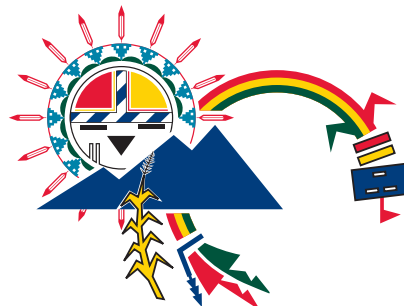


# 2015 Annual Report



**Tuba City**  
Regional Health  
Care Corporation



# 2015 Annual Report



**“Our Mission is to provide accessible, quality, and culturally sensitive healthcare.”**

**“Our Vision is embracing healthy living to heal, to respect, to console.”**

**We take pride and honor the dignity in all individuals. We promise to uphold an environment dedicated to quality and a vision of excellence for today and tomorrow.**



**Tuba City**  
Regional Health Care Corporation

# About Tuba City Regional Health Care Corporation

4

**The Tuba City Regional Health Care Corporation (TCRHCC) is a 73-bed, acute and outpatient regional health system 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 over 6,000 square miles on the western Navajo Nation and adjacent Hopi and other communities.**

Tuba City is the largest community by zip code on the Navajo Nation. Tuba City's Hospital is the primary campus, or hub, for TCRHCC's integrated health system. The hospital and satellite clinics in Flagstaff, Dinnebeto, and Cameron provide primary care services to over 33,000 Navajo, Hopi and San Juan Southern Paiutes.

TCRHCC also serves as a regional referral medical center for over 75,000 residents across the Navajo Nation and adjacent communities.

In FY 2014, the TCRHCC health system had 733,361 total patient visits. 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 Title I 638 contractor in 2002. In June 2005, the Navajo Nation Council approved the organization for the purpose of managing and operating contracts with the Indian Health Service for a 15-year period through September 30, 2020.

Today, TCRHCC is in its thirteenth year of 638 funding and operation, and it continues to grow as a regional, community-based health care system. In July, 2010, TCRHCC was approved as a Title V Compactor under the IHS Office of Tribal Self-Governance by the 21st Navajo Nation Council.

TCRHCC provides hundreds of clinical and patient care support services spanning the medical spectrum. It provides a full range of primary and specialty care 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 high level of standards and practices. Fiscal Year 2014 ended with a positive operating margin and reserves. The Clinical and Finance Department team 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 we serve. Every dollar is put back into our healthcare Mission.

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.





# Population Health: An Improved Path

## *FY 2016 Strategic Efficiencies for Innovation and Expansion*

Tuba City Regional Health Care Corporation (TCRHCC) has transformed from an Indian Health Service Facility to an all-encompassing integrated health system. We have adapted to a transforming health care environment and continue to provide quality health service and new models of care delivery to meet the needs of our Communities within the Western Navajo Agency. We continue to meet challenges and are learning to adapt to opportunities for change. Our organization must meet barriers head on and maneuver through problem solving open minded thinking to realize and attain transformative ideas. An attitude of transformation has found a home in our organization. This attitude has helped the organization achieve many of our priorities this past Fiscal Year.

More than ever we must make our voices heard to combat mandates from our National Healthcare oversight authorities. These mandates are not always in the best interest of Native Americans as well as falling very short of our treaty rights. Our tribal oversight committee, Health Education Human Services Committee, continues to face many battles on all human service fronts. Their responsibility is great in that the needs of the communities they oversee are at the human basic need level. Our organization does not make light of the education we must provide to assure that our communities are not left out of important decisions that happen in our Tribal capital. Our position as a health delivery entity has no other purpose but to successfully meet the health care and wellness needs of those we serve. TCRHCC must address everyday how we move forward to keep our organization sustainable and successful. Addressing health disparities and implementing prevention to the

various population groups is a strategy that will help us focus on specific health delivery models as well as the use of data and evidence based models of care.

This FY2015 strategic vision for the capital and operating budgets and strategic plan was a continuation of several themes that TCRHCC leadership addressed at last year's annual Board budget meeting in Flagstaff, and several themes discussed that are even more pertinent today, including:

### POPULATION HEALTH

We must empower our front-line care givers, as they are the new foundation of population health. The creation of comprehensive care coordination systems is vital to our future sustainability.

From the perspective of the values of Population Health alone, we must also proactively involve both the Greater Community we serve and our Board of Directors as regional health system stewards and ambassadors to their respective communities.

Partnerships to improve Population health, only create synergies to improve patient health. If we combine a medical intervention with a public health intervention you only get better outcomes. Most diseases that have been acute have now become chronic. Our communities need to be offered services that improves the quality of their lives. The Navajo Nation will always have disparities, but it is up to TCRHCC to implement delivery models that promote better outcomes. Our partner will be the Navajo Department of Health, it is up to us to be the proactive catalyst to improve the lives of our patients.





Besides the Affordable Care Act, Indian Health Care Improvement Act, Quality based initiatives and pay for performance, and not to mention local governance issues, the attached “2016-2018 TCRHCC Priorities” list contains a summary of the ever-changing issues and opportunities facing us as strategic priorities and trends. These will be addressed at the FY16 Operating & Capital Budget and Strategic meeting and will help us focus our overall strategic vision. This list also comprises a summary of practical challenges in developing health system leaders within our organization as we prepare to take TCRHCC’s regional health system forward into the future. We will explore each of these to flesh out our strategic vision.

We are an integrated community-based Regional Health System serving more than 100,000 patients, and we expect this number will continue to grow +10% through FY2016 due to greater beneficiary eligibility via expanded ACA and AHCCCS which started 1/1/2014. As changes continue in AHCCCS and employer-based health insurances, competition in Northern Arizona and across the Navajo Nation will increase for us. We must work all ACA alternatives to improve our care options so we care reach a modicum of similar choices that are available to every other population groups in the U.S.

Going forward, we must work harder than ever to attract and retain the families and patients we care for. We must attract and retain sufficient primary care providers as well as maintain the space capacity needed to serve these growing health care demands. Our space needs are already at the breaking point, so we must bring new ideas and strategies to the table for

FY2016 such as innovative ideas to expand Sacred Peaks and LeChee Health Clinics, as well as the new Rehabilitation Modular 5,000 sq. ft. building to be situated on the east side of our campus.



### **FY2015 Operating Outcomes**

For the 9th consecutive fiscal year of TCRHCC operations out of the past nine, we again expect to end the fiscal year with a positive margin (in the black). Despite many challenges, the continued “community based” and “integrated regional delivery system” strategic blueprint continues to be effective, e.g., the submitted grant via the Community Health Center. We have continued to take advantage of strong Board stewardship and all that Title V self-governance has to offer, coupled with the principles of private entrepreneurship.

Our successes and challenges were reflected in both the Orientation and Work session with the new HEHSC appointees. Updated information will be presented to the HEHSC/NN Council at the beginning of FY2016 and in the proposed FY2016 strategic plan.

Our success continues to emanate from good Board high-level stewardship, a quality Clinical and Support Staff, consistent management by Senior Leadership, and the support by our Greater Navajo, Hopi and San Juan Southern Paiute Communities which we serve.



### FY2016 System Priorities

Our health system's FY2016 budget and strategy priorities now incorporate four converging forces:

- 1st**–Title V self-governance stewardship;
- 2nd**–Innovative use of the health marketplace enrollment programs in the ACA/AZ Health insurance exchanges;
- 3rd**–Development of an integrated Regional Medical System grounded in the communities we serve via primary care and specialty providers, and
- 4th**–Development of new and under developed partnerships that will create alliances with health system providers, local tribal health providers, and payers who believe in our Mission and the value in teaming up with our established successful system.

