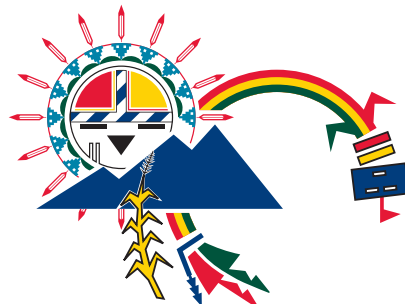


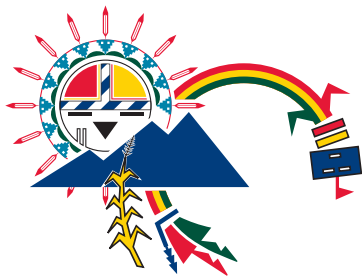
2016 Annual Report



Tuba City
Regional Health
Care Corporation

2016

Annual Report



Tuba City

Regional Health Care Corporation

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About Tuba City Regional Health Care Corporation

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 2015, the TCRHCC health system had 693,129 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 14th 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 2015 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.



“Establishing the Health Care Delivery Foundation for Transforming Generations”

FY 2017 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.

Healthcare delivery today is in continuous transformation, transformation in many ways; delivery, reimbursement, controversy, improvement, efficiency, and governance.

The system that “we” have transformed is not even in a stable state, for us, or anyone else. TCRHCC staff is in many stages of change. Even though we live on a bundled rate, “OMB” Office of Management Budget, or “AIR” All Inclusive Rate, all the regulations that are passed affect how we must make changes to our software systems, data collection with the end results to improve better outcomes.

We must advocate changing the archaic ways of the Indian Health Service (I.H.S.) payment systems so we can bring all levels of care to our communities. I.H.S. was set up for only primary care (family, internal, obstetrics and pediatric

care). Our communities need much more than this, they need a full continuum of services because we serve the entire continuum of life.

After much assessment and identifying that we have an acute care hospital, but an outpatient care service that is set up with a non-evolving outpatient care delivery system. An outpatient system that did not change with the varied support models that are more cost efficient and adaptable to a “standardized” care system.

Our Health System receives inpatient revenue reimbursements at approximately 18%, and the majority of systems supporting reimbursements are derived from outpatient services of 82%.

This past FY we have had a renewed overview of our outpatient delivery care model and the time has come to remodel our processes to be sustainable and stand up to deliver the best quality care that is patient centered. So we will build a patient delivery model that becomes a modified patient centered medical home that can assure we make use of patient information that keeps



patients safe through any level of care they have to access. A system that standardizes processes will help to attain high reliability and safe delivery of care.

The Federal Government is still and will not waiver from the Triple Aim- cost effective, accessible and best outcomes initiatives. In order to verify this is the care being given, organizations will need to report data outcomes that prove that delivery models that are standard improve patient safety and reduce costs.



Our Quality Division will discuss MIPS and MACRA, as related to our Electronic Health Record (E.H.R.) and as we now are reporting our Value Based Models and how our future data driven E.H.R. systems will function. Not only will these systems provide evidenced base data but they will improve communication among all health delivery systems that our patients encounter. Once system outcomes meet quality standards per Center for Medicare and Medicaid Services (CMS) criteria, the future benefits will be set at ~ 4-5% incentive payment rates. CMS is discovering more cons to this system so the implementation of this new Alternative Payment Model may be delayed in 2017, which will actually provide more time for smaller health systems across the nation to be ready for the nationwide changes. TCRHCC

will be finished building, training and implementing our E.H.R. and will be ready for these changes at the end of FY17.

TCRHCC has motivated staff to build our systems to meet these upcoming Advanced Payment Model changes. But we must take the role in leadership to assure our voice is heard to get the most payment for specialty services we want to provide to our communities.

Our organization must meet barriers head on, partner and maneuver through problem solving with 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; and fall short of our treaty rights. Our tribal oversight committee, Health, Education and 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 basic human 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 at 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 adaptive health delivery models as well as the use of data and evidence based models of care.



Population Health

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 improve 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 Nation 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 “2017-2019 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 FY17 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 are an integrated community-based Regional Health System serving more than 100,000 patients, and we expect this number will continue to grow more than ten percent through FY2017 as our specialty services and communities grow.

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 and expand the space needed to improve our health disparities. Our space needs remain at breaking points, so we must bring to fruition ideas and strategies for FY2017 such as the expansion of Sacred Peaks and LeChee Health Promotion and Prevention services, as well as specialty services that should be offered in our local communities.

FY2016 Operating Outcomes

For the 10th consecutive fiscal year of TCRHCC operations out of the past ten, we again expect to end the fiscal year with a positive margin (in the black). Despite many challenges and barriers, and continued underfunding our “community based” and “integrated regional delivery system” continues to be effective. 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.



FY2017 System Priorities

Our health system's FY2017 budget and strategy priorities 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, and outside the box ideas to maximize the use of our Purchased Referred Care funding;

3rd: Development of an integrated Regional Medical System grounded in the communities we serve via primary care and specialty providers, and

4th: Continued partnerships with health system providers, local tribal health providers, and entrepreneurial partners that believe in our successful system.



The FY2017 capital and operating budgets and strategy include several longstanding as well as new changes:

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 12/31/2016:

Inpatient Hospital AHCCCS

Per diem rate: \$2655 (+7.98% over CY15 \$2443) (excludes Doctor/FNP/PA services);

Outpatient OMB AHCCCS

Per visit: \$ 368 (+4.89% over CY15 \$350);

Outpatient OMB MC

Per visit rate: \$ 324 (+5.24% over CY15 \$307);

Inpatient MC Ancillary Part B

Per diem: \$ 637 (+18.99% over CY15 \$516)

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

Continuing Resolution (CR) -- Knowing we will likely see a CR again in FY2017, this fiscal year's operating margin is conservatively budgeted for a **+2.8%** positive margin. We will also continue to monitor several other variables in FY2017, 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.



- 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.
- Federal Medical Assistance Payment (FMAP) This regulation
- 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 and Flagstaff Medical Center, we hope that our recent Pathology partnership will flourish into more and continue to be a sound partnership.



Professional provider/nursing shortages are always of concern. We plan to continue to be aggressive in our recruitment and retention strategies that will include:

1. Recruitment partnerships
2. The development of new integrated specialty services

3. Maintain focus on doing well with the clinical services we have now
4. Developing our own succession and educational plans/partnerships



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.

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, oncology, gastroenterology 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.

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 Canonicito 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 Division of Health (NNDOH) to provide collaboration via 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.

