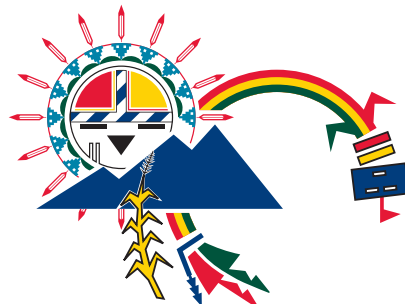
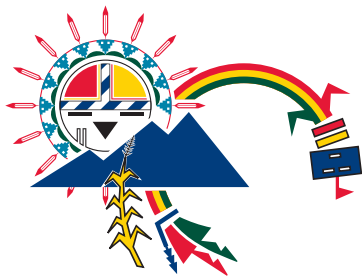


2017 Annual Report



Tuba City
Regional Health
Care Corporation

2017 Annual Report



Tuba City
Regional Health Care Corporation

167 N Main Street • P.O. Box 600 • Tuba City, AZ 86045 • TCHEALTH.ORG



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 2016, the TCRHCC health system had 681,908 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 15th 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 2016 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.



"Sustaining and Improving Our Healthcare Delivery System"

Our Mission is to provide “safe, accessible, quality, and culturally sensitive” health care.

Tuba City Regional Health Care Corporation (TCRHCC) is similar to many healthcare delivery systems off Native Land. We have long surpassed being compared to an Indian Health System, or “I.H.S.”. Our Mission is to provide “safe, accessible, quality, and culturally sensitive” health care.

Safety (Safe)

This past year has been a major transformative time. The entire staff has seen and experienced that “safety” needs to be called out and held at the highest priority. Events have occurred that communication and a culture of safety needs to be acknowledged to be at the forefront of our Mission.

Our entire staff has been focused on accountable, safe handoffs of patient care, staff will not tolerate abusive or bullying behavior by any staff, and administrative processes will stand behind those who make these complaints of abusive/bullying staff.

The TCRHCC Board of Directors has approved a tremendous commitment to a safe culture, by investing in our Electronic Health Record (E.H.R.) systems. Our E.H.R. will improve the transmission of health care data, hand off of patient care; wait times, administration of medications, data patients can take with them to other providers, and transmission back

and forth to external health care providers for improved coordination of care.

Accessible

Our health care delivery system this past year has improved health care to our beneficiaries in Flagstaff, LeChee, and the surrounding community.



**Sacred Peaks Health Center-West
Mental Health and Eye Care Services**

Mental Health and Eye Care services have now become available in Flagstaff. LeChee has staffed an Internal Medicine provider, and Pediatric provider.

The Mobile Health Vans have provided outpatient services at convenient places for our community



members, to include areas of frequent visits by our community members; at the local grocery store and the local public events, i.e., Fleas Markets, Just Move It. Our telemedicine services have been increasing in volumes. This service has nowhere to go but up, and we continue to push our Tribal leaders to address the challenge of broadband service in our areas.

Our Board of Directors continues to support improvements of access. Community members want convenience. Decisions to seek health care are not always easy for community members to make or access. Strategic Goals to make access easier will improve the health of many, because it takes away challenges or barriers that are part of the decision to seek health services.

Quality

Quality is a very personal perspective. Quality can be defined as; positive health outcomes, tolerable wait times, a positive customer experience, the kindness of all staff within a patient encounter, adequate timely pain relief or an understandable helpful experience of medical treatment and relieving a patient's fear or anxiety of the unknown.

The above is not an all-inclusive overview of how our organization can continually improve our patient experience, but how our services can continuously strive to sustainable and more authentic now and in the future. TCRHCC has performance measures set by the Federal Government that we do our best to improve or attain. But what really matters is the individual experience that is expressed by our community members.

Training for our staff this past year has focused on “why” we do what we do. Helping our patients with a “why” moment helps them in many ways. Service Recovery has been elevated. The Service Recovery acronym Hear Empathize Apologize Resolve helps staff to work through the process of improving the experience for our patients care and will hopefully just become second nature to our every experience approach to improving our care and our quality outcomes.

Culturally Sensitive

Our community and history is rich with culture. Our tribes have endured, yet survived total assimilation to a non-native way of life. Our current generations are desperately trying to hang on to a life that is respectful

of all surroundings while surviving in a modern nontraditional daily way of life.

It is the Vision of the first Governing Board for our organization to deliver a culturally sensitive experience to all community members seeking care, “to respect, to heal and console”, honor traditions through the continuum of life.



Tuba City Regional Health Care Corporation
On-site Interpreter Services

No matter, the advances in technology, transforming health care delivery models, or increased Federal regulations, we must uphold the core traditions of our community through our Mission and our Vision.

Transformation and Adaptation

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

Our organization has met barriers head on, and with much discussion, deliberation and strategy. We have partnered and maneuvered within our organization and with external partners. This attitude has helped the organization achieve many of our FY17 Priorities this past Fiscal Year.

More than ever we must make our voices heard to combat mandates from our Federal 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 must overcome many barriers and challenges at the human basic need level.

FY2017 System Priorities

Our health system's FY2018 budget and strategy priorities incorporate four converging forces:

- Title V self-governance stewardship;
- Innovation
- Development, and
- Continued partnerships with health system providers, local tribal health providers, and entrepreneurial partners that believe in our successful system.

The FY2018 Capital and Operating Budget

1. Sustainable Revenues

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 12/31/2017:

Inpatient Hospital AHCCCS

Per diem rate: \$2933 (+9.05% over CY16 \$2655)

Outpatient OMB AHCCCS

Per visit: \$391 (+9.411% over CY16 \$368)

Outpatient OMB Medicare

Per visit rate: \$350 (+9.25% over CY16 \$324)

Inpatient Medicare Ancillary Pt B

Per diem: \$679 (+9.38% over CY16 \$637)

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

Continuing Resolution (CR) – We have seen a CR again in FY2018, this fiscal year's operating margin is conservatively budgeted for a **+2.9%** positive margin. We will also continue to monitor several other variables in FY2018, including:

- Grants
- Maintaining Federal Medical Assistance Payment (FMAP)
- Navajo Hopi Health Foundation


2. Regional Health System Partnerships

We continue to combine the best of Tribal Healthcare Delivery models and sound business model as we seek to develop augmented partnerships with other providers and health systems.

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 through student/residency programs
2. Develop integrated specialty services
3. Maintain focus on more efficiencies within our clinical services
4. Developing our own succession and educational plans

Tuba City Regional Health Care Corporation



Residency Program


A Teaching Hospital

Tuba City Regional Health Care is not only a teaching hospital for the University of Arizona; we host students and residents from programs all over the country. This affiliation with the best medical schools and residency programs in the country keeps our attending physicians at the forefront of medical knowledge.

Many of the doctors who attend our patients came from one of these programs and experienced the care provided at Tuba City Regional Health Care as students or residents. After completing residency these doctors have returned to our community to provide the state of the art medical care our patients deserve.

You will meet residents and students in many disciplines at Tuba City Regional Health Care including Anesthesia, Internal medicine, Pediatrics, Family Medicine and General surgery to name a few. We are proud of our programs to teach the healthcare providers of the future.

"By training residents and fellows, Graduate Medical Education provides the foundation and springboard for the future of health care in our community."
Kathleen Harner, M.D.