The FY2016 capital and operating budgets and strategy include several longstanding as well as new change waves as we chart a new course forward:

#### 1. Sustainable Revenues and Utilization Growth -- Back to Basics & New Opportunities

The U.S. Department of Health & Human Services via I.H.S. approved the following hospital inpatient and outpatient rates for the 12-month period ending 12/31/2015:

<b>Inpatient Hospital AHCCCS per diem rate:</b> (excludes Doctor/FNP/PA svcs) (+1.23% over CY14 \$2413);	<b>\$2443</b>
<b>Outpatient OMB AHCCCS per visit:</b> (+2.3% over CY14 \$342);	<b>\$350</b>
<b>Outpatient OMB MC per visit rate:</b> (+3.25% over CY14 \$297);	<b>\$307</b>
<b>Inpatient MC Ancillary Part B per diem:</b> (+2.7% over CY14 \$502)	<b>\$516</b>

We always hope to have OMB increases in every Fiscal year.

Utilization variations – As those of you were at the I.H.S. Consultation in Sacramento, TCRHCC expressed our displeasure with the OMB rates in:

- Trauma
- Specialty Services- MRI
- Observation Stays
- ER

We are in discussion with our Legal Team- Hobbs Straus re: the OMB payment we receive for these services. Mr. Milhollin works closely with Carl Harper at I.H.S.

Continuing Resolution (CR) -- Knowing we will likely see a CR again in FY2016, this fiscal year's operating margin is conservatively budgeted for a **+2.5%** positive margin, the same as the FY15 margin. We will also continue to monitor several other variables in FY2016, including:

- CMS RAC Accountability – We need to continue to significantly provide educational to our providers and support staff, and monitor patient record audits and request, from RAC, AHCCCS and private payers to enact greater accountability in patient care reimbursement. CMS's RAC programs seek to recoup greater CMS payments for inadequate documentation, medical necessity, coding deficits and other variables.
- Medical Homes & Care Coordination -- Opportunities include such new changes as potential health alliances, Medical Homes that will focus more on quality outcomes and per-member monthly payments (PMPM) than on purely traditional patient volumes. We need to also focus on the value of Care Coordination for all Patient Population groups.
- Grants -- An annual update on grants activities will be presented, including the status of our current projects and applications. Grant funding is a funding source that we need to continue to explore and apply for.

- **CSC Lawsuit** –We are hopeful that we will have a settlement offer before FY2016’s startup for the \$2-4 million Contract Support Costs Shortfall Claim filed by the TCRHCC Board in federal district court in FY2014. The intent of this action is the full coverage of TCRHCC’s past Administrative and Operating overhead expenses for FY2012-FY2013, but a final compromise settlement from the U.S. Treasury Judgment Fund could be lower.
- **Medicare-Like Reimbursement (MLR) for Purchased Referred Care (PRC) Patients** – There is legislation to be proposed in both houses of Congress that would require 100% maximum Medicare-like reimbursement for all Medicare beneficiaries referred out by TCRHCC providers. While unlikely to be enacted by 10/1/2015, if and when it is enacted, this would lower TCRHCC’s PRC expense by a minimum of \$3-4.0 million per year in FY2016 for beneficiary out-referred care because in recent years FMC and physician specialists have refused to contractually accept anything but 100% payment for their charges. We are monitoring this closely.
- **Navajo Hopi Health Foundation** – Our Foundation launch will provide an additional means of some financial and related support to TCRHCC mission priorities going forward.

## 2. Regional Health System Partnerships

We continue to combine the best of Tribal and I.H.S. health care and the private integrated business model as we seek to develop augmented partnerships with other providers and health systems. While we are working closer than ever before between TCRHCC’s Sacred Peaks Health Center and Flagstaff Medical Center, we have a long ways to go before it becomes a true partnership—much of this confusion comes from the major Medicaid reimbursement regulations that differentiate FMC’s “fee for service” from TCRHCC’s

“federal pass-through OMB” rate that requires no state match and other regulatory differences.

There are always concerns regarding the shortage of providers and physicians. We plan to continue to be aggressive in our recruitment and retention strategies that will include:

1. Recruitment of more Family Practitioners and Internal Medicine physicians
2. The development of new integrated specialty services
3. Maintain focus on doing well with the clinical services we have now

These steps will all reduce the amount of patient referrals out, reduce PRC payouts to other tertiary facilities and improve in system quality of care as essential foundations of our regional health system—building on the quality services we provide today.

Competitive border town health providers and large tertiary providers from Flagstaff, Phoenix, etc. are pressuring our service area more than ever. These are signs of the competitive changes in health care delivery both in our region and nationally now that the ACA and the IHCA were upheld followed by related unfolding national health reforms and opportunities.

Partnerships are created in order to maintain a sustainable population base, but the main reason for partnerships is to improve the quality of care being delivered to our communities. This need becomes increasingly the case, especially given anticipated changes in delivery and reimbursement now coming with health care reform, e.g. expanded primary care models that will include behavioral health.

Change will continue to accelerate in FY2016, and we plan to stay on the competitive edge in developing





optimal primary and subspecialty medical services to benefit the people of our Greater Community and ensure our long-term sustainability.

### **3. Integrated Clinical Care Center Network**

As an integrated Regional Medical Center system (RMC), we need to continue to strategize in planning more advanced care systems in trauma, diabetes, cardiovascular, mental/behavioral, orthopedics, rheumatology, nephrology and other services suitable to our location and RMC capacity.

TCRHCC will need to consistently and aggressively plan our network partnership agreements, as well as develop and maintain reliable infrastructure networks. Our Annual Budgets and Strategy Agenda will be focusing on best practices and models that will be applied to our health care delivery system. Models that include sustainability are nursing training programs, as well as clinical support staff.

We need to continue to pursue Arizona partners include the Maricopa Integrated Health Systems, which is a proven statewide model of care for burns, CHCs, and mental health. Unfortunately this System reaped an untoward effect of the ACA, in that it lost much its support from Disproportionate Share dollars that went away with the Medicaid expansion.

TCRHCC will continue to expand the Community Health Center (CHC) mobile primary care clinics which service nearly all our chapter communities especially for the elderly, young children and others in needs. CHC's have long been a part of our Nation's health resources and are a strong voice in the US government structure. TCRHCC staff has risen to a model dental health program under the oversight of Dr. Kate O'Connor-Moran. Our medical mobile service has also created an unprecedented following under our quality services via our Mid-Level Provider, Terris Thompson, Nurse Practitioner.

### **4. 638 Title V Self Governance and Community Assessment Needs**

As a whole, TCRHCC must continue to educate and communicate the importance of 638 Self Governance at all levels. Our strength as a 638 Indian Self Determination Health facility has only been strengthened with the addition the Ramah, Alamo and Canoncito Navajo satellite communities. This need for successful education will only elevate the successes of Self Governance.

The TCRHCC Board and Administration are attempting to "reach out" to the Navajo Nation Council's HEHS Committee as well as the NN Department of Health (NDOH) to provide collaboration via the 6 members of the 638 Association. Our American Indians for Indian Self Determination in Health are becoming a stronger group. We have developed a well thought our Strategic Plan that encompasses the need to work at all levels of government; local to Federal level.

