new 3 story outpatient building has been

helpful in treating non-emergency patients, stated Conairis, but in the ER, it helps for the general public to know that the ER staff, “must see the sickest patients first, so we ask for your patience in understanding how we categorize treatment and service.”

Conairis stated, “Personally, I have really enjoyed improving and seeking out ER physicians and services to make the stress of being treated or bringing your family member to our ER a better standard of service. We try to be as polite and respectful as we can be, but sometimes ER treatment and service can be very stressful and time oriented, so if our newer service providers don’t understand that we need a special kind of caring quality for our patients, then we encourage them to move onto another field of medical service. This particular field of medicine is high pressure and we want the best trained emergency room physicians and attending staff to care for our patients.”

“It is my firm belief that Tuba City Hospital ER will make it to the next more refined level of Trauma Level 3 in the next year, which will be quite an accomplishment for a reservation based hospital in such a remote area. Both our governing board and our medical staff are working in unison to provide the best possible health care we can provide.”

Tuba City Emergency Room (ER) Level-IV Trauma Center	
TYPES OF INURY	Percent
Falls	23.8
Motor Vehicle Traffic	22.4
Cut-Pierce	14.3
Transport, Other	10.0
Struck By/Against	8.6
Unspecified	5.2
Other Specified Classified	4.3
Other Specified Not Classified	3.3
Natural/Environmental	2.4
Firearm	1.9
Fire/Flame	1.0
Pedal Cyclist, Other	1.0
Adverse Effects	0.5
Hot-Object/Substance	0.5
Machinery	0.5
Overexertion	0.5

**Arizona State Trauma Registry 2010*



TCRHCC Emergency Room staff (Standing from left to right), Lincoln Johnson, RN; Colleen Williams, PA; Teserita Fiangkiao, RN; and David Lang, MD

New Outpatient Primary Care Center, Continued from page 1.

Internal Medicine remains with eight patient exam rooms.

TCRHCC outpatient visits increased significantly in 2010 by 54 percent, and visits continue to grow each year. “We simply have more volume because we have more doctors in the clinic,” said Magee. “Where we use to have two doctors in the Family Medicine Clinic, we now have four.” Family Medicine Clinic plans to add one more physician to the team, but filling Nursing and clerical office positions to meet current demand is the top priority.

The first floor of the OPCC serves as the gateway before seeing a doctor. Here patients register with Patient Registration to update important information such as mailing address, phone numbers, insurance information, emergency contacts, and learn of additional services as needed.

TCRHCC Pharmacy, now located on the first floor of the OPCC, offers a full range of services to current patients of the Medical Center. Pharmacists also provide consultation services to new patients to review the purpose and proper use of medications, as well as explaining possible side effects or drug interactions.

Outpatient Pharmacy, open 24 hours, seven days a week, including holidays, has some of the latest, cutting-edge equipment, such as a robotic system that combines prescription filling, labeling, verification, and dispensing for tablets, capsules, and unit-of-use medications.

A drive-up window was added to the OPCC as an additional convenience for patients for prescription refill pick-up only. The drive-up window is located at the south end of the OPCC, open from 8:00 a.m. to midnight, seven days a week, including holidays and weekends.

The Diabetes Healthy Living Center

The Department of Diabetes Treatment and Prevention Services designed the Diabetes Healthy Living Center with the vision of creating a space to help patients and members of our community learn about staying healthy while receiving the support they need to do it! The Diabetes Healthy Living Center includes counseling and education areas, a spacious classroom and kitchen, and exam rooms for diabetic preventive assessments.

Services provided include nutrition counseling, diabetes education, and foot and eye screenings. A variety of classes are offered including diabetes self-management, diabetes prevention, health promotion topics, and cooking sessions. Classes help patients acquire the knowledge and skills they need to stay healthier with diabetes and other chronic illnesses. Additionally, through a recent collaboration with the Pharmacy Department, a pharmacist now offers medication counseling in the Diabetes Healthy Living Center to help diabetes patients understand the importance and reasons for their prescriptions. This allows the pharmacist to spend more time with the patient, making sure their questions and concerns are addressed regarding their diabetes medications.

About Tuba City Regional Health Care Corporation

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 Dinnebeto, 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 fiscally and operationally sound. The top priority of the Board of Directors, Executive Leadership, 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 credential 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 2010 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 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.

Board of Directors



Grey Farrell, Jr.
President
Tonalea Chapter



Franklin Fowler
Vice-President
Kaibeto Chapter



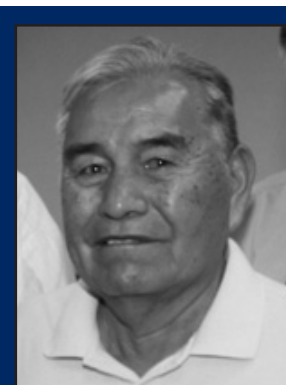
Esther Tsinigine
Treasurer
Coppermine Chapter



Regina Allison
Member
Bodaway/Gap Chapter



Geraldine Goldtooth
Member
To’Nanees’Dizi Chapter



Kee Y Goldtooth
Member
Coalmine Canyon Chapter



Laura Gon
Member
Cameron Chapter



Amelia Benally
Member
LeChee Chapter



Alan Numkena
Member
Hopi Representative



Tuba City
Regional Health Care Corporation