Working in unison with other Title 1 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

The revised TCRHCC Organization Chart is included in our report. 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 1,221+ staff, 94% are Corporate Staff, 2% are Civil Service Employees, and 4% 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 Journey to Excellence 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 FY2017 is continued provision of accessible primary and specialty care as well as adapting to the major changes in healthcare technology. 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 FY2017 we'll focus on the implementation of our new E.H.R. and our Enterprise Resource Planning programs, and close out our Joint Commission Accreditation Survey, as well as be ready for our Lab Accreditation in the first Quarter of FY17. 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 FY2016 year in review, as well as our Strategic Vision for FY2017. 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 FY2017.

In Conclusion:

Our strongest attributes we possess at our organization is the strong sense of instilling cultural sensitivity with our staff to our patients. When our patients have to be transferred out of our organization it is not usually a pleasant experience, so allowing our services to expand for the needs of a cultural experience is of high priority.

Other transformations we are addressing are addressing our elders, and bringing and keeping this reality at the forefront of our Tribal leaders. We also have growing segment of millennial caregivers that we have the responsibility to build a foundational workforce that will carry forward knowledge for our future generations.

The FY2017 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
Chief Executive Officer







Board of Directors

Christopher Curley, President
Tonalea Chapter

Tincer Nez, Vice-President
Coalmine Canyon Chapter

Kimberlee Williams, Treasurer
Kaibeto Chapter

Dr. Alan Numkena, Member
Moenkopi Village

Dolly Lane, Member
Bodaway/Gap Chapter

Laura Gon, Member
Cameron Chapter

Herman Tso, Member
LeChee Chapter

Justice M. Beard, Member
To'Nanees'Dizi Chapter

Millie Brockie, Member
Coppermine Chapter

Senior Leadership Council

Lynette Bonar
Chief Executive Officer

William Dey
Chief Quality Officer

Christine Keyonnie
Chief Financial Officer

Gerard Diviney
Interim Chief Financial Officer/Senior Advisor

Dr. James Kyle
Chief Medical Officer

Dr. Holly Van Dyk
Deputy Chief Medical Officer

Dr. Sara Jager
Chief of Staff

Dr. Joachim Chino
Deputy Chief of Staff

Alvina Rosales
Chief Nursing Officer

Joette Walters
Deputy Chief Nursing Officer

Shawn Davis
Chief Information Officer

Dollie Smallcanyon
Chief Community Health Services Officer

Julius Young II
Chief Support Services Officer

George Hunter
Interim Chief Human Resource Officer

Lorraine Begay
Deputy Chief Human Resource Officer





Operating Revenue and Expenditures

FY 2015 Net Operating Surplus To Use for Vital New Facility/Service Improvements: \$13,861,594

Last fiscal year TCRHCC saw a total of \$165,666,069 in net revenue and \$151,804,475 in expenses. In FY 2015, total patient visits was 693,129. Due to continued growth and higher level of patient services, \$6.0 million was invested in the purchase of capital property and equipment.

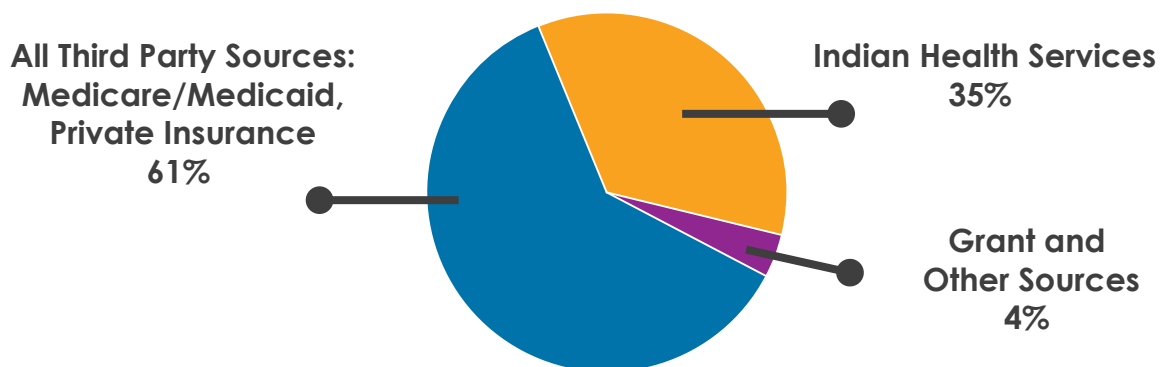
TCRHCC is committed to serving its entire population in all geographical areas. Fiscal

year 2015 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.

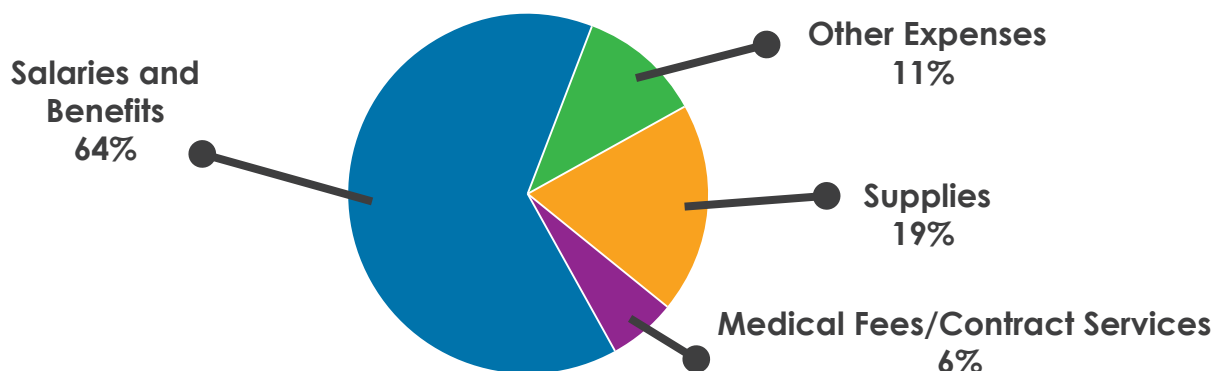
FY 2015 Revenue

Where the money comes from...



FY 2015 Expenditures

Where the money goes...