The Service Area wide Community Needs Assessment is complete for the year 2014-2015. This will assist in the success of all programs of TCRHCC. Transparency and communication will continue to elevate TCRHCC as a trusted entity in the community as well as quality "community first" trusted organization.

Working in unison with other Title I and Title V organizations, we will continue to advocate and demonstrate the value of community involvement, e.g. the Western Navajo Agency Council reports by TCRHCC Board representatives throughout the year. A consistent program to educate our governing board is key to an open minded and improved vision of healthcare delivery on Navajo.

### **5. Human Capital**

We believe that our most valuable asset is our "human capital," and is key to economic growth of the communities we serve. But not only economic growth, but sustainable growth that supports the Native population.

Of our total 1,088+ staff, 91% are Corporate Staff, 3.8% are Civil Service Employees, and 4.8% are Commissioned Corp Staff. This comprises our dedicated, complex healthcare workforce. The summary by the Human Resource Department leadership also depicts the number of Navajos who have grown into higher Management Staff positions, which is by design through our system wide Mentorship Program.

Our Customer Service Program will continue to be augmented by the following teams:

- Champions for Change
- Dream Team
- Bee Positive
- Recruitment & Retention
- Team Extreme
- Steering Team

We intend to be both an employer of choice and a patient destination of choice. Every employee needs to let every patient know how they are appreciated as they place their confidence in the TCRHCC providers.

#### 6. Strategic Capital Improvement Plan

The focus for FY2016 is continued provision of accessible primary and specialty care as well as adapting to the major changes in healthcare trends, including changes in reimbursement models. Elevating primary care and delivering cost effective models of specialized care are imperative to the sustainability of TCRHCC.

We need to be always ready to adapt to a Continuing Resolution and to provide needed services to complete a full continuum of care for our population health. We need to continue to urge our tribal and congressional leaders to Mandate I.H.S. funding. Native health care should not be “Discretionary Funding”.

In FY2015 we gave special focus to addressing employee satisfaction via a new Customer Service Program and the Clinical recommendation from the Information Technology Leadership Group for the selection of our newly selected Electronic Medical Record. In FY2016 we'll focus on the implementation of our new E.H.R. and the newly mandated International Classification Diagnosis 10 system, and preparing for our scheduled Joint Commission Accreditation Survey. Our Strategic Plan focuses on many of these areas as we move into the future of health care today and tomorrow.

Our team (Board of Directors, Senior Leaders, Managers/Supervisors, & Staff) have the capability to be proactive and persistent to adapt and overcome the challenges that we face on a day to day basis. Maintaining a proactive stance and Leaders that provide Vision is of high importance.

#### 7. Strategic Pillars

Each of our strategic pillars will be presented with the progress of our FY2015 year in review, as well as our Strategic Vision for FY2016. The Strategic Vision is our map to maintain the fundamentals goals with objectives and metrics that are needed for success. Our overall strategy is a living document, which will be updated and reported through our Fiscal Year.

One system wide strategic priority is improving our working environment for our employees, and providing quality care in a fashion that will be conducive of a sustainable organizational model. Recruitment and retention will undoubtedly be a major priority throughout FY2016.

#### Conclusion:

The FY2016 budget and strategy is a work in progress, and our challenge is to continue to transform our healthcare delivery systems that will improve health for all populations of patients we serve. Our deepest appreciation goes to all our staff who relentlessly worked on all our presentations. Without the passionate, hard work of all providers, support staff, administration and the Board of Directors, this would be an impossible task.

Ahe'hee',

*Lynette Bonar*

Lynette Bonar, CEO



## Board of Directors



**Christopher Curley**  
President  
Tonalea Chapter



**Tincer Nez, Sr.**  
Vice-President  
Coalmine Canyon Chapter



**Dolly Lane**  
Treasurer  
Bodaway/Gap Chapter



**Dr. Alan Numkena**  
Vice-President  
Moenkopi Village



**Esther Tsinigine**  
Member  
Coppermine Chapter



**Merle Beard**  
Member  
Tuba City Chapter



**Laura Gon**  
Member  
Cameron Chapter



**Kimberlee Williams**  
Member  
Kaibeto Chapter



**Herman Tso**  
Member  
LeChee Chapter



# Leadership Council



(L to R): **Joette Walters, RN, BSN**, Deputy Chief Nurse Officer; **William Dey, RN, BS, MHA**, Chief Quality Officer; **Lynette Bonar, RN, MBA, BSN**, Chief Executive Officer; **Shawn Davis, BS, MIS**, Information Technology Director; **Katie Magee, MD**, Outpatient Medical Director; **Tim Newland, MHA, RN, CHSP**, Chief of Support Services; **Dollie Smallcanyon, MSN, RN**, Chief Community Health Services Officer/Director Diabetes Treatment & Prevention Services; **Kathleen Harner, MD**, Chief of Staff; **Alvina Rosales, RN, MBS**, Chief Nursing Officer; **Tanya "T.J." Riggs, MA**, Chief Human Resources Officer; **Christine Keyonnie, MSA**, Deputy Chief Financial Officer; **Gerard Diviney CPA, MA**, Interim Chief Financial Officer; **Holly Van Dyk, MD**, Deputy Chief Medical Officer.

# Operating Revenue and Expenditures

## FY 2014 Net Operating Surplus To Use for Vital New Facility/Service Improvements: \$362,547

14

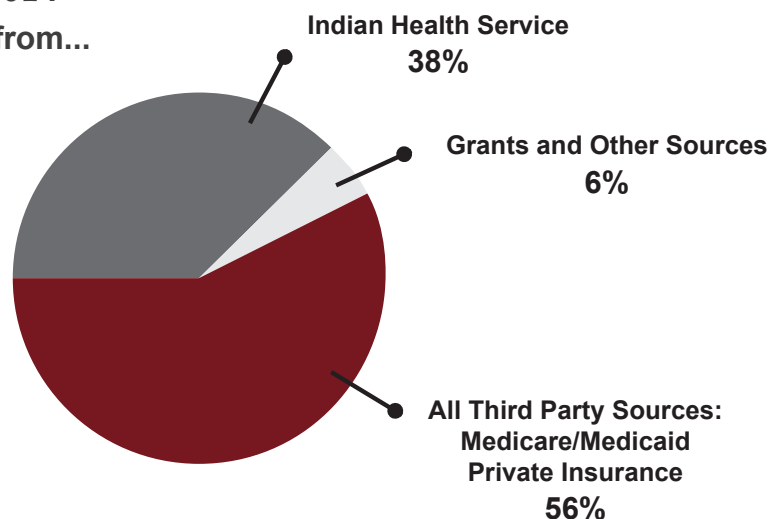
Last fiscal year TCRHCC saw a total of \$143,859,238 in net revenue and \$143,496,691 in expenses. FY 2014 was a period of continued growth to 745,496 total visits for a 1.6% increase over FY13's 733,458 volume/workload visits. Driving the growth and higher level of patient services, \$4.0 million was invested in the purchase of capital property and equipment during FY 2014 compared to \$5.9 million in 2013. 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 2014 was a year of further extension and commitment serving these communities as completely as possible, and delivering medical services as efficiently as possible.

TCRHCC projects all need at the present for new capital improvements, expanded services and technology.