Tuba City
Regional Health Care Corporation

Partnerships are created in order to maintain improve coordination of care, but the main reason for partnerships are to improve the quality of care being delivered to our community members. This need becomes increasingly the case, especially given anticipated changes in delivery and reimbursement now coming with health care reform, e.g. patient centered medical home models and integration of behavioral health.

3. 638 Title V Self Governance

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 of the San Carlos Healthcare Corporations and interest from Fort Defiance Indian Health. 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 (NNDH) to provide collaboration via the 638 Association. Our American Indians for Self Determination in Health (AISDH) are becoming a stronger group. We have developed a well thought out Strategic Plan that encompasses the need to work at all levels of oversight and authority.



On Sept. 30, 2017, TCRHCC celebrated 15-Years of Self-Determination in Healthcare Celebration

Working in unison with other Title 1 and Title V organizations, we will continue to advocate and demonstrate the value of community involvement. A consistent program to educate our governing board is key to an open minded and improved vision of healthcare delivery on Navajo.

4. Human Capital

The TCRHCC Organizational structure is our most valuable asset. Of our total 1077+ staff 94.7% are Direct Hire, 1.7% is Civil Service Employees, and 3.5% are Commissioned Corp Staff. This comprises our dedicated, complex healthcare workforce.

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

- Champions for Change
- Dream Team
- Recruitment & Retention
- Team Extreme
- Leadership Academy



5. Strategic Capital Improvement Plan

The focus for FY2018 is continued provision of accessible primary and specialty care and improved strategies to deliver optimal customer service. The addition of improved leadership training programs demonstrates the value that our staff brings to our delivery of care.

The financial risk our organization and industry exists in and the presence of a Continuing Resolution cannot be ignored. This reality also causes us to assure we elevate the importance of fiscal responsibility and accountability to adhering to our goal to have transparent benchmarks.

In FY2018 we'll focus on the GO LIVE of our new E.H.R. and managing project development processes to assure improved efficiency. Our Strategic Plan focuses on Finance, Information Systems, and Quality and continued Advocacy as we move into the future of health care today and tomorrow. Technology upgrades this coming year will need to be a step into the world of data analytics that help bring more efficiency to our organization.

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. Our staff maintains a proactive stance and our Leaders provide a Vision in a continued environment of change.

6. Strategic Pillars

Each of our strategic pillars will be presented with the progress of our FY2017 year in review, as well as our Strategic Plan for FY2018. The Strategic Plan 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 throughout our Fiscal Year.

In Conclusion:

Our strongest attribute we possess at our organization is the strong sense of commitment to quality and cultural sensitivity through our staff to our patients. 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 and education to our varying generational 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.

The FY2018 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. Without the passionate, hard work of all providers, staff, administration and the Board of Directors, this would be an impossible task.

Ahe'hee'

Lynette Bonar

Chief Executive Officer





Senior Leadership Council



Board of Directors

Christopher Curley, President
Tonalea Chapter

Dr. Alan Numkena, Vice-President
Moenkopi Village

Kimberlee Williams, Treasurer
Kaibeto Chapter

Tincer Nez, Sr., Member
Coalmine Canyon Chapter

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

Joette Walters
Chief Operating Officer

William Dey
Chief Quality Officer

Christine Keyonnie
Chief Financial Officer

Gerard Diviney
Interim Senior Financial Advisor

Dr. Holly Van Dyk
Interim Chief Medical Officer

Dr. Steve Holve
Deputy Chief Medical Officer

Dr. Sara Jager
Chief of Staff

Dr. Katherine Glaser
Deputy Chief of Staff

Alvina Rosales
Chief Nursing Officer

Shawn Davis
Chief Information Officer

Dollie Smallcanyon
Chief Community Health Services Officer

Julius Young II
Chief Support Services Officer

Sharr Yazzie
Human Resources Director



TCRHCC Achievements

AWARDS THAT *Measure Our Care*

Over the past few years, Tuba City Regional Health Care Corporation has received recognitions that support our unwavering commitment to being the best community healthcare system on the Navajo Nation. Below is a list of some of the recognitions from 2016 that help us measure the quality of care we provide our patients every day.



□ THE JOINT COMMISSION ACCREDITATIONS

For Hospital Accreditation Program
For Home Care Accreditation Program
For Laboratory Accreditation Program



□ '3 STAR' OVERALL RATING FROM CENTERS FOR MEDICAID AND MEDICARE SERVICES

Tuba City Regional Health Care is the only hospital on the Navajo Nation to hold a three-star rating from Centers for Medicaid and Medicare Services.



AMERICAN COLLEGE OF SURGEONS
Verified Trauma Center

□ DESIGNATED AS A LEVEL III TRAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS

Tuba City Regional Health Care is the first and only hospital on the Navajo Nation – and one of just eight total organizations – in Arizona designated as a Level III Trauma Centers.



Designated as a
Baby-Friendly USA
The gold standard of care

□ BABY FRIENDLY HOSPITAL CERTIFIED

Tuba City is one of five designated facilities in the State of Arizona as of August 22, 2017.

□ THE ARIZONA PERINATAL TRUST ACCREDITATIONS

Tuba City Regional Health Care Obstetrics Unit and Nursery is one of 41 Perinatal Care Centers in Arizona, and the only Level II Perinatal Care north of Flagstaff and on the Navajo Nation.

TCRHCC Infographics - Numbers



BY THE NUMBERS

TCHEALTH.ORG

Tuba City Regional Health Care Corporation

1200+
employees



Entered into a Tribal
Self-Governance Health
Care System in 2002

73
beds



681,908
outpatient
utilization in 2016



42,000
emergency
visits in 2016 to our
Level III Trauma Center



12,020
inpatient days
in 2016



Providing Health Care Services to
Meet the Demand of an Ever
Growing Native American Population

50+
specialty
clinics



4 satellite clinics

Cameron Dental
LeChee Health Facility
Sacred Peaks Health Center
Sacred Peaks Health Center-WEST

3 mobile clinics

Mobile Medical & Dental Unit
TeleHealth Unit

1 traditional native and
western medicine program

Office of Native & Spiritual
Medicine promotes partnership
between traditional Native &
Western medicine



Operating Revenue and Expenditures

FY 2016 Net Operating Surplus To Use for Vital New Facility/Service Improvements: \$13,861,594

Last fiscal year TCRHCC saw a total of \$165,369,022 in net revenue and \$162,780,067 in expenses. In FY 2016, total patient visits was 681,908. Due to continued growth and higher level of patient services, \$7.9 million was invested in the purchase of capital property and equipment.

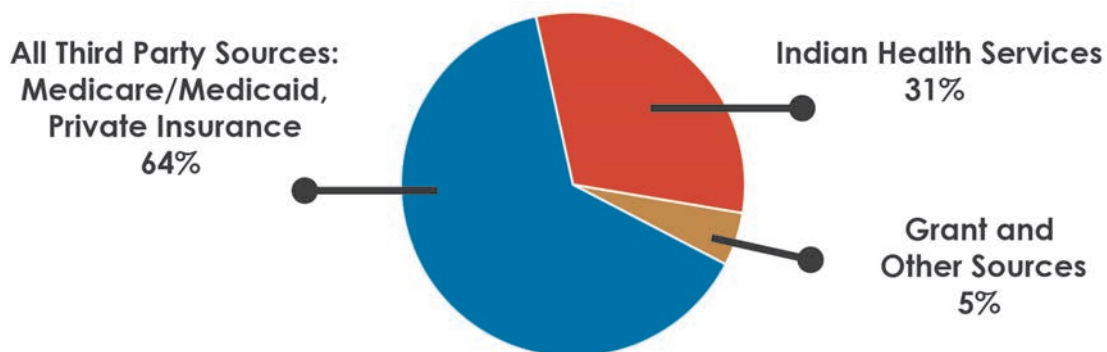
TCRHCC is committed to serving its entire population in all geographical areas. Fiscal

year 2016 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.