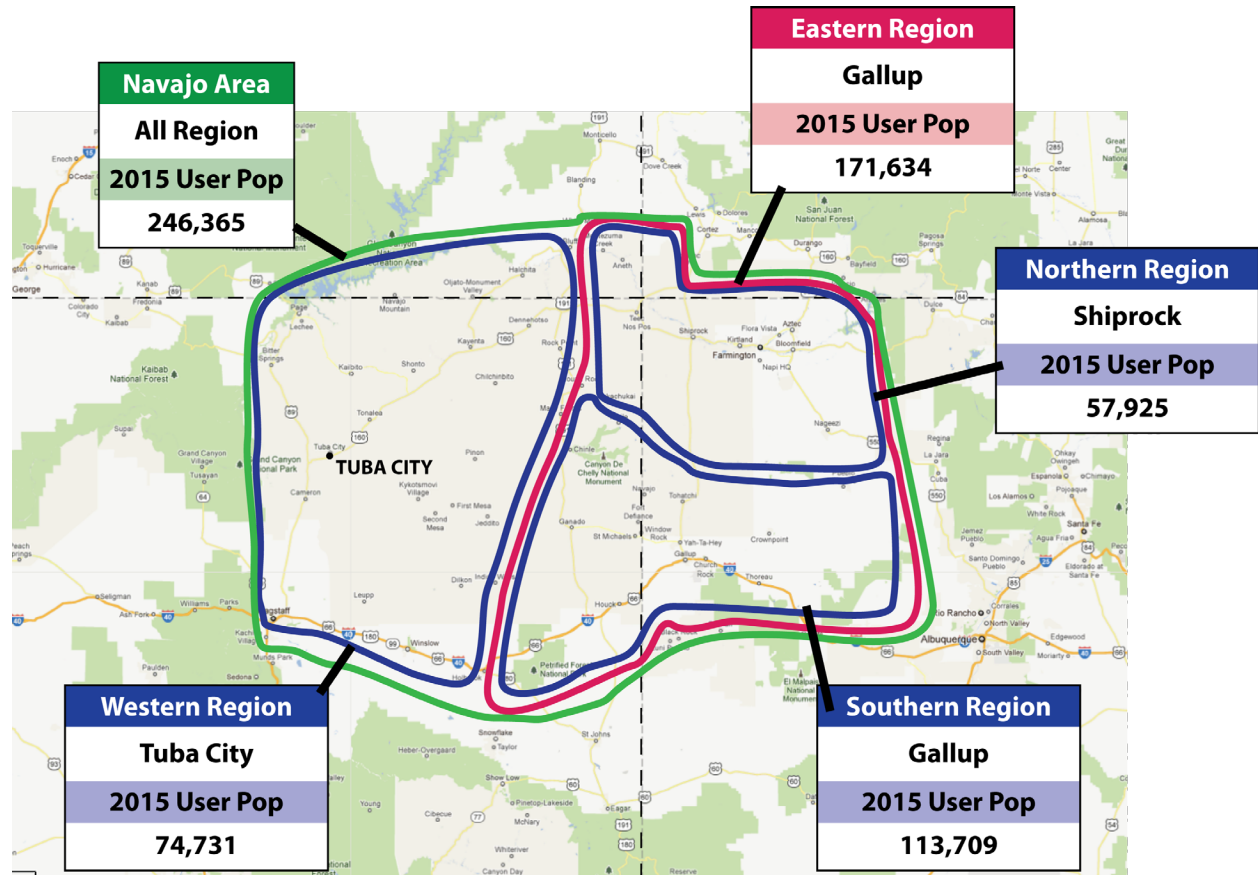




User Population

Navajo Area Indian Health Services (IHS)

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



Inpatient & Outpatient Workload FY 2002 - FY 2015

AHCCCS/OMB Billable Patients Visits (BPV)

INPATIENT	FY 2002	FY 2012	FY 2014	FY 2015
Hospital Discharges	3,458	2,951	2,340	2,098
<i>Swing-Bed</i>	–	95	54	50
<i>ACU</i>	–	2,856	2,286	2,048
Inpatient Days	14,153	11,880	11,159	10,124
Average Daily Census	38.0	32.5	29.0	25
<hr/>				
Newborns	512	454	429	456
Newborn Days	946	870	869	866
Total Inpatient Days	15,099	12,750	12,863	12,020
Discharges	3,970	3,405	2,769	2,554
ALOS	3.8	3.7	4.5	4.6
OUTPATIENT	FY 2002	FY 2012	FY 2014	FY 2015
Total Outpatient Visits	145,035	720,708	730,592	690,575
<i>Observations</i>	–	519	613	750
<i>Outpatient</i>	–	720,189	729,979	689,825
GRAND TOTAL UTILIZATION	FY 2002	FY 2012	FY 2014	FY 2015
Grand Total Inpatient Days & Outpatient Visits	160,134	733,458	733,361	693,129

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





Patient Care Utilization Data FY 2002-2015

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 2015 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 24% annually in the period of 2002 through 2015. The majority of growth occurred on the outpatient side, while some also came from inpatient activity, as shown in the tables.

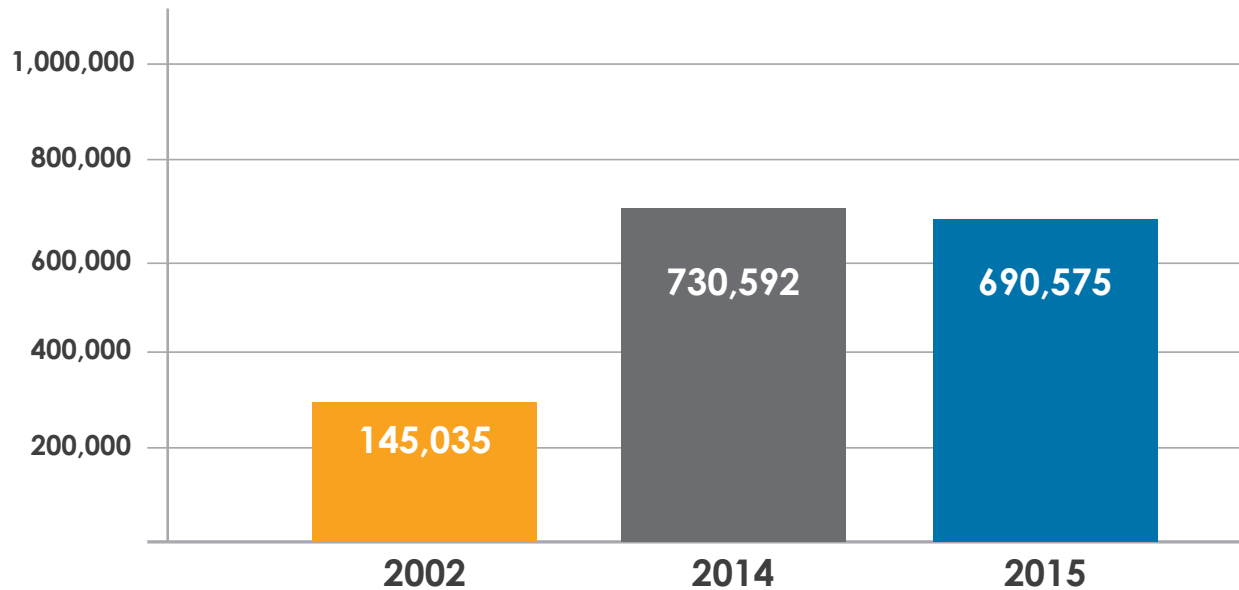
In FY 2015, total combined hospital inpatient and outpatient visits was a total of 693,129 visits. This represents a +333% increase in total patient visits during the twelve year period, growing from 160,134 visits in 2002.