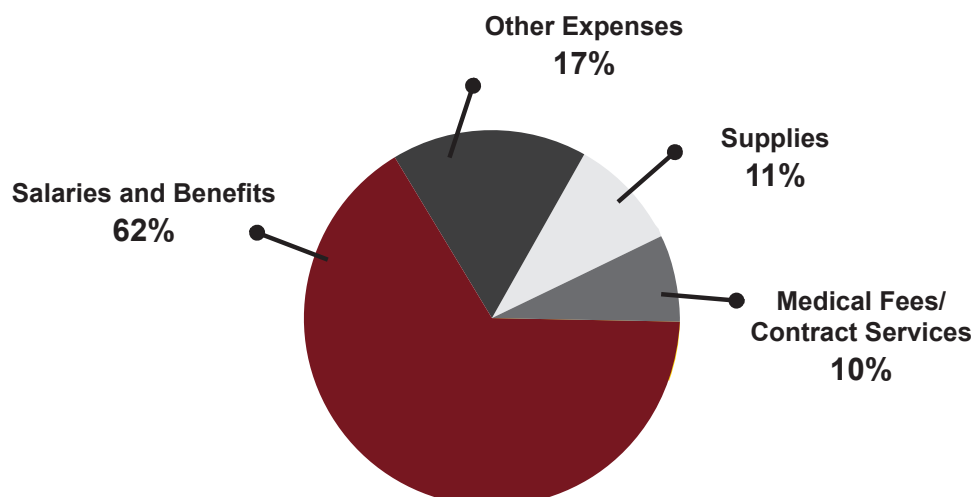
### TCRHCC Revenue FY 2014

Where the money comes from...



### TCRHCC Expenditures FY 2014

Where the money goes...

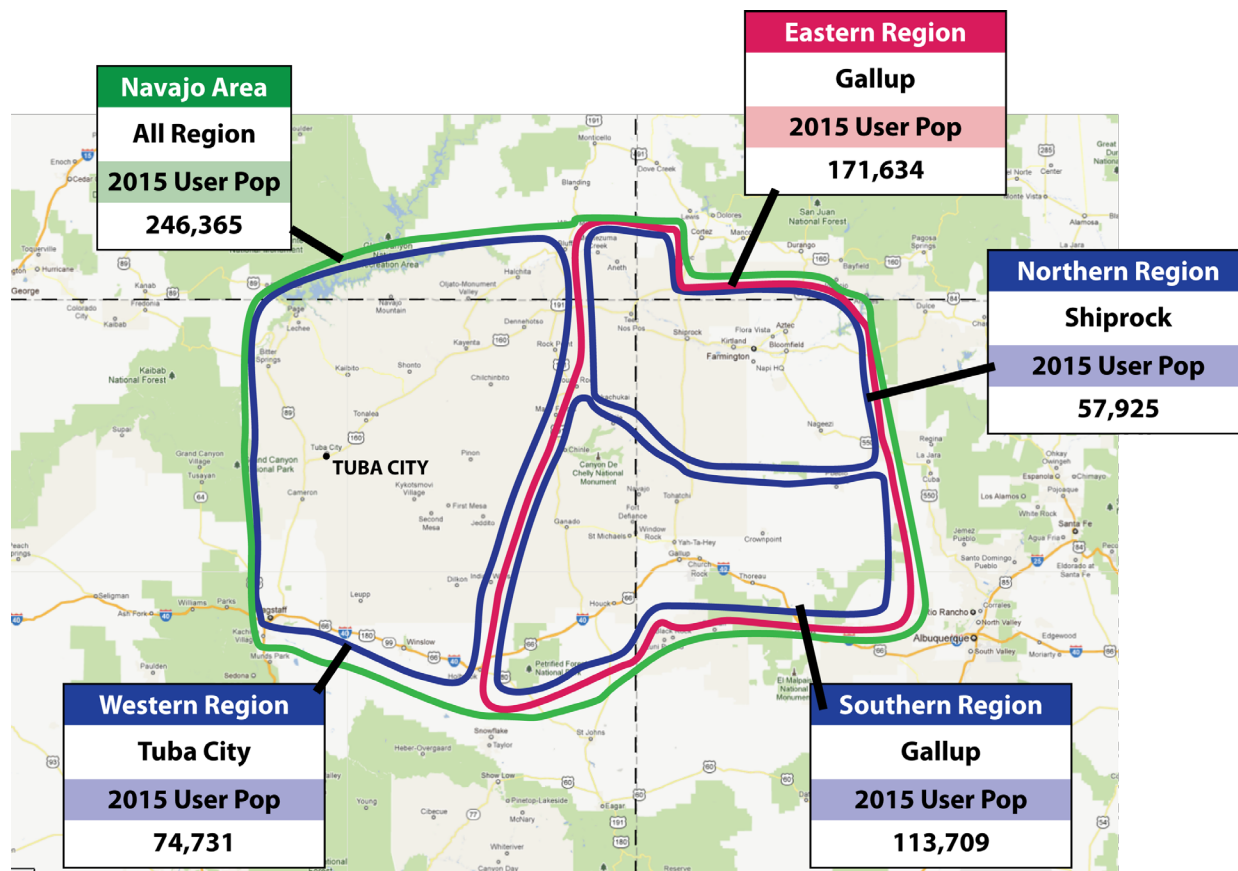


# User Population

## Navajo Area Indian Health Services (IHS)

Tuba City Service Unit, Gallup Service Unit, Navajo Area, Shiprock Service Unit

15



## Patient Care Utilization Data FY 2002-2014

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 2014 are readily apparent. This growth helps the hospital's ability to grow and to provide new health services because it helps set reimbursement and funding levels each year. This data includes patient visits, as well.

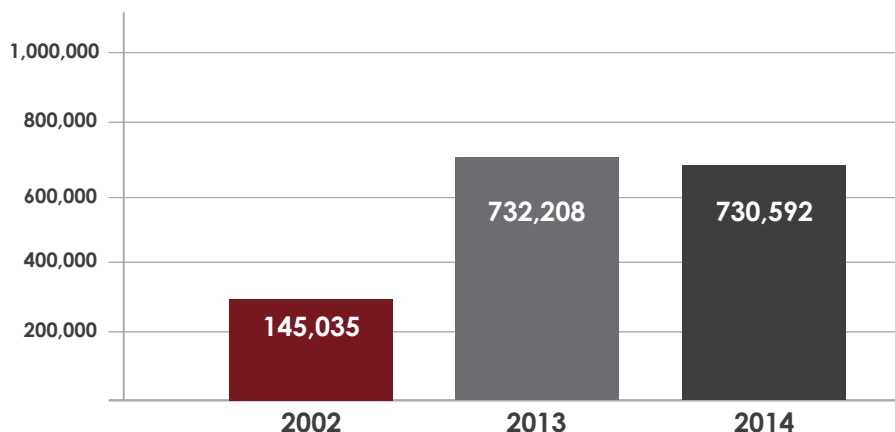
The average rate of total utilization growth has been 30% annually in the period of 2002 through 2014. The majority of growth occurred on the outpatient side, while some also came from inpatient activity, as shown in the tables.