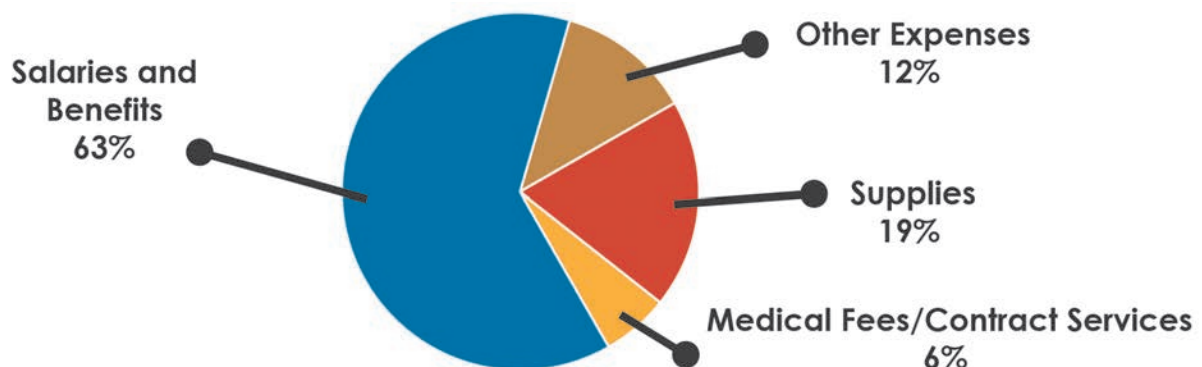
FY 2016 Revenue

Where the money comes from...



FY 2016 Expenditures

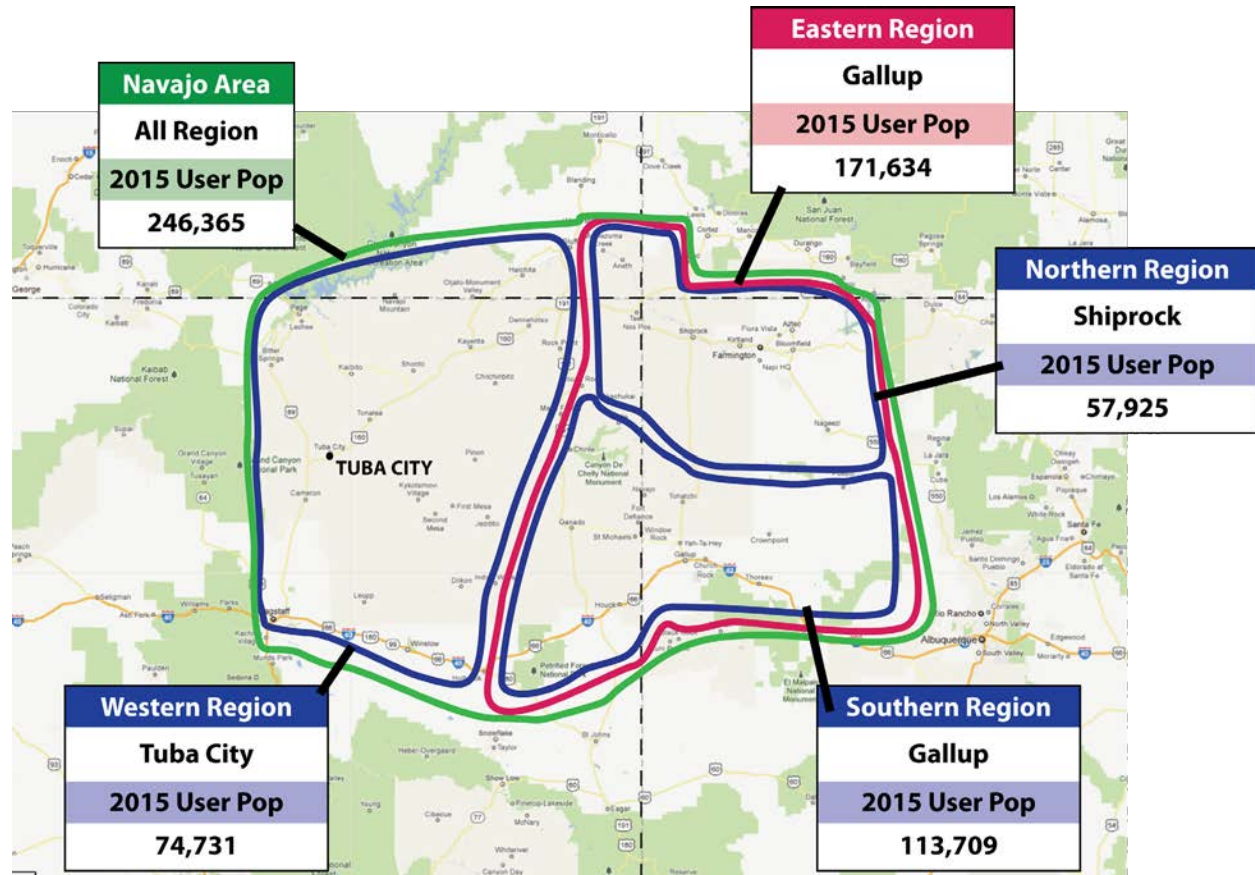
Where the money goes...



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 2016

AHCCCS/OMB Billable Patients Visits (BPV)

INPATIENT	FY 2002	FY 2012	FY 2015	FY 2016
Hospital Discharges	3,458	2,951	2,098	2,267
<i>Swing-Bed</i>	–	95	50	69
<i>ACU</i>	–	2,856	2,048	2,198
Inpatient Days	14,153	11,880	10,124	9,457
Average Daily Census	38.0	32.5	25.0	25.0
Newborns	512	454	456	412
Newborn Days	946	870	866	820
Total Inpatient Days	15,099	12,750	12,020	12,020
Discharges	3,970	3,405	2,554	2,679
ALOS	3.8	3.7	4.6	4.3
OUTPATIENT	FY 2002	FY 2012	FY 2015	FY 2016
Total Outpatient Visits	145,035	720,708	690,575	681,908
<i>Observations</i>	–	519	750	702
<i>Outpatient</i>	–	720,189	689,825	681,206
GRAND TOTAL UTILIZATION	FY 2002	FY 2012	FY 2015	FY 2016
Grand Total Inpatient Days & Outpatient Visits	160,134	733,458	693,129	684,587

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





Patient Care Utilization Data FY 2002-2016

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 2016 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 10% annually in the period of 2002 through 2016. The majority of growth occurred on the outpatient side, while some also came from inpatient activity, as shown in the tables.