The outpatient visit declined of -5 % in 2015 versus 2014 which was favorably impacted by expansion projects such as the LeChee Health Facility, 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.

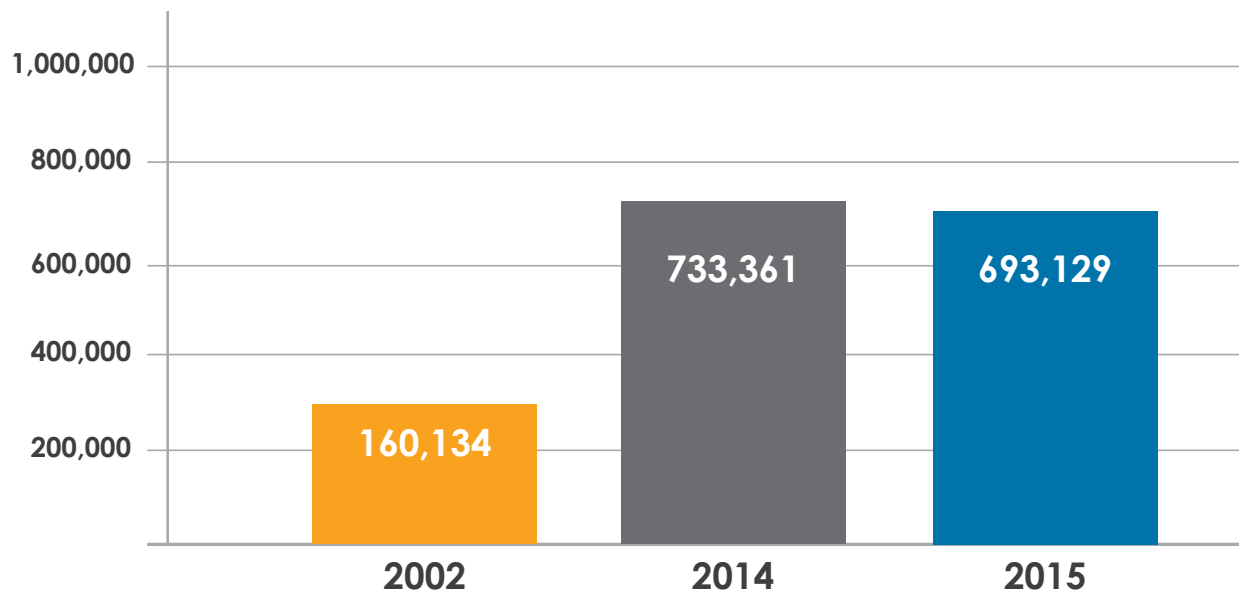
The need for additional housing for clinical staff continues to have a major bearing upon our ability to continue to grow with additional patient services, including inpatient, outpatient and emergency room services and other specialty services needed at TCRHCC as a regional medical center.

Patient Care Utilization Data FY 2002-2015

Total Outpatient Visits



Total Inpatient and Outpatient Visits



Strategic Plan FY 2012 - FY 2017

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.