In FY 2014, total combined hospital inpatient and outpatient visits grew to a total of 733,361 visits. This

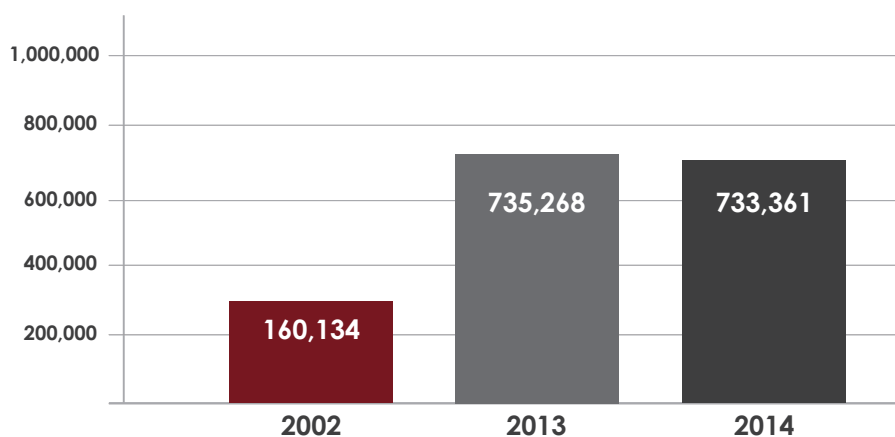
represents a +358% increase in total patient visits during the twelve year period, growing from 160,134 visits in 2002.

The outpatient visit declined of -0.2 % in 2014 versus 2013 which was favorably impacted by expansion projects such as the Sacred Peaks Health Center, the Outpatient Primary Care Center, and providing access to healthcare by the Mobile Health Units and other new services changes in hospital utilization. Sacred Peaks Health Center and Cameron Dental also continued to grow. 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 and other specialty services needed at TCRHCC as a regional medical center.

### Total Outpatient Visits



### Total Inpatient and Outpatient Visits



# TCRHCC Inpatient & Outpatient Workload

## AHCCCS/OMB Billable Patients Visits (BPV)

### FY 2002 - FY 2014

17

INPATIENT	FY 2002	FY 2012	FY 2013	FY 2014
<b>Hospital Discharges</b>	<b>3,458</b>	<b>2,951</b>	<b>2,620</b>	<b>2,340</b>
<i>Swing-Bed</i>	–	95	90	54
<i>ACU</i>	–	2,856	2,530	2,286
<b>Inpatient Days</b>	<b>14,153</b>	<b>11,880</b>	<b>11,595</b>	<b>11,159</b>
<b>Average Daily Census</b>	<b>38.0</b>	<b>32.5</b>	<b>32.0</b>	<b>29.0</b>
<hr/>				
<b>Newborns</b>	<b>512</b>	<b>454</b>	<b>440</b>	<b>429</b>
<b>Newborn Days</b>	<b>946</b>	<b>870</b>	<b>926</b>	<b>869</b>
<b>Total Inpatient Days</b>	<b>15,099</b>	<b>12,750</b>	<b>12,521</b>	<b>12,863</b>
<b>Discharges</b>	<b>3,970</b>	<b>3,405</b>	<b>3,060</b>	<b>2,769</b>
<b>ALOS</b>	<b>3.8</b>	<b>3.7</b>	<b>4.1</b>	<b>4.5</b>
OUTPATIENT	FY 2002	FY 2012	FY 2013	FY 2014
<b>Total Outpatient Visits</b>	<b>145,035</b>	<b>720,708</b>	<b>732,208</b>	<b>730,592</b>
<i>Observations</i>	–	519	666	613
<i>Outpatient</i>	–	720,189	731,542	729,979
GRAND TOTAL UTILIZATION	FY 2002	FY 2012	FY 2013	FY 2014
<b>Inpatient Days &amp; Outpatient Visits</b>	<b>160,134</b>	<b>733,458</b>	<b>735,268</b>	<b>733,361</b>
<b>Total Patients</b>	<b>27,115</b>	<b>33,701</b>	–	–

NOTE: BPV (Billable Patient Visits) = Reimbursable Patient Visits Counted per AHCCCS/OMB

Rev. 07/29/15

# Strategic Plan FY 2012 - FY 2017

18

## Mission

Our Mission is to provide accessible, quality and culturally sensitive healthcare.

## Vision

Our Vision is embracing healthy living to heal, to respect, to console.

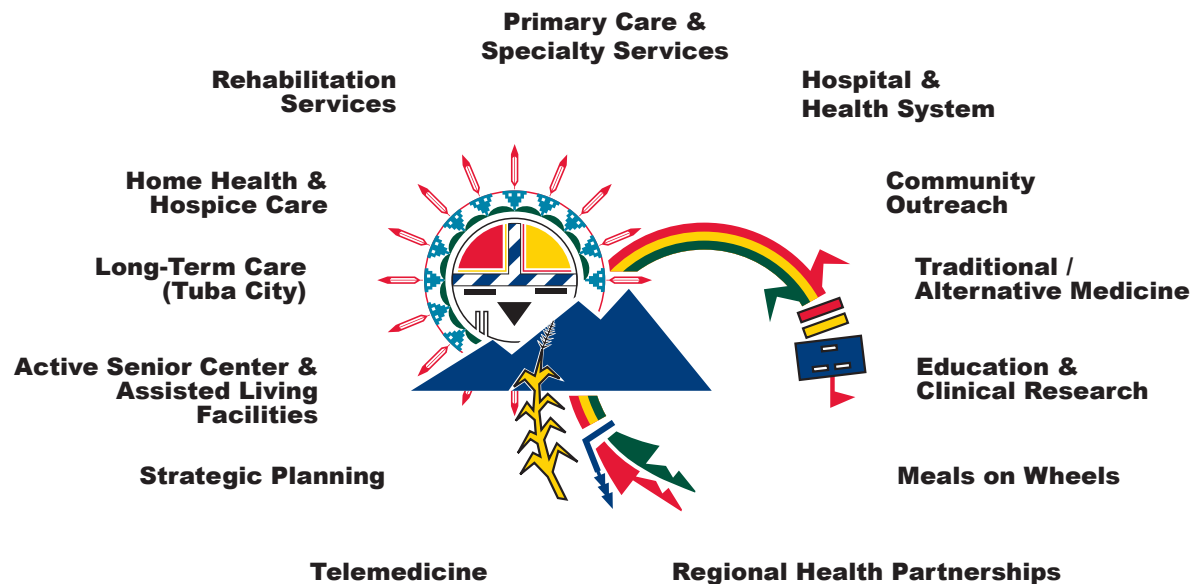
## Values Statement:

We take pride and honor the dignity in all individuals. We promise to uphold an environment dedicated to quality and a vision of excellence for today and tomorrow.