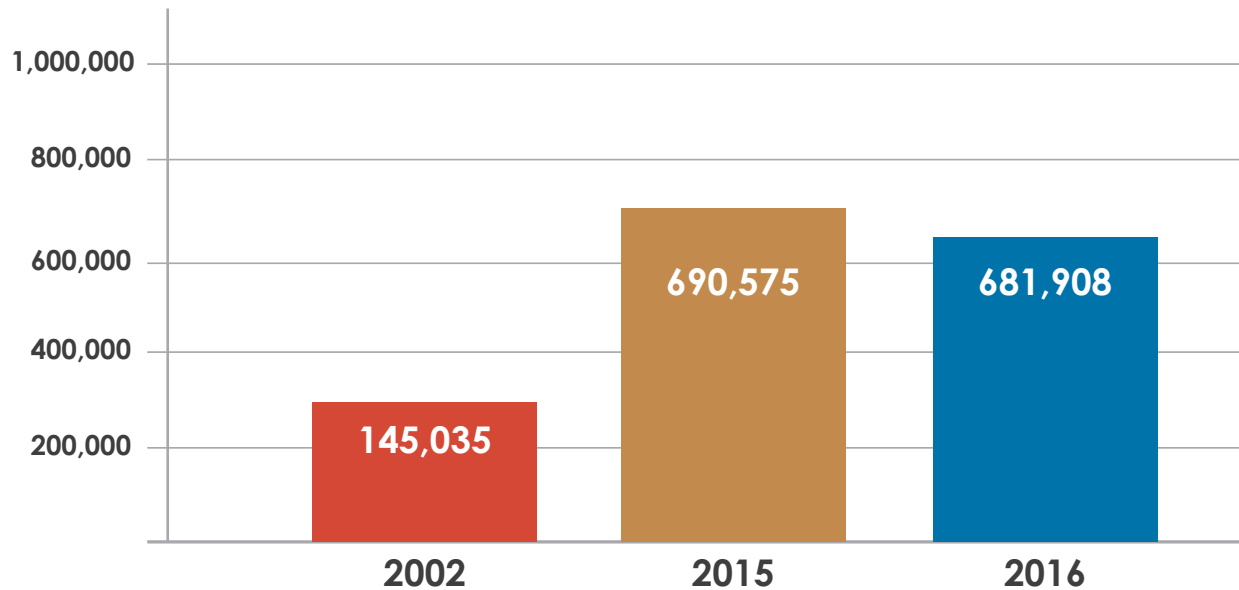
In FY 2016, total combined hospital inpatient and outpatient visits was a total of 684,587 visits. This represents a +328% increase in total patient visits during the twelve year period, growing from 160,134 visits in 2002.

The outpatient visit declined by 1 % in 2016 versus 2015 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.

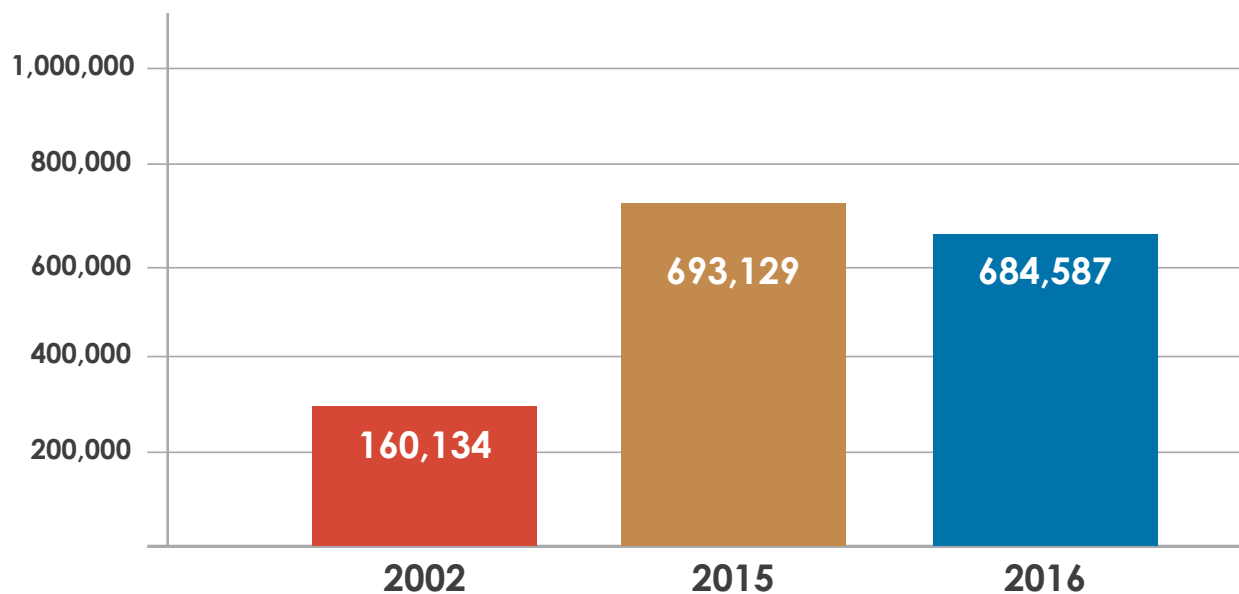
The need for additional housing for clinical staff continues to have a major bearing upon our ability to continue to grow with additional patient services, including inpatient, outpatient and emergency room services and other specialty services needed at TCRHCC as a regional medical center.

Patient Care Utilization Data FY 2002-2016

Total Outpatient Visits



Total Inpatient and Outpatient Visits



Strategic Plan FY 2012 - FY 2017

Mission

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

Vision

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

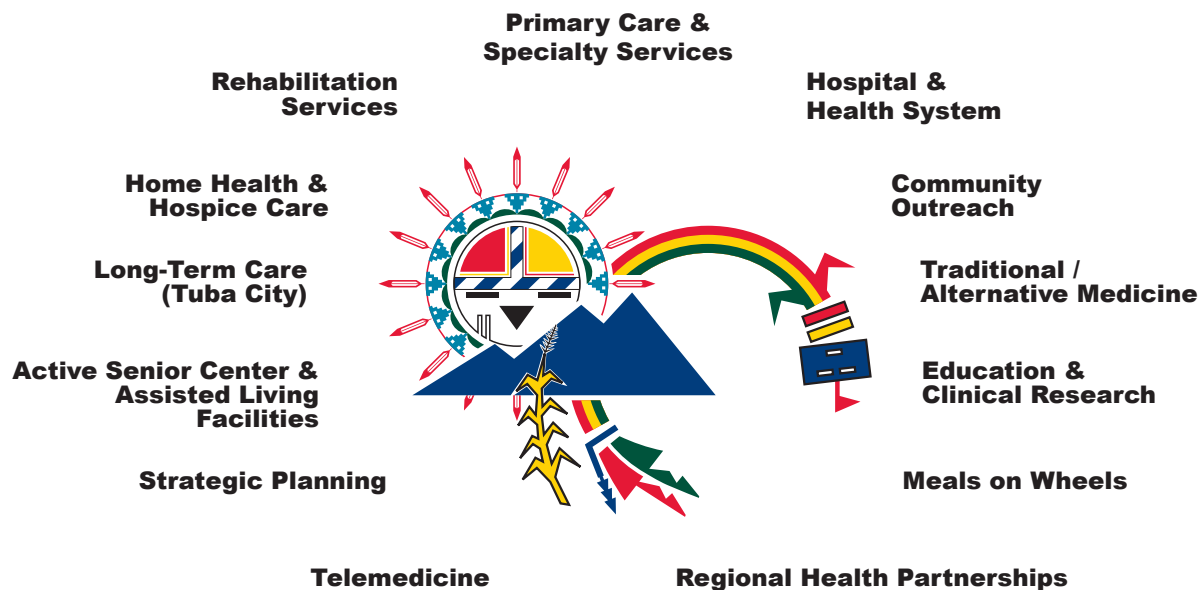
Promise

We take pride, and honor the dignity in all individuals. We promise to uphold a safe 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