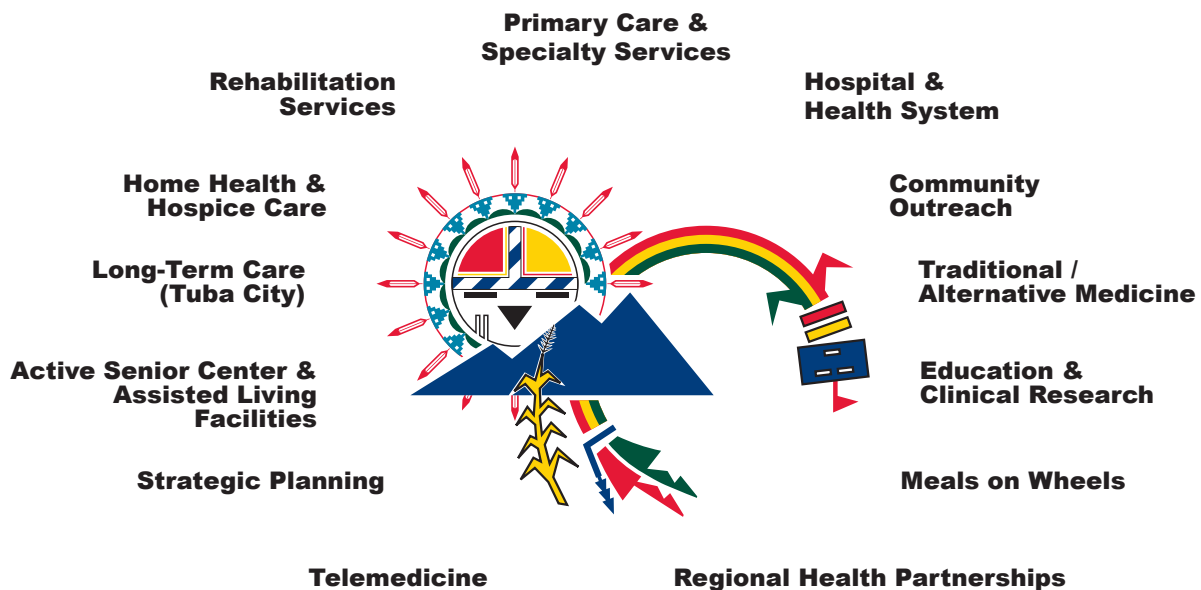
Promise

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

Tuba City Regional Health Care

- Tuba City, AZ

Sacred Peaks Health Center

- Flagstaff, AZ

LeChee Health Facility

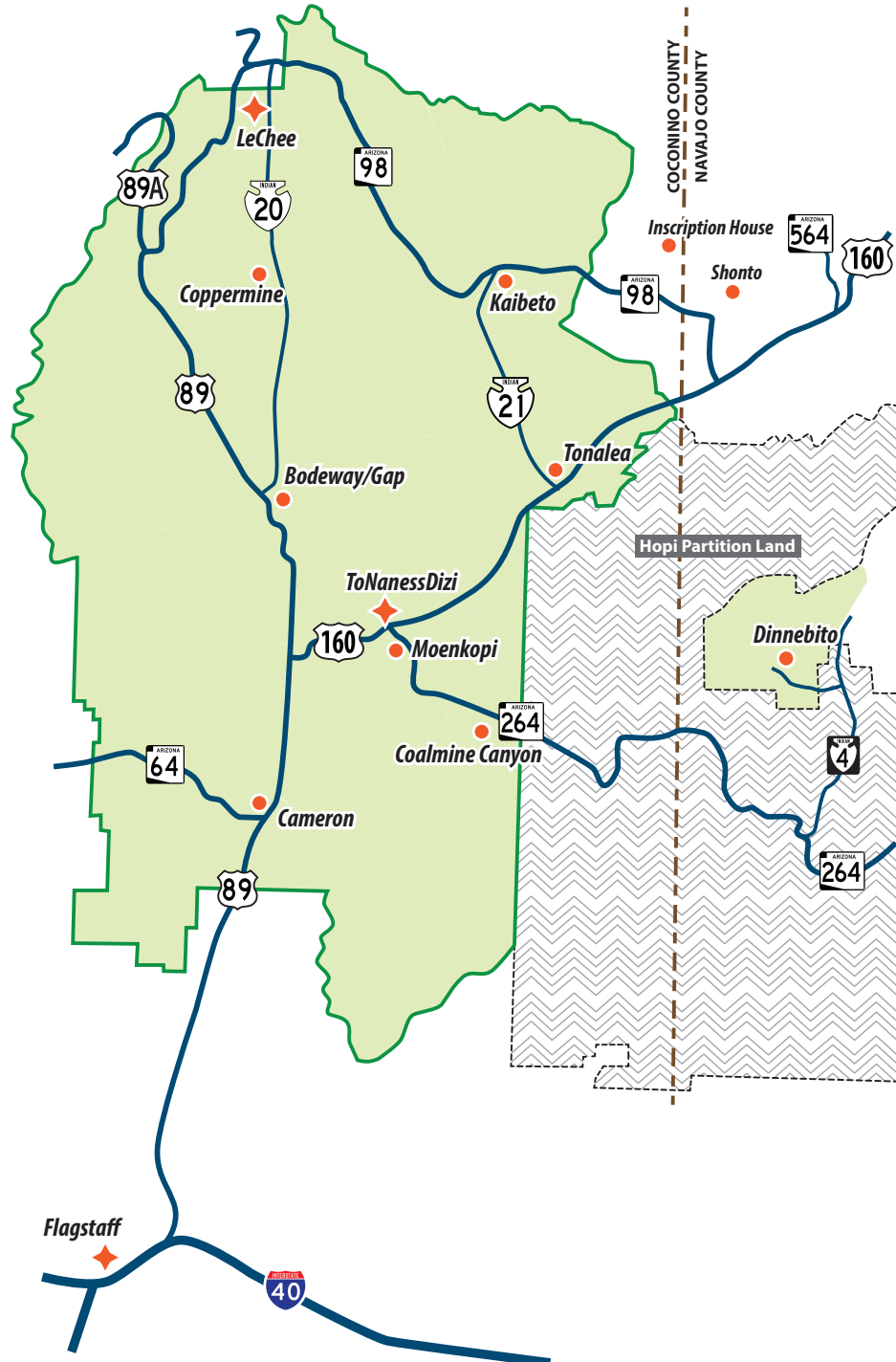
- Lechee, AZ

Mobile Health Unit

- Kaibeto
- Dinnebito
- Coppermine
- Bodaway/Gap
- Tonalea
- Moenkopi
- Cameron
- Coalmine

Kaibeto Creek Independent Living Center

- Kaibeto, AZ





TCRHCC Capital Priorities FY 2016–2018

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

- 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**





TCRHCC's Sacred Peaks Health Center – Flagstaff

Continued growth in primary and specialty care

Sacred Peaks Health Center (SPHC) in Flagstaff is part of Tuba City Regional Health Care Corporation's (TCRHCC) integrated healthcare system -- a community-based ambulatory outpatient clinic providing non-urgent primary and preventive healthcare to Native American beneficiaries. It continues to grow to meet demand in the number of patient visits and the spectrum of available services, with an increasing list of specialty clinics and services.

Along with a patient population from the greater Flagstaff area, SPHC serves Native American beneficiaries from the western Navajo Reservation, and others traveling from outlying geographic locations including beneficiaries of the Navajo, Hopi, Havasupai, Apache, Yavapai, Hualapai and San Juan Southern Piute tribes. Patients also come by referral from the Winslow, Chinle, Kayenta, Sage Memorial Hospital, Hopi and Phoenix service unit areas.

Pediatricians and Family Medicine physicians provide wellness check-ups, immunizations, screenings, and vision care in addition to caring for ill patients.

Patient visits in Fiscal Year (FY) 2016 rose to a new high of 17,176 visits, served by a full time staff of 48 and part time staff of three.

Specialty Clinics

The increasing number of patients is in part due to the growing list of specialty clinics offered at SPHC. The Orthopedics Clinic is the only one of its kind available in Native American healthcare in Northern Arizona. Also offered are Dermatology Clinic, Neurology Clinic,

Rheumatology Clinic, OB/GYN Clinic, Optometry, Physical Therapy, Occupational Therapy and a recently-initiated Prenatal Clinic. The Surgery Clinic screens patients and prepares them for surgery at other healthcare locations, then provides post-operative care, saving some patients time and money due to SPHC's location. Mental Health Services are available including Psychiatry.

An in-house Laboratory Department at SPHC speeds the diagnosis of illnesses and helps healthcare providers choose the proper course of treatment.

The SPHC Pharmacy Department Provides Efficient, Local Service

The Pharmacy Department at Sacred Peaks filled 91,848 prescriptions in FY 2016. Again, due to SPHC's location in Flagstaff, it is a popular location for obtaining prescription medication and refills with excellent patient education counseling and shorter waiting times. The SPHC Pharmacy accepts prescription medication orders from any medical provider in the area, so Flagstaff area patients have the convenience of picking up their medications without having to drive greater distances.

In mid-2014 the SPHC Pharmacy Department started a Meds In Hands program for Native American beneficiary patients who are being discharged from a stay in Flagstaff Medical Center. The goal is to increase patient education about the medications they will be taking, and how and when to take them. This is an attempt to decrease the number of patients having to return to the hospital if they don't take

their medications properly. When language is a barrier, translators assist pharmacists in explaining proper use of medications. There were more than 2,400 deliveries by SPHC Pharmacists to Flagstaff Medical Center patients in FY 16, delivering a total of nearly 10,000 prescription medications. The number of readmissions to the hospital due to improper administration of medications has dropped considerably.

lina Wellness Program Changes Lives

The 12-week lina Wellness Rehabilitation Program is a collaboration of the Physical Therapy and Nutrition Departments for patients who have been diagnosed with diabetes, prediabetes, or are at increased risk due to obesity. Patients are referred to the program by their primary care provider. The program begins with initial evaluations by a nutritionist and a physical therapist who collaborate on an individualized plan for wellness. A patient's weight, waist measurement, percent body fat, lipids, and an A1C test measuring glucose (sugar) in the blood, are all considered. Patients learn about a more healthy diet and improved cooking methods. The exercise or physical therapy portion of the program uses standardized outcome measures in order to evaluate the patient's success at the 6-week and 12-week marks. Program goals for participants include having a seven percent weight loss and an HgbA1C level improvement to normal if prediabetic, or less than 7.0% if diabetic. The patient's lipid panel is also monitored – cholesterol, HDL, LDL and triglycerides.