## Four Strategic Pillars:

- Financial Management
- IS/Data Management
- Quality Improvement
- Services Enhancement/Development

## Integrated Regional Health System





# TCRHCC Regional Health System

An Integrated Health System with a Regional Medical Center  
Hub and Network of Mobile / Fixed Satellite Health Services



- Lechee
- Kaibeto
- Coppermine
- Bodaway Gap
- Tonalea

- Moenkopi
- Cameron
- Flagstaff
- Coalmine



Long Term Care (LTC)



Independent Long Care (ILC)



LeChee Health Facility  
LeChee, Arizona



Dinnebito Clinic  
Dinnebito, Arizona



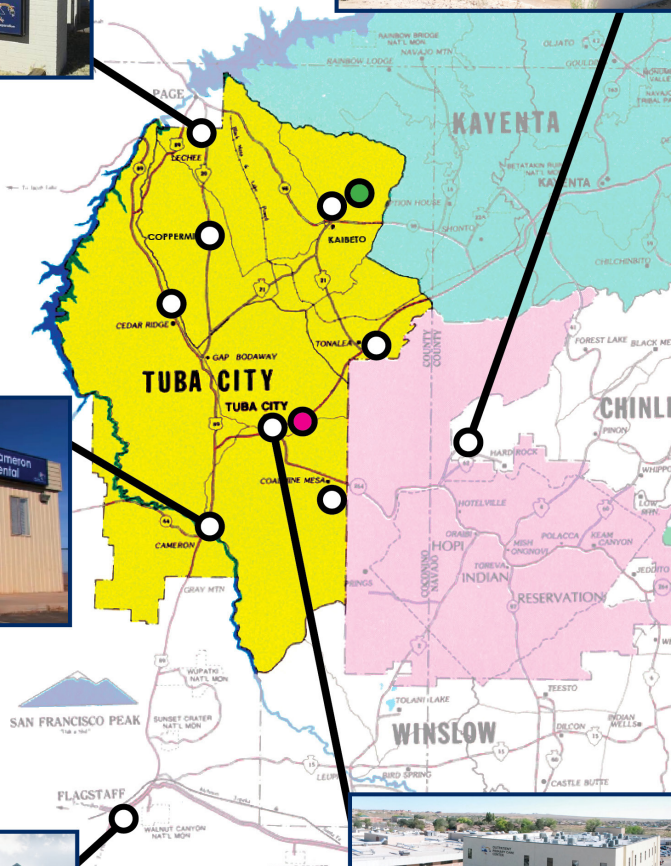
Cameron Dental  
Cameron, Arizona



Sacred Peaks Health Center  
Flagstaff, Arizona



Tuba City Regional Health Care  
Tuba City, Arizona



# TCRHCC Capital Priorities FY 2016–2018

20

1. Campus Expansion
  - a. Expanded Primary Care (Rehabilitation)
  - b. SPHC Expansion
  - c. Bodaway/Gap Health Center Recruitment
2. Long Term Care (Complete Construction Design 10/15)
3. Electronic Health Record
  - a. Implementation
4. Integrated Delivery System Master Plan (SLC f/u)
5. IT Fiber (Frontier)
6. Correctional Facility Health Care Funding (Multi Tribal Model)
7. Sustainable Reimbursement and Business Intelligence Model
  - a. HR Information System
  - b. Enterprise Resource System
8. Succession Planning for Future
  - a. Nursing Training Programs
9. Community Health Center Development
  - a. Mobile Health Site Expansion
10. Grant Program Expansion
11. Enhance Population Health Infrastructure
  - a. Care Coordination
  - b. Population Health IT
  - c. In Network Utilization
12. Partnership: 638, Local, PCMH, Local Tertiary Providers



# TCRHCC Operational Priorities FY 2016–2018

21

1. ICD 10
2. Health Resource Information System
3. E.H.R. Implementation Plan
4. Improved Performance Improvement
5. Customer Service Program & Employee Engagement
6. Joint Commission Accreditation
7. Grow Telemedicine
8. Health Promotions expansion
9. Call Center Development
10. New Specialty Clinics
11. Optimize OR Strategies, Surgical Assistant Trng Program
12. Comprehensive Plan Recruiting Strategy
13. Clinical Education Plan

# A Timeline: TCRHCC Historical Milestone FY 2009-2015

22

**July 16, 2009**  
Sacred Peaks Health  
Center Lease  
Agreement  
Signing

**October 22, 2009**  
TCRHCC celebrates  
the opening of the MRI  
(Medical Resonance  
Imaging)



**December 1, 2009**  
TCRHCC celebrates Ground  
Breaking Ceremony  
of the NEW Outpatient  
Primary Care Center

**March 9, 2012**  
Storz Donates  
Medical Equipment  
to TCRHCC  
OB/GYN  
Department



**May 7, 2011**  
Grand Opening  
of the Outpatient  
Primary Care  
Center



**June 29, 2012**  
TCRHCC signs  
5-Year Funding  
Agreement with the  
Indian Health  
Service Office of  
Self-Governance

**August 2012**  
TCRHCC begins  
the LeChee Health  
Facility Pharmacy  
Construction  
Project

**September 29, 2012**  
TCRHCC  
celebrates  
10-Years  
of Tribal  
Self-  
Governance



**October 17, 2013**

**January 7, 2014**  
TCRHCC and  
Veteran Affairs  
of Northern Arizona  
Health System  
sign an  
agreement

TCRHCC  
celebrates with  
a Ribbon Cutting  
of the NEW  
Health Promotion  
& Diabetes  
Prevention Center



**August 2013**  
TCRHCC construction  
project of the NEW  
Health Promotion  
& Diabetes  
Prevention  
Center

**September 23, 2014**

TCRHCC and  
Northern AZ VA  
Health Care System  
celebrate with a  
Grand Opening  
of the NEW  
VA-PTOC



**June 17, 2014**

TCRHCC celebrates  
with a Ground  
Breaking Ceremony  
for the NEW  
Kaibeto Creek  
Independent  
Living Center



**March 10, 2010**

TCRHCC celebrates the Grand Opening of the NEW Sacred Peaks Health Center



**July 21, 2010**

TCRHCC Approved Title V by the 21st Navajo Nation Council



**April 27, 2011**

Navajo Hopi Health Foundations was founded to raise funds for TCRHCC projects.



**November 10, 2010**

'638' Compacting with the Indian Health Service Office of Self-Governance

**November 2, 2012**

**October 18, 2012**

TCRHCC celebrates with a Blessing Ceremony of the NEW Helipad



TCRHCC celebrates with a Blessing Ceremony of the NEW LeChee Health Facility Pharmacy



**July 10, 2013**

TCRHCC receives the ASET Grand Award

**June 2013**

TCRHCC unveils the NEW Dental and Medical Mobile Unit to the community



**March 2013**

TCRHCC receives the ARRA Grand Funding from the Indian Health Service

**February 20, 2014**

TCRHCC celebrates with a Ground Breaking Ceremony for the NEW Pasture Canyon Apartment Complex

**January 29, 2015**

TCRHCC celebrates with a Ribbon Cutting of the NEW Pasture Canyon Apartment Complex Center



# TCRHCC is a Top Performer on The Joint Commission Key Quality Measure



When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

## **Tuba City Regional Health Care Corporation THE JOINT COMMISSION ACCREDITATIONS**

**The Joint Commission  
Gold Seal of Approval®**

*Hospital Accreditation Program*

**The Joint Commission  
Gold Seal of Approval®**

*Laboratory Accreditation Program*

**The Joint Commission  
Gold Seal of Approval®**

*Home Care Accreditation Program*

Tuba City Regional Health Care Corporation (TCRHCC) has earned The Joint Commission's Gold Seal of Approval® for accreditation by demonstrating compliance with The Joint Commission national standards for Hospital Accreditation Program, Laboratory Accreditation Program and Home Care Accreditation Program. The accreditation award recognizes TCRHCC's dedication to continuous compliance with The Joint Commission's state-of-the-art standards.

To ensure the highest quality healthcare at TCRHCC, we maintain accreditation with The Joint Commission. That means we meet or exceed the strict standards The Joint Commission has set for our performance, in everything from emergency response to infection management protocols.





# The American College of Surgeons Designates TCRHCC as a Level III Trauma Center

Tuba City and western Navajo Nation residents now have access to advanced trauma care in their community.

In March 2015, the Tuba City Regional Health Care Corporation (TCRHCC) was designated by the American College of Surgeons (ACS) as a level III trauma center.