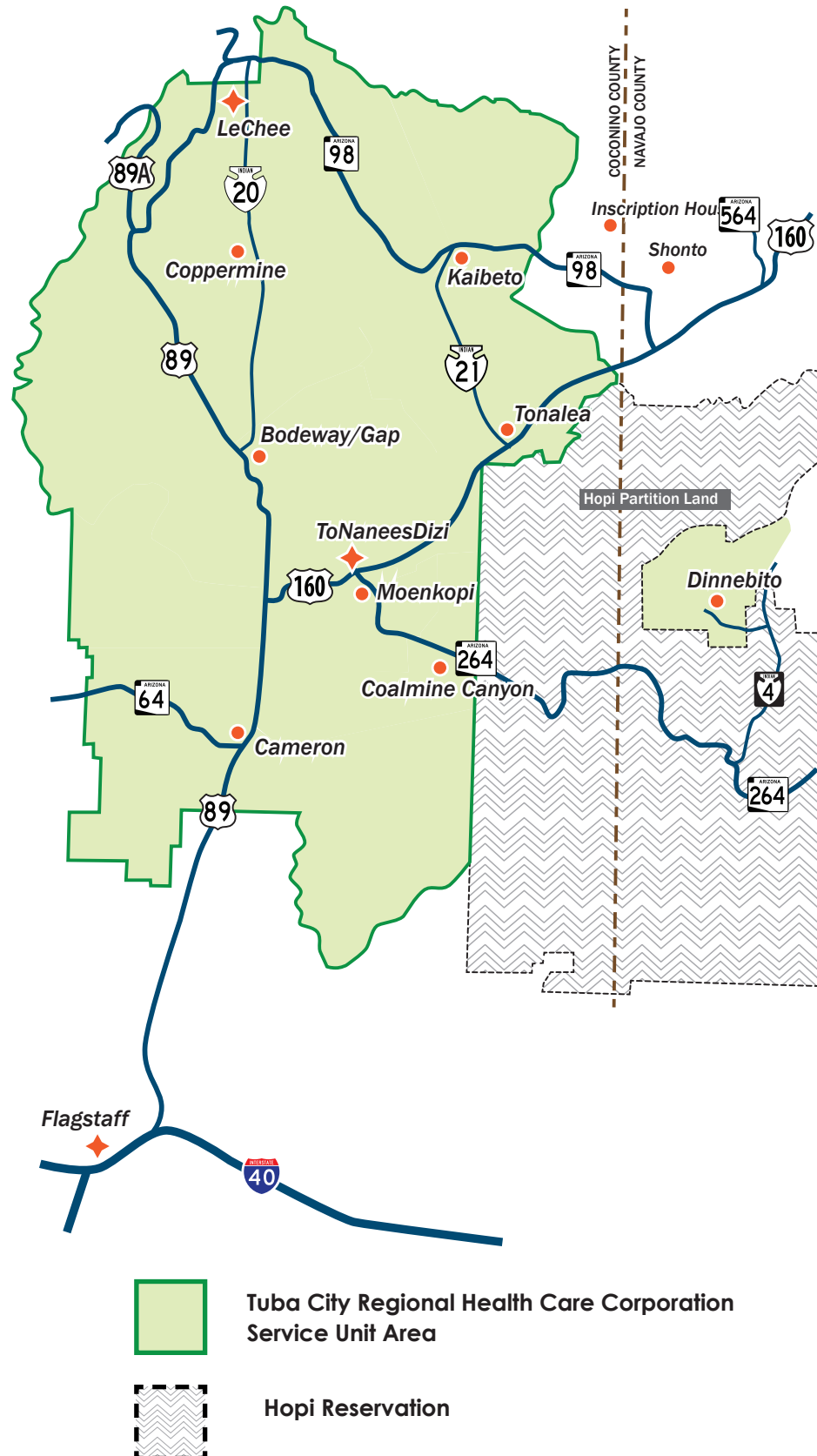
- Lechee, AZ

Mobile Health Unit Location Visit Sites

- Bodaway/Gap
- Cameron
- Coalmine
- Coppermine
- Dinnebito
- Kaibeto
- LeChee
- Moenkopi
- Tonalea
- Tuba City

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. The 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 Emergency Department

The Only Level III Trauma Center North of Phoenix

Our registered emergency department (ED) visits (Adult and Pediatrics combined) continue to grow and reached 42,000 patients for the year 2016, compared to 38,063 patient visit last year, a 10% increase from 2015. The trend reflects a significant continuing growth in volumes of patients coming to the ED for care.

TCRHCC Emergency Department saw 6,858 pediatric patients alone in 2016—compared to 6,458 pediatric patients, a 6% increase from the total volume seen in 2015.

Our volume has been consistently increasing over the year. From 2015 to 2016, our admission rate has increased from 3.4% to 3.8%.

Level 3 Capabilities

Since 2015, TCRHCC Emergency Department is the only Native American Hospital, in the lower 48 states, designated as a Level III Trauma Center by the American College of Surgeons.

TCRHCC Emergency Department is also one of only eight hospitals in Arizona, and the only Level III Trauma Center north of Phoenix, designated by the Arizona Department of Health Services,

Bureau of Emergency Medical Services & Trauma System. TCRHCC is distinguished from other healthcare centers on Navajo for meeting the highest standards of care.

A Level III Trauma Center has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations.

Elements of Level III Trauma Centers Include:

- 24-hour immediate coverage by residency trained emergency medicine physicians and the prompt availability of general/trauma surgeons and anesthesiologists, and orthopedics surgeon
- Incorporates a comprehensive quality assessment program
- Availability of advanced imaging techniques
- Intensive Care Unit (ICU) facilities and capabilities
- All attending physicians are board eligible or board certified
- Coordination of patients' post-hospital care



As a Level III Trauma Center, TCRHCC recognizes the significant resources in infrastructure, staff and training that Emergency Department must have to provide quality and safe care.

The Emergency Medicine team is available 24 hours a day, seven days a week. This means we have the staff and resources available to save more lives by performing emergency care within the critical time-frame.