For patients who are dedicated and who stick with the program, profound and lasting improved health outcomes can be realized.

Doris Brodie, age 78, from Flagstaff entered the lina Wellness program more than two years ago when she was diagnosed with prediabetes. Aside from a continued exercise regimen, Brodie said that she learned how to make healthy food choices.

"Now I know what I'm supposed to eat and what's important. I know what I'm not supposed to have," said Brodie. "I now watch the food that I eat and I learned that I love green, leafy vegetables such as spinach and kale. Aside from eating better foods I know I have to get my exercise!"

Brodie exercises at Sacred Peaks at least two days per week and gets out to walk two miles per day, most days. "I really feel good after walking," added Brodie. "It awakens everything about me. I now use the stairs in buildings where I used to rely on the elevator. I don't get out of breath. I attribute my good health to this program."

Thirty-six-year-old Sarah Jaramillo of Flagstaff was diagnosed with prediabetes at age 31. "When I was told I had prediabetes it really scared me. Anger and frustration ran through my mind. My family history included diabetes, but I never thought it would happen to me."

Jaramillo got her start on an entirely-changed lifestyle through the lina Wellness Program. She weighed 160 pounds with blood sugar at 207 and an A1C level of 5.8. She, too, learned



how to change her diet entirely, and with that, the diet of her entire immediate family including her husband and four children. She started an exercise regimen at SPHC, working out for about an hour, three days per week. Today she has a local gym membership and works out vigorously for an hour, six days per week.

“My life has done a complete 180. I now weigh 136 pounds and I’m so much happier and I have more energy,” remarked Jaramillo. She has guided the healthy behavior of her entire family. “Seeing how my family now participates with me on hikes, runs and healthy food choices makes

me proud! And I’m in the best shape of my life.” Jaramillo and her two daughters participate in 5K, 10K and half-marathon running events.

“My family members have been my biggest supporters. My numbers are back to normal and I can’t begin to tell you how good that feels. It took a lot of hard work and dedication, but it was all worth it. I’m more active than ever, and I’ve gotten pretty strong both mentally and physically,” added Jaramillo.

Sacred Peaks Health Center Staff Spotlight: Navajo Reservation Natives Working to Improve the Community’s Healthcare



Physical Therapist Aaron Jones

Physical Therapist Aaron Jones graduated grew up in Gray Mountain, Arizona, and graduated from Tuba City High School in 1996. He then went to Northern Arizona University (NAU) in Flagstaff to earn a bachelors degree in Exercise Science with a minor in chemistry, then went on to earn a Doctor of Physical Therapy degree in 2007, and now works as a physical therapist at SPHC. Aaron lives with his wife and three boys in Flagstaff. He began his working career with TCRHCC in Tuba City and states that he is pleased to work for a growing organization that provides needed services to the Flagstaff community.



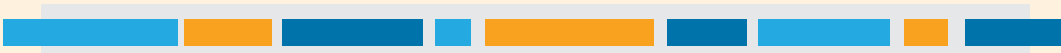
Medical Assistant Raelynn Brown

Medical Assistant Raelynn Brown has been working at SPHC for the past four years. She is a graduate of Ganado High School in 2000, and moved to Redlands, California to continue her education to become a Medical Assistant. Raelynn said that always had plans to move back to the Navajo Reservation to help her own people and communities. She especially enjoys her work in the Pediatrics Department where she uses her skills to enhance the healthcare of children. Raelynn, her husband, and their four children now reside in Flagstaff.



Medical Assistant Titania Lewis

Medical Assistant Titania Lewis grew up in Tuba City, raised primarily by her grandparents in the traditional way. Her first language was Navajo, and it has proved to be very valuable in her career as she is a Navajo Health Care Interpreter – providing invaluable assistance to Navajo-speaking patients. Titania graduated from Tuba City High School in 1999. She continued her education at the College of Eastern Utah, in Blanding, Utah, then graduated from College America in 2004 with an AA degree in Medical Specialties. She's been a nationally certified Medical Assistant for the past 11 years. She hopes to return to school to earn a degree in Nursing. Titania, too, always wanted to come back home and serve her community and her people. She and her husband live in Flagstaff with their five children. Titania says that she is very grateful for her knowledge in the medical field, traditional Navajo life and modern life.



LeChee Health Clinic Serves the Needs of Native American Beneficiaries in the Page and Rural Northwest Navajo Nation Areas

The LeChee Health Facility, a part of Tuba City Regional Health Care Corporation (TCRHCC), is three miles south of Page next to the LeChee Chapter House, first opening in July 2015, serving Native Americans in the surrounding area with non-urgent, primary healthcare services. Area beneficiaries now have nearby, locally-directed services.

Since July 2016, the LeChee Health Facility treated 464 patients. The Clinic provides high quality care in a new location that provides easier access to primary care for individuals and families.

LeChee Health Facility provides non-emergency primary care in LeChee and the surrounding area. If more specialized care is needed, the provider makes a referral to a specialist provider in the TCRHCC Health System in Tuba City. When appropriate, the Clinic will assist individuals by referring them to available local social service resources.

Key areas of medical service and treatment at LeChee Health Facility include:

- Primary/preventive care
- Well Woman exams
- Well Child checks
- Annual physicals
- Immunizations for children and adults
- Basic lab services
- EKGs (heart)
- Pharmacy

Patricia Kent, RN, is LeChee Health Director. She is working to provide what the community needs by listening to patients, attending chapter meetings to hear suggestions and concerns, and by strengthening community relationships. Kent is an RN with 15 years of experience in medical/surgical and primary care nursing.



“We’re creating a little family here,” said Kent. “Everyone is cross-trained and steps in wherever needed, especially as it relates to patient care. We’re home-growing our own nurses and staff members from this area, thereby strengthening community relationships.”



Leading a staff of 22 employees at present, Kent also visits area families at home on weekends, listening to their needs and concerns. “I have to listen to the patients and provide what the community needs,” added Kent.

“In the future we are planning to add Physical Therapy as it is in demand by our patients. This will save patients from having to travel great distances to Tuba City and Flagstaff, and other distant clinics,” said Kent.

On a typical Monday at the clinic, the busiest day of the week, the LeChee Health Clinic sees 20 to 30 patients; TCRHCC’s Mobile Unit helps out with the patient load on Mondays seeing about 10 additional patients. Even on a busy day the staff strives to keep waiting times to a minimum, serving walk-in patients.