TCRHCC is the first hospital in the lower 48 states in Indian Country to be designated as an advanced Level III Trauma Center.

Dr. Ralph Zane Kelley, a trauma surgeon and also the chief of surgery and trauma at TCRHCC, said the hospital was designated by the state of Arizona as a level IV trauma center. The designation by ACS is a national ranking.

TCRHCC has a comprehensive team of surgeons, specialists, nurses and staff members who receive specialized training in trauma care.

In the state of Arizona there were only 11 verified Level III ACS trauma centers. Tuba City is now number 12 on that list. By comparison, Flagstaff Medical Center is a Level I.

The designation process ensures that proper procedures, staffing and processes are in place to best care for the most serious injuries, from ATV accidents, assault, gunshot and knife stab wounds to automobile accidents. As part of this designation, trauma surgeons, as well as other physician specialists, are required to be available 24 hours a day.

Shannon Johnson, RN director of trauma program services, and Kelley worked the last few years for the current Level III designation with an initial visit by ACS in 2013 and the final visit coming a year and a half later.

ACS specifically looks at the trauma patients an emergency department cares for - whether they are cared for or operated on at the hospital or whether they are shipped somewhere else. The organization also requires the facility to collect data for evaluation on an ongoing basis concerning trauma cases to improve outcomes and quality standards.

"It definitely increases the quality and competency of care that trauma patients receive here," Kelley said. "Tuba City is probably the only place on the rez that has ER residency trained board certified ER physicians. Also we have general surgeons who are advanced trauma trained."

Johnson added, the hospital has trauma nurse core curriculum certified nurses and emergency pediatric certified nurses as well.

"We're accredited by a national organization and we do care for a high level of patients and definitely care for and have a higher acuity of care than the majority of other reservation facilities," Kelly said. "Tuba is constantly adding new services and new specialties to keep patients on the reservation rather than having to ship them to Flagstaff or Phoenix where it is an inconvenience for themselves but also their families."



## The Pasture Canyon Apartment Complex

### *A Solution to TCRHCC Recruitment*

In February 2014, Tuba City Regional Health Care Corporation (TCRHCC) broke ground to build a 36-unit apartment complex, located off of East Drive, north of the Tuba City High School campus. The apartments would provide housing for hospital employees that are critical to the hospital's operation.

Recruitment and Retention for quality healthcare staff has been difficult in recent years; and the lack of housing in the community has been a hard hurdle to overcome for employees.



"To address the staffing challenge, TCRHCC began planning for a solution to our housing needs," said Lynette Bonar, TCRHCC CEO.

Housing is desperately needed to retain and recruit employees at TCRHCC. Some employees commute from Flagstaff, Page, Kayenta or reside at one of the local hotels to make it to work.

A year later, in January 2015, TCRHCC's 36-unit apartment complex was complete. The Hospital's employees voted to name the complex, the Pasture Canyon Apartment Complex.

High expectations surrounded the first apartment complex construction project as a Self-Determined Health Care System under Title I. The new apartment complex now draws future nurses, dentists, pharmacists and physicians to Tuba City; stabilizing an evolving healthcare system; and stimulating new developments to grow as a Self-Governance Healthcare System.



"We really look at this as a retention tool," said Bonar. "The buildings are a statement about what we can accomplish for our employees as a Tribal Self-Determined Healthcare System."

Tincer Nez, Sr., TCRHCC Board Member expressed, "I am glad this completed project will keep staff closer to their jobs and employees will have more time with their families by being able to live closer to work."

"The completion of Pasture Canyon Apartments is a fine example of the progress we are making as a Self-Governed Healthcare System to address our greatest housing needs for our employees," said Bonar. "If we can provide housing, the commitment to our organization is going to be there."





## HIGHLIGHTS + ACHIEVEMENTS

- ❖ The Pasture Canyon Apartment Complex is a 36-unit complex for TCRHCC employees.
- ❖ The Pasture Canyon Apartment Complex was completed within 12-months.
- ❖ Over 90 percent of the workers hired for the construction project were Native Americans from the local area.
- ❖ The Pasture Canyon Apartment Complex was solely funded through TCRHCC.



## Sacred Peaks Health Center's Meds in Hand Program Provide Continued Care and Healing

The convenience of having a local pharmacy that's open seven days a week, on a major highway in East Flagstaff, makes life easier for those who depend on services from the Pharmacy Department at Tuba City Regional Health Care Corporation's (TCRHCC) Sacred Peaks Health Center (SPHC) in Flagstaff.

TCRHCC beneficiaries and other Native Americans in the Flagstaff area enjoy the fast, professional service from the Pharmacy Department at SPHC.



For many, it means not having to drive the long distance to Tuba City to obtain much needed medications.

SPHC opened in March 2010 to serve the health care needs of Native Americans who otherwise were driving to Tuba City or Winslow for healthcare. The Pharmacy Department's services have continually grown in scope and in number since the clinic's opening.

The Pharmacy Department staff at SPHC includes five pharmacists, four pharmacy technicians, a pharmacy assistant, and two pharmacy billers. The staff is truly

dedicated to friendly service and providing for the care and needs of its customers.

### **Meds in Hand Program**

Beginning in May 2015, the SPHC Pharmacy Department initiated a service called the Meds in Hands Program. The program helps Native American patients who are about to be discharged from being in the hospital at Flagstaff Medical Center receive bedside delivery of the medications they will need for their continued care and healing when they go home.

The number of patients being readmitted to the hospital was high, as patients often didn't pick up their prescriptions or did not receive adequate instructions and counseling.

The program allows SPHC pharmacists deliver prescriptions to patients and provide counseling, answering any questions patients may have.

Since the Meds in Hands Program began there have already been over 1,100 prescriptions delivered – an average of four prescriptions per patient and about four patients per day. Patients could use Flagstaff Pharmacy at FMC, but there are no co-pays at the Pharmacy at SPHC.

Comments about the Pharmacy Department on patient satisfaction surveys are overwhelmingly positive – “Thanks for providing care in Flagstaff So appreciative!” -- “The best pharmacy team! Love our pharmacy!” -- “Very supportive, friendly, and concerned. Answered my questions.” -- “Your service is so awesome!”





### SPHC Pharmacy Devoted to Making a Difference

The Pharmacy is very efficient as far as waiting time compared to other pharmacies for Native Americans, and feedback from elderly patients is especially good due to the care and counseling on medications by the Pharmacy Department staff.

The SPHC Pharmacy has developed good relationships with many Flagstaff area health care providers, including those at the publicly-supported North Country Healthcare Clinic, and the Native Americans for Community Action Family Health Center (NACA). Patients who see healthcare providers at these additional clinics can easily have their prescription orders sent to TCRHCC's Sacred Peaks for fast and easy pick-up.

In 2011, 42,062 prescriptions were filled at SPHC. That number grew to 59,468 in 2012. A remarkable double-digit percentage growth has continued each year. Assistant Director of Pharmacy, LT Patrick Tully says that more than 86,000 prescriptions are projected to be filled in 2015.

The most up-to-date robotic equipment is used in the Pharmacy to assist in filling prescriptions. The 150 most-often-prescribed medications are loaded into the robotic unit, and prescription bottles are filled with speed and accuracy, freeing up the pharmacists' time for customer service. Pharmacists always check and verify the automated equipment before medications are released to customer.