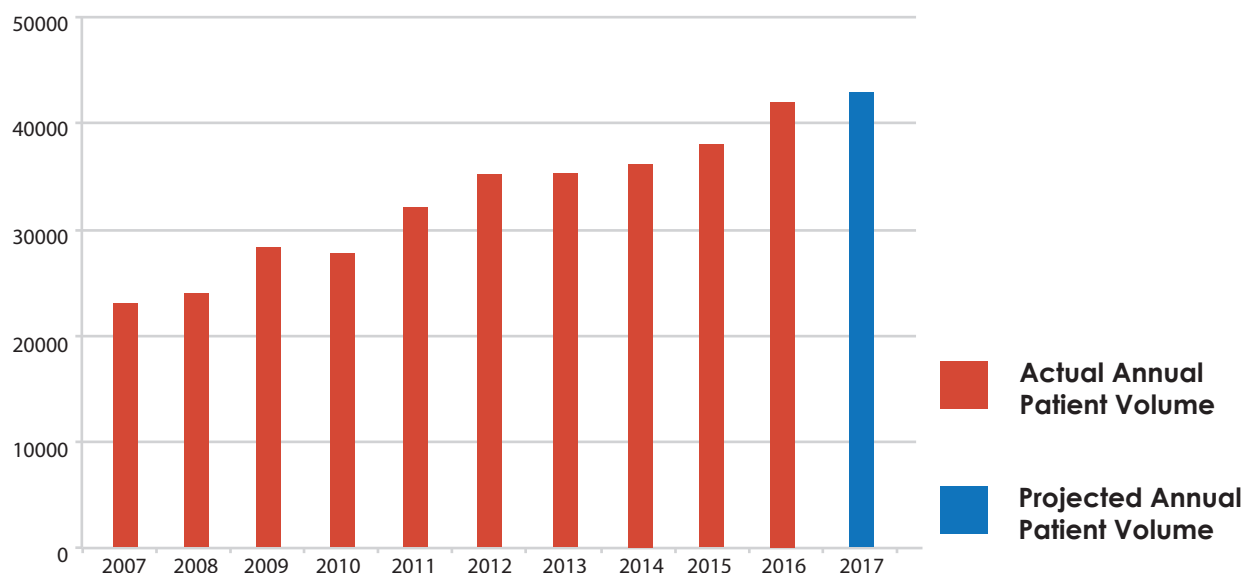
Emergency patients at TCRHCC Hospital also benefit from the latest in imaging technology, including a 128-slice CT scanner and 3.0T MRI. This state-of-the-art imaging equipment produces the most detailed imagery, making it possible for physicians to quickly diagnose and treat.

The hospital's intensive care unit (ICU) has a dedicated clinical team to accommodate the most critical ill patients. The staff provides critical care 24 hours a day, seven days a week, and coordinates post-hospital care for all patients.

Emergency Department Highlight

- Since 2015, TCRHCC Emergency Department is the only Native American Hospital designated as a Level III Trauma Center by the American College of Surgeons.
- TCRHCC Emergency Department Sexual Assault Nurse Examiners (SANE) are Nurses who have advanced training in giving medical assessment/treatment and evidence collection for victims of sexual assault.
- TCRHCC Emergency Department is a Stroke Center Designation, granted by Mayo Clinic, aimed to improve stroke patients' health outcomes by coordinating the efforts of emergency response systems, ambulance services and hospitals.
- TCRHCC Emergency Department is a Pediatric Prepared Emergency Care center, certified by the The Arizona Chapter of the American Academy of Pediatrics (AzAAP). This level of certification provides services for pediatric care as part of a general Emergency Department.

Emergency Department Annual Patient Volume



TCRHCC Department of Clinical Education

A Center for Health Professions Lifelong Learning

Tuba City Regional Health Care in the community Tuba City, Arizona, is the largest hospital on the Navajo Nation. Located just an hour outside of Flagstaff, the hospital has more than 70 acute-care beds and 130 nurses that provide inpatient and outpatient care services. However attracting and retaining qualified nursing staff has proven difficult, leaving TCRHCC with a shortage of nurses. Improving access to health care for the communities they serve, the Clinical Education Department, at Tuba City Regional Health Care Corporation (TCRHCC), has responded to meet these needs for their current and future nurses.

Mildred Garcia, DNP, RN, Clinical Education Director, talked about a program that helps transition new nurses from the academic to the hospital environment, called the New Graduate Nurse Training Program. It provides a unique opportunity for new graduate nurses to gain clinical experience.

The New Graduate Nurse Training Program was initiated by MSN level nurses who are Clinical Educators and preceptors. The term preceptor means to tutor, guide, and evaluate. Experienced registered nurses are trained on how to precept the new graduate registered nurse by providing the skills and tools on how to precept. This type of training contributes to job satisfaction and increases long-term retention. In addition, our Preceptor Training empowers the preceptor with skills that will result in a mutual positive experience," said Garcia.

"We also believe that in order to fulfill our Mission and Vision at TCRHCC, tools must be given for those in the front lines to have the best chances to succeed."

"The New Graduate Nurse Training Program is designed with the new nurse graduate in mind," said Garcia. "Training based on preceptor and mentor relationships ensures that all nurses are prepared to transition from the classroom to the hospital with continued support from a community of professionals."

The New Graduate Nurse Training Program allows for these nurses to gain hands-on- clinical and specialty experience working alongside exceptional nurses at TCRHCC.

"Our program is 12-weeks long. The first 6-weeks of this program are spent with the Clinical Education team. During these first six weeks the nurses are provided training in the Simulation Lab that includes ACLS, PALS, ECG Class, physical assessment, documentation as well as IV Skills



and others. This includes rotations in various departments that contribute to experiencing the interdisciplinary relationships among all the units that are needed to provide optimal patient care. Once the nurse successfully completes the first 6 weeks each nurse is paired up with an amazing preceptor in their designated area work."

The Preceptor to New Graduate Nurse Training Program have been well received by the healthcare team and it has proven to be an important addition to the Clinical Education program at Tuba City Regional Health Care.

The mission of the TCRHCC Clinical Education Department works toward advancing best practices in healthcare education and improve patient safety through the development of effective didactic and simulation-based instruction and robust assessment that are Evidence Based. Furthermore, it has become a model of how a well-planned and implemented simulation-based curriculum can be integrated into training for nurses

Recruitment and retention of new nurses is a continuing and significant problem for rural healthcare organizations. Turnover of registered nurses in the first year of hire can be significant in terms of cost and employee morale, and can have potential effects on patient safety and quality of care.

"Our training programs have increased in demand and size forcing a cap of only 6-8 nurses per program however the program is growing and it is making a difference"

29 New Graduates

29 of TCRHCC new or recent graduate registered nurses have graduated the Preceptor Training Program since 2015



7 Scholarship Recipients

7 nurses were TCRHCC Scholarship Recipients. The recipients returned to TCRHCC and have now completed the TCRHCC Preceptor Training Program.



25 Employed at TCRHCC

25 nurses currently at TCRHCC have graduated the Preceptor Training Program since 2015



86% Retention of the New Grads

86% of nurses who completed the Preceptor Training Program are still working at TCRHCC



As the healthcare landscape becomes more demanding and calls for evolving training needs, the New Graduate Nurse and Preceptor Training Program offers TCRHCC current nursing team the experience, knowledge, and expertise needed to train future nurses and ensure they are prepared to meet the challenges associated with providing care in Tuba City Service Unit's rural communities.

"The future plans is developing an ancillary program with DINE College and grow from there," added Garcia.

TCRHCC Dr. Hu Nominated for the Native Public Health Innovation Award

April 2017, Dr. Diana Hu, a board certified pediatrician at Tuba City Regional Health Care Corporation (TCRHCC), was nominated for the Native Public Health Innovation Award for eliminating the long-standing health disparity in the diagnosis and treatment of Severe Combined Immunodeficiency (SCID) in Native American children. Her clinical work 25 years ago established the epidemiology and genetics of this illness. Her efforts culminated in the development of a newborn screening program for SCID on the Navajo Nation in 2012, and because of her lobbying efforts the state of Arizona will adopt newborn screening for SCID this year. Her work has taken an illness that previously was universally fatal and made it a treatable condition.