“Dr. Helen Bidawid has been an amazing addition to our facility and patient care,” said Kent. “A patient satisfaction survey is planned for autumn once she has been on board for a while.”

A full-service Pharmacy Department has been operating at LeChee for the past three years. Always growing in services and in volume, there are four full time pharmacists on duty at LeChee to handle a growing demand.

Pharmacist Clint McCormick has been at LeChee Health Center since its Pharmacy Department opened in November of 2012. “A hallmark of our service here is very short waiting times for in-person prescriptions orders and refills,” said McClintock. “Pharmacists also administer adult vaccinations seven days a week. Demand for our services is always growing.”



In one recent week over 3,300 prescriptions were filled at LeChee’s Pharmacy. 2,400 of these were mail order prescriptions. The Pharmacy Department at LeChee handles all mail order prescription refills for TCRHCC. Three refills are available by mail order making it much more convenient for refilling prescriptions for those living in distant locations. After three refills patients must return to visit a doctor for a new prescription. The LeChee Pharmacy also fills prescriptions for patients who prefer to go to outside healthcare providers, such as private practice providers in Page.

The pharmacists provide individual and confidential counseling on patient medications.



“This is the best staff I’ve ever worked with. They go above and beyond! We’re known for our quick refill times,” remarked McClintock.

LeChee 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 Saturday and Sunday.

In April of this year, the LeChee Health Clinic was accredited to stringent national healthcare standards by the Joint Commission during its visit to all TCRHCC facilities including Tuba City and the Sacred Peaks Health Center in Flagstaff as well.

“Our staff did a superb job of preparing for the Joint Commission accreditation visit, seeing that every last detail of our operation was ready for inspection and up to national standards,” remarked Kent.

LeChee Health Facility

LeChee Health Facility



Providing accessible healthcare to the community of LeChee
Family Medicine • Internal Medicine • Primary Care • Pharmacy

To schedule an appointment, call 928-698-4900.

2015 Tuba City Regional Health Care Hospital Highlights

Tuba City Regional Health Care Corporation (TCRHCC) operates a state-of-the-art, 73-bed hospital that provides comprehensive medical services to Navajo, Hopi and San Juan Southern Paiutes Tribes. TCRHCC is the only Level III Trauma Center on the Navajo Nation, received a 3-Star Recognition from the National Hospital Compare Report, which compares hospitals on quality healthcare measures and outcomes.

The American College of Surgeons (ACS) designated Tuba City Regional Health Care Corporation as a **Level III Trauma Center** enabling the hospital to see and take care of more critically injured patients. ACS has only verified one other Native American Level III trauma center. That one is located in Anchorage, Alaska.

TCRHCC has earned The **Joint Commission's Gold Seal of Approval®** for accreditation by demonstrating compliance with The Joint Commission's 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.



We continue steadily expanding services and clinic space at TCRHCC.

■ **Sacred Peaks Health Center** continues to grow in providing greater access to TCRHCC's high quality health services and customer experience in Flagstaff, AZ.

■ **LeChee Health Facility** opened 1-year ago. The LeChee Health Facility provides non-urgent primary care to the residents of LeChee and surrounding communities such as Coppermine, Gap/Bodaway, Kaibeto, and Page.

TCRHCC **Transitional Care Program** focuses on providing quality, cost-effective chronic care to patients who have more than one chronic health issue and are frequently admitted to the hospital for acute care. This strategic initiative reduces admissions and overall health care costs.

As our communities in the Tuba City Service unit continues to grow, demand for health services at TCRHCC increases, as well. TCRHCC is improving access by creating more clinical space and making our Medical Services Master Plan and Facility Master Plan come to life.

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.



TCRHCC's Physical Rehabilitation Center

The Most Comprehensive Team in Physical Rehabilitation

Early spring, the Tuba City Regional Health Care Corporation (TCRHCC) celebrated the grand opening of the Physical Rehabilitation Center on April 26. The hospital's outpatient and inpatient physical rehabilitation center delivers state-of-the-art therapy for patients who have been disabled by illness or injury, offering an exceptional level of care locally.

"The center provides a great need in the region for patients facing a physical impairment caused by an illness or injury. Our goal is to help patients lead quality, productive lives after they are discharged," said Lynnette Gilmore, Director of Physical Rehabilitation Department.

The Physical Rehabilitation Center at Tuba City Regional Health Care is a 4,800 square foot facility. The center houses a dedicated spacious outpatient therapeutic area and gym.

The Physical Rehabilitation Department also provides services at Sacred Peaks Health Center in Flagstaff, AZ. Services offered include physical therapy and occupational therapy.

With state-of-the-art therapy for patients and an



experienced team of staff, TCRHCC Physical Rehabilitation services are targeted to patients who are able to tolerate an intensive therapy program.

"With the opening of the Physical Rehabilitation Center, Tuba City Regional Health Care has made a major investment in this specialized service for residents of Western Navajo and beyond," said Gilmore.

TCRHCC Physical Rehabilitation Department Services

Our staff consists of physical therapists, occupational therapists, speech language pathologists, and critical support staff – all



dedicated to providing a comprehensive scope of rehabilitative services to the patients we serve.

Physical Therapy

Our physical therapy staff represents such a wide range of combined skills that virtually any service recognized as within the scope of physical therapy can be provided by one or more of our staff. Physical therapists are 'hands on' therapists, and many interventions involve the therapists physically helping the patient learn new movement patterns and safer ways of accomplishing personal goals. Examples of services available include but are not limited to: Orthopedic care for arm/leg/neck/back pain and other injuries, neurological rehabilitation, wound care, clinical electrophysiologic examination, balance training, gait training, ergonomics education, pediatric services, and sensory integration.

Occupational Therapy

Occupational therapy is about safe functional movement – in and out of bed, in the home, and in the community. An occupational therapist is also trained to provide a number of other 'hands on' services, which include but are not limited to: orthopedic care for hand/wrist/elbow/shoulder injuries, functional mobility training, custom splinting, ergonomics assessments, pediatric care, and sensory integration.

Speech Language Pathology

A speech language pathologist is someone who helps children or adult patients who have problems with: speaking (dysarthria, apraxia of speech, fluency, articulation), with language (receptive aphasia, expressive aphasia, delayed language), with swallowing (feels like foods get stuck, coughs during eating, etc.), with voice problems (hypophonia, monophonia, etc.) and/or with thinking skills (memory changes, difficulty planning, or problem solving). The Speech Pathologist, for example, evaluates and treats

children who mispronounce lots of speech sounds so it is difficult to understand them, or children with cleft palate or hearing loss. The Speech Pathologist also evaluates and treats adults or children with head injury after an accident or brain surgery or a stroke.