Pharmacists at SPHC also give immunizations, mostly vaccines such as flu, pneumonia and tetanus. They are given on a walk-in basis or by referral, generally Monday through Friday. A health care provider is always available on site in case of an adverse reaction.

Sacred Peaks Health Center serves the TCRHCC beneficiaries living in the Flagstaff area, along with patients from across Arizona and Native Americans who may be traveling through the area. Regular Pharmacy hours are 8:00 a.m. to 7:00 p.m., Monday through Friday, and 9:00 a.m. to 5:00 p.m. on Saturdays and Sundays. The direct phone number for the Pharmacy Department is (928) 863-7331.

### HIGHLIGHTS + ACHIEVEMENTS



Sacred Peaks Health Center (SPHC), a part of Tuba City Regional Health Care Corporation (TCRHCC), opened March 2010.



SPHC offers Family Medicine, Internal Medicine, basic Laboratory, basic Radiology, Physical Therapy, Pharmacy services, and other specialty services such as Nuerology, Dermatology, Mental, Nutrition, and more.



## LeChee Health Facility Is Open To Serve *Fulfilling the Promise of Healthier Communities*

Tuba City Regional Health Care Corporation (TCRHCC), a provider of high quality, accessible health care services, has opened the doors to its new health center in LeChee, AZ, the LeChee Health Facility.

Located 3-miles South of Coppermine Road, the 15,000-square foot facility houses 6 exam rooms and will potentially grow to provide over 10,000 patient visits annually. The new center serves as a powerful catalyst for improving the health and well-being of residents of LeChee and surrounding communities including Coppermine, Kaibeto, and Page offering high-quality health care for hundreds of residents who lacked access to affordable care.



"As a leader in community-based health initiatives, we are at the forefront of delivering patient-focused care and improving health outcomes. TCRHCC has been in the communities where we are needed most," said Lynette Bonar, CEO of TCRHCC. "The population in Greater LeChee is growing and it's imperative that we help fill this gap by providing high quality health care."

LeChee Health Center is TCRHCC's 3<sup>rd</sup> health center and the second outside of Tuba City. The new center, like TCRHCC's other locations, will be a portal to care and a higher quality of life for community residents.

At the new health center, a highly trained team of medical health professionals provide comprehensive primary care, including prenatal care, pediatrics, women's health, adult and senior medical care, as well as chronic disease management and pharmacy services. LeChee Health Facility also plans to add other speciality services such as dermatology, tele-medicine, health education and other services in the near future. Established TCRHCC patients will also have access to the Pharmacy located within the facility.

Critical to the success of making this health center a reality was the partnership and vision of TCRHCC and LeChee's community leaders. This spirit of collaboration is rooted in a common commitment to innovative leadership, health care responsibility and improved services.

"TCRHCC's commitment to LeChee is part of its overall commitment to provide accessible and quality medical health care that offer primary care and pharmacy services to our patients," said Bonar.

The community has responded positively in support of the health center.

Irene Nez Whitekiller, Chapter President of LeChee Chapter, is honored that the local leaders and community had the opportunity to play such a crucial role extending health services to their community.



"LeChee is pleased to support the new Clinic opening which will support the healthcare needs in our community," said Whitekiller.

"We are looking forward to being able to bring more opportunities for high quality and integrated care to patients in this community," Holly Van Dyk, M.D. and clinical director of LeChee Health Facility. "At LeChee Health Facility, patients will receive coordinated care and pharmacy services under one roof, without having to travel from office to office. This is a model of care that has been much appreciated by our patients and we are excited to be able to offer it in LeChee."

The LeChee Health Facility-Pharmacy is equipped with state-of-art tools they need to be providers of enhanced services and to engage with patients daily.

LeChee Health Facility-Pharmacy is also a distribution site for Mail-Order Prescription. Trained pharmacists prepare medication, up from 40,000 to 150,000 between 2002 and 2014. The Pharmacy services allow LeChee Health Facility to reach out to even more people, who are approaching pharmacists to ask questions not only about their prescriptions, but also about health-related issues.

To help keep their patients healthy, the pharmacy at LeChee Health Facility accepts NEW prescription written by your doctor outside of the TCRHCC healthcare system. Simply take your paper prescription



to LeChee Health Facility-Pharmacy and a pharmacist will dispense your medication.

In recognizing the important role pharmacists play in improving health outcomes, Ron Chapman, pharmacy director of LeChee Health Facility, said, "Healthcare is constantly changing and pharmacists are no longer simply dispensing medication. Our pharmacists are also providing important healthcare services through innovative programs and services across our practice settings."

### LeChee Health Facility



#### Clinic Hours

**Monday–Friday**

8:00 AM to 5:00 PM

#### Schedule An Appointment

**Call 928-698-4900**



#### Pharmacy Hours

**Monday–Friday**

7:00 AM to 7:00 PM

**Saturday–Sunday**

8:00 AM to 5:00 PM

#### Pharmacy Phone Number

**928-698-4911**

#### Pharmacy Refill Line

**928-698-4912**

**LeChee is closed on Federal holidays.**





## TCRHCC Community Health Center Mobile Health Receives Innovation Award

Roselyn Riggs, Mobile Health Program Manager received an award for her demonstration of endless enthusiasm, and continued success of the Tuba City Regional Health Care Corporation (TCRHCC) Community Health Center (CHC) Mobile Health Program.

The Arizona Alliance for Community Health Center's (AACHC) Innovation Award is presented to one program out of 19 organizations in Arizona that delivery primary healthcare at 135 delivery sites.



Ms. Riggs, was nominated for her efforts in coordinating the expansion of two service additional site initiatives within the TCRHCC service area

"Ms. Riggs has been able to assure the TCRHCC CHC Mobile Health Program is sustainable, as well as effective," said Lynette Bonar, CEO.

Members of AACHC recognized Riggs for coordinating services to provide non-emergent primary care to the

community of Bittersprings after the road closure of Highway 89, from Bitterspring to Page, Arizona in 2013, and it continues today. They also applauded her initiative to provide a Uranium Clinic at selected Chapter Houses in the TCRHCC Service Area for patients affected by uranium mining.

TCRHCC Mobile Health Program was a vital component for the expansion of the two service initiatives. The mobile van provides patients the proper care they need through monitoring and treating illnesses, so care is not delayed.

Riggs received the award at the 2015 AACHC Annual Conference meeting on February 4, 2015 in Phoenix, AZ, before AACHC members; local, state, regional, and federal agencies; policy and advocacy organizations and foundations supporting access to healthcare.

"Ms. Riggs epitomizes the very highest levels of excellence and success to our organization," said Bonar. "We appreciate her commitment and dedication to our patients and communities."

The Mobile Health Program makes scheduled visits to the Chapter Houses 1-2 times a month within the Tuba City Service Area. The schedules can be found on the hospital website, at the Community Health Center building located on the eastside of the TCRHCC campus, or at your local Chapter House.











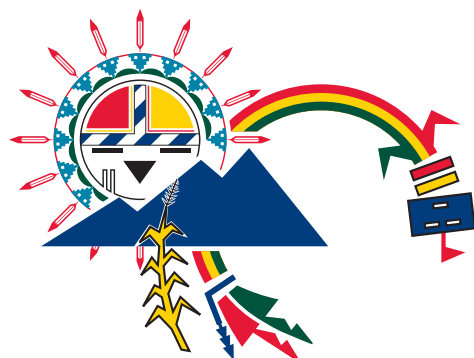












# **Tuba City**

## **Regional Health Care Corporation**

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