When Dr. Hu arrived in Tuba City in 1985 a handful of patients on the Navajo Nation had been identified with SCID. SCID is a heritable immunodeficiency disease in which the body fails to make the white blood cells needed to fight infection. Without a functioning immune system SCID patients die within the first few months of life. Prior to 1985 every Navajo patient diagnosed with SCID had died in infancy.

Dr. Hu's first public health work for SCID was to define the scope of the problem. Her epidemiologic work showed that the rate of SCID in Navajo children was markedly elevated: 1 in 2,000 Navajo births, much higher than the 1/60,000 rate in the general US population. Further work showed that this increased risk of SCID also occurred in other Athabascan tribes including the White Mountain and San Carlos Apache in Arizona, the Jicarilla and Mescalero Apache in New Mexico, and the Na Dene in Canada and Alaska.



With increased awareness came increased diagnosis. But because the diagnosis was often not made until infants manifested an infection, life saving bone marrow treatment was delayed. In the first 10 years of her career only 30% of Navajo infants survived. Earlier diagnosis would be the key to better survival.

An affordable newborn screen for SCID called the T-cell receptor excision (TREC) test became available in 2010. The test was adopted by only a few states: Arizona was not one of them. Realizing the value of this test for Native American children Dr. Hu arranged for a pilot study of TREC testing on the Navajo Nation from 2012 through 2014. Results published in 2015 showed this test was highly successful. Out of 7,900 Navajo infants screened four were identified with SCID by two weeks of age. All four successfully underwent bone marrow transplantation.

But success on the Navajo Nation did not translate across the state of Arizona. Many Native American births in Arizona occur off reservation in hospitals that do not perform TREC testing. Dr. Hu cared for several Navajo patients whose diagnosis was delayed for lack of newborn screening. The obvious goal was to get the state of Arizona to adopt TREC newborn screening for SCID.



Easier said than done. Since 2012 Dr. Hu has participated in education and lobbying with the Arizona Department of Health Services, Arizona

Medicaid, the Arizona Chapter of the American Academy of Pediatrics, The March of Dimes, and the Inter tribal Council of Arizona. Efforts to add TREC testing to the Arizona newborn screening test failed in 2014, 2015 and 2016. But Dr. Hu's persistence has paid off. This year a bill to add TREC testing to newborn screening was endorsed by the Arizona governor, has passed both houses of the Arizona legislature, and is awaiting final budget reconciliation to become law.

Dr. Hu has taken an illness once thought rare and defined its unique epidemiology in Native American children. She has now brought public health prevention to the newborn period with the adoption of the TREC test. . An illness previously 100% fatal for Native American children is now 100% treatable.



TCRHCC Dr. Calderon Receives Distinguished Alumni Award

Sophina Manheimer Calderon, M.D., Family Physician of Tuba City Regional Health Care Corporation (TCRHCC), was the recipient of the 2017 School of Medicine and Dentistry Alumni Humanitarian Award from the University of Rochester School of Medicine & Dentistry.

Established in 2009, the award is presented annually to recognize alumni who have made outstanding contributions in their professional and civic lives. The Awards Committee, comprised of the university's Alumni Council, commended Dr. Calderon for her life-long commitment to her home on the Navajo Nation near Tuba City, Arizona, and improving the delivery of care to patients. As a physician and educator, she has dedicated herself to improving access and making medical care better for patients at home.

"I am honored to have been recognized by the medical school that has provided me with such a strong foundation. The University of Rochester School of Medicine & Dentistry's biopsychosocial model of education was well-aligned with the Diné philosophy in which I was raised," said Dr. Calderon. "I am grateful for the opportunities I received while attending the University of Rochester School of Medicine & Dentistry, and I am proud to bring back those skills to my people who stand to benefit the most."

Under her leadership at Tuba City Regional Health Care, Dr. Calderon has distinguished herself as a medical educator, an academic physician with a focus on quality of care and patient-centered health and prevention, and a leader in a large health care system that is a model for integrated medical care for the Navajo, Hopi, and San Juan Southern Paiute Tribes.



"TCRHCC is fortunate to have one of our own community member's come back as a professional physician and provide medical service to our Native people, and we are very honored that she has been awarded such a prestigious honor for her selfless service to alleviating suffering within special populations such as ours" stated Lynette Bonar, CEO, TCRHCC.

Dr. Calderon works as a family physician providing care in multiple clinical settings, including the Family Medicine Clinic, Same Day Clinic, Pediatric and High School Adolescent Clinics, Emergency Department and the Mobile Medical Clinic traveling to various outlying rural communities in the Tuba City Service Unit. She also provides inpatient obstetrical care and OB continuity of care from pregnancy diagnosis to delivery.

Dr. Calderon also serves as the HIV officer for TCRHCC to coordinate HIV care and provide education for other providers and patients in the community. She also serves as co-chair of the medical staff credentialing committee to ensure that TCRHCC employs high-quality medical providers.

Dr. Calderon is a fluent speaker of Spanish and, since returning to the Navajo Nation, has been committed to relearning the Navajo language. She has taken several semesters of Navajo language courses through Dine College in Tuba City.

TCRHCC Volunteer Program

Dedicated to Health Care Education

Tuba City Regional Health Care enthusiastically supports student interest in healthcare careers by encouraging them to see for themselves what healthcare has to offer as they consider their futures.

This summer, our Volunteer Program helped 45 students find work experience at Tuba City Regional Health Care. The students were hired through the Tuba City Workforce Development or To'NaneesDizi Chapter House. Our summer program offers students workers the opportunity to give their time while gaining valuable experience within a hospital setting. Students gain great satisfaction from constructive service and develop a sense of civic responsibility while performing day to day non-medical functions in their assigned area. Student volunteer opportunities are limited and based upon department availability.



The hospital's Foundation operates one of the only hospital gift shops on the Navajo Nation, and the Foundation House manned exclusively by our student volunteers. More than 10 volunteers help process and sell items to support our programs.

We have a number of department areas in which our students and community members can volunteer including: Waiting area desk, Information Technology (IT), Navajo Hopi Health Foundation, Human Resources, Finance, Health Promotion & Disease Prevention Program, Facilities and Maintenance, Gift Shop, Patient Financial Services, and more areas to serve based on interests.





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.