Special Clinics

The therapists and support staff work together to conduct and/or assist with a clinic focused on a specific area of care which pertains to PT, OT, or Speech. Accordingly, the therapists treat those in need with a full evaluation, a follow-up, or a screen; whichever is more appropriate for the clinic and the patient. The clinics occur monthly, yearly, or seasonal. Below are the clinics that you as a patient can participate in if needed, or you as a physician can refer your patient to:

- **Prosthetic and Orthotic Clinic** – monthly, held at the Physical Rehabilitation Trailers
- **Functional Clinic** – monthly, held at the Physical Rehabilitation Trailers
- **Geriatric Clinic** – monthly, held at the OPCC building at Family Medicine
- **Wound Care** – year-round, held at the Physical Rehabilitation Trailers
- **High School Clinic** – held at the Tuba City High School, twice a week during regular school session







NAVAJO • HOPI HEALTH FOUNDATION

Mission

Develop resource partners to meet our increased medical demands.

Vision

- Support efforts of Tuba City Regional Health Care Corporation (TCRHCC) and bring the cultural "Beauty Way" to every aspect of our patients' care.
- Delivering integrative medicine to an underserved population.
- Provide an academic setting for the education of future generations.
- Make healthcare more accessible to the underserved.

Website

www.NavajoHopiHealth.ORG

Find us on Twitter

@NHHFoundationTC

About

The Navajo Hopi Health Foundation is a non-profit 509(a)(3) charitable organization established in October 2012, dedicated to raising funds for Tuba City Regional Health Care Corporation (TCRHCC), the designated healthcare provides to 75,000 Navajos, Hopis, and San Juan Southern Paiutes within a 6,000 plus square mile referral service area (larger than Connecticut and Rhode Island combined).

The Foundation's goal is to secure financial resources for continued development of improving the healthcare center and purchasing medical equipment needed in the area by providing support to Tuba City Regional Health Care Corporation and the region it serves.

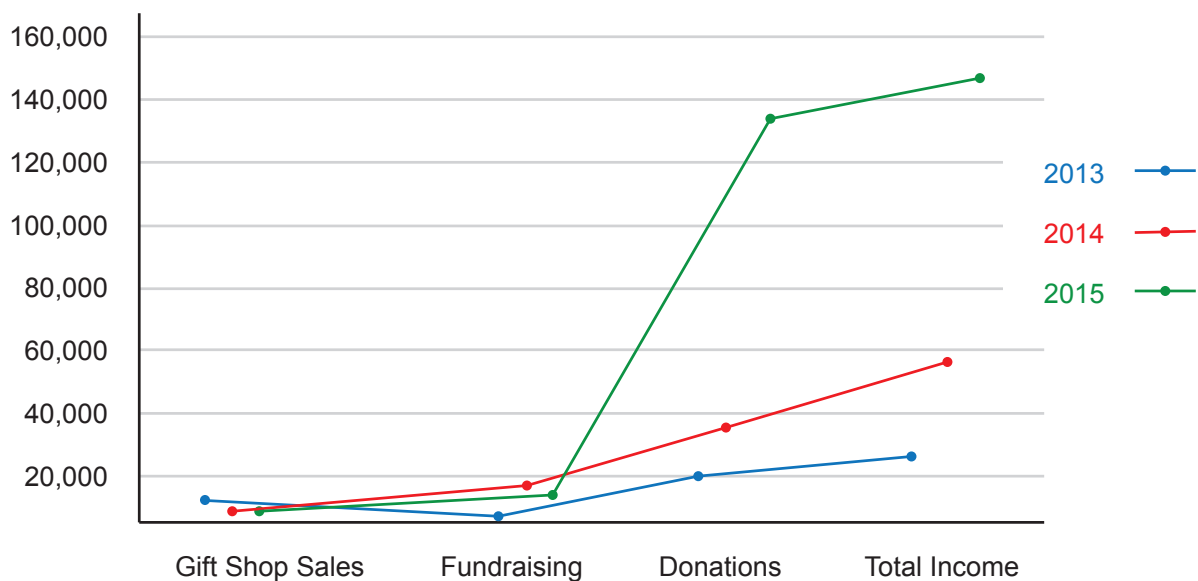




Navajo Hopi Health Foundation 2015 Highlights

- Entirely operated with volunteers
- Opened a Gift Shop
- Opened Comfort Care Rooms
- Restored Original Art in the Hospital
- Replaced new chairs in waiting areas
- Started a "Strive for 5" Program, an employee Payroll Deduction of the amount they choose
- Support and participate in all pillars of customer service programs
- Provided financial support to build a hogan in the Healing Garden for the patients of TCRHCC
- Decorated the Cafeteria
- Legacy Brick Program
- Solicited over \$300,000 for the Outpatient Primary Care Center (OPCC), and other areas of the hospital
- Sponsored outreach community events
- Developed Social Media
- Provided OB Department with Furniture
- Provided \$70,000 in equipment for Nursing Education Program
- Provided instruments for Dental Department
- Provided Flat Screen TVs in waiting rooms, and Patient Care Rooms
- Developed Summer Youth Program
- Restoration of the Foundation House, a Historical Building located on Main Street

Navajo Hopi Health Foundation 2015 Funding Support



Navajo Hopi Health Foundation

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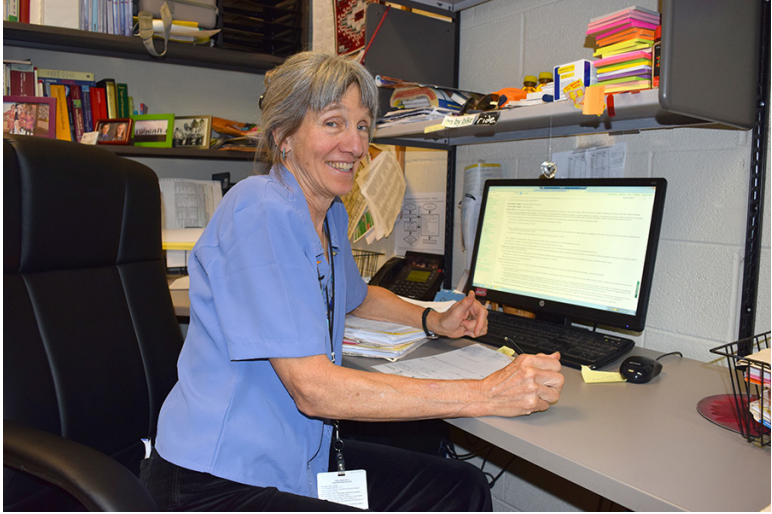




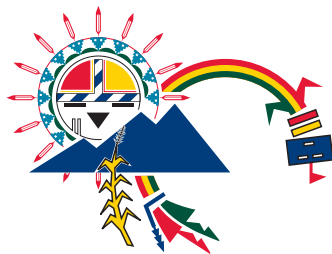












Tuba City
Regional Health
Care Corporation