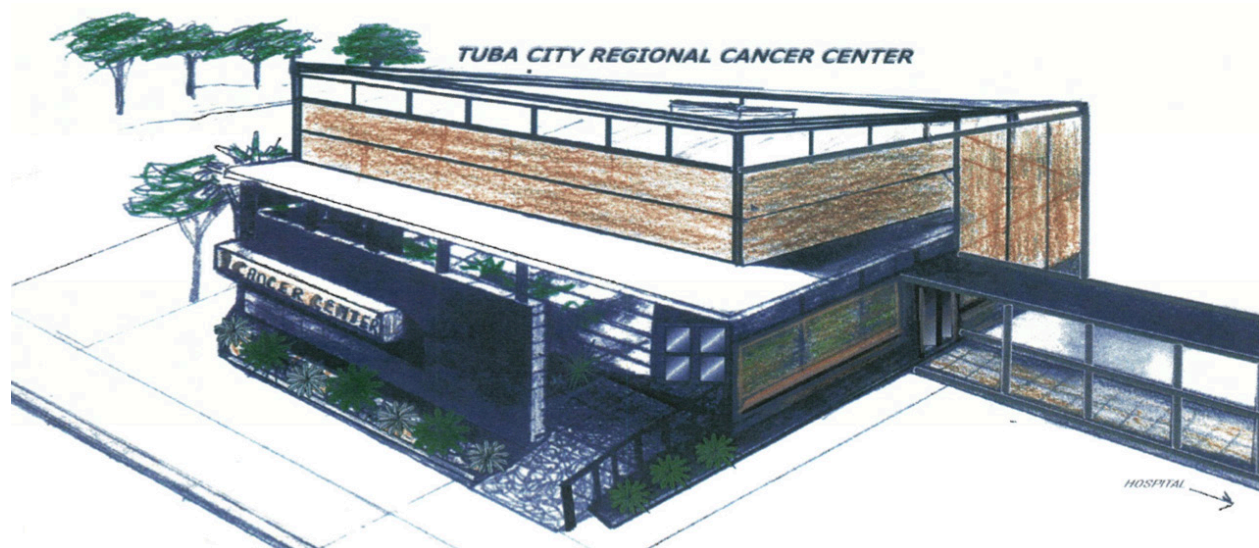
Navajo Hopi Health Foundation

Impact of Giving

The Navajo Hopi Health Foundation is pleased to highlight the impact philanthropy has had on the lives of our patients and families. Together, we're transforming health care and meeting the needs of patients now and in the future. Your generosity heals.

As we reflect on 2016 and all the great things happening throughout our hospital and health centers every day, we are very thankful to be a part of such a generous and compassionate community.

The Foundation started in 2013, entirely staffed with volunteers. NHHF is a non-profit, 501(c)(3), Foundation that supports Tuba City Regional Health Care Corporation and their visionary projects.



CURRENT GIVING CAMPAIGNS

Navajo Hopi Health Foundation currently seeks generous support of the following:

Celebrating the Spirit of Caring and Giving

Since 2002, as a Tribal Self-Governance Healthcare, Tuba City Regional Health Care has served eight chapter communities in the Western Navajo Nation by providing quality medical care to those who live, work and pass through in the area.

Gifts of all sizes have the power to save lives. Whatever the size or form of your contribution, you will ensure that Tuba City Regional Health Care continues providing excellent, innovative health care for our communities.

TCRHCC Cancer Center

The Cancer Center campaign was created to raise awareness about the importance of cancer center on the Navajo Nation. The Foundation is designed to build a cancer center, provide access to a range of coordinated services for cancer patients to deliver exceptional, compassionate care under one roof.

NHHF - The Canyon House

The Foundation Canyon House had its grand opening on October 15, 2016. The Canyon House was named in honor of Leona Canyon.



The Canyon House – The Thrift Shop

In remembering one of the Foundation's most committed volunteers, Leona Canyon, who tragically succumbed to cancer in March 2016, We called the house "NHHF The Canyon House."

The Canyon House, a restored house will provide so much for the community, a quaint little thrift shop, a yogurt shop and native arts and crafts.

Legendary Native actor Gary Farmer was invited as guest of honor and gave his endorsement to the Foundation's mission in establishing an oncology center on the Navajo Reservation. We appreciate you, Gary Farmer.

Leona's passing sheds light on how common cancer is on the reservation and that a majority of the people cannot seek treatment due to financial restraint and the distance to an adequate facility. By fate, she's managed to fuel the beginning of the first oncology center on the reservation.

GRAND OPENING

Saturday,
10.15.2016

Navajo Hopi Health Foundation's The Canyon House

1pm-3pm

Tour the Canyon House
Refreshments will be provided for our guests.

2pm-3pm

Meet & Greet our
Special Guest:
Gary Farmer
Canadian First Nations Actor, Director,
Producer & Musician



Map of Event
Tuba City, Arizona



Navajo Hopi Health Foundation
The Canyon House



NAVJO • HOPI
HEALTH FOUNDATION

For more information, call (928) 283-1316.

HOW YOU CAN HELP

Philanthropic gifts from individuals, corporations, foundations, and organizations have a profound impact on Tuba City Regional Health Care's ability to carry out its mission of caring and providing accessible health care for patients.

Since its inception in 2013, the Hospital has received more than \$000 from community friends, local businesses and the Hospital family.

The gifts received each year help ensure that Tuba City Regional Health Care will continue to provide modern facilities and technologically advanced treatments for our patients. Gifts to endowment help to ensure future financial well-being.

Through the Navajo Hopi Health Foundation, innovative expansions in healthcare are possible.

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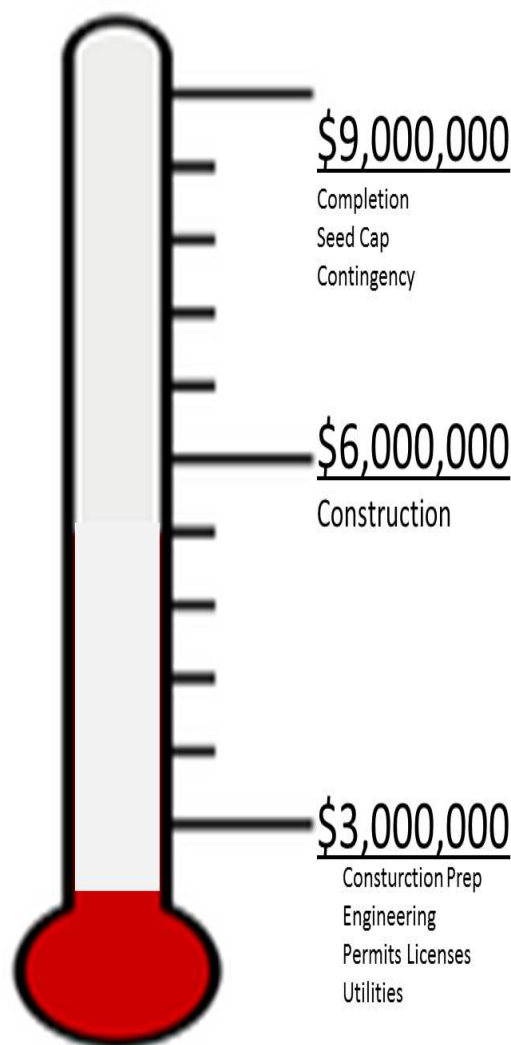
Please visit our website and see more of our accomplishments and what lies ahead

In 2016, recognition includes:

- Opened beautiful Comfort Care Rooms
- Restored Original Art in the hospital and continue to maintain art
- Provide furniture throughout the hospital
- Remodeled the cafeteria
- Provided a computerized SIM Lab for on going medical staff training
- Started a Strive for Five Program for TCRHCC employee Payroll Deductions
- Support and participate in all pillars of customer service programs
- Built a Hogan for traditional medicine in the Healing Garden
- Legacy Brick Program , provide a lasting memory on the hospital wall
- Solicited over \$500,000 in Native American art work for the walls of our buildings.
- Sponsored outreach community events, little league, volley ball, soccer rodeos, parades, Diabetes awareness, On the Move runs,
- Developed NHHF Social Media that reaches over 28,000 peopl
- Provided OB department with Furniture and remodel
- Provided instruments for Dental Department
- Provided Flat Screen TVs in waiting rooms, and patient care rooms
- Developed Outstanding Summer Youth Program accept 50 students, focus, careers in healthcare
- Restoration of abandoned 1937 House on Main St. The Foundation Thrift Shop
- Provided a beautiful Chapel in the hospital

TCRHCC Cancer Center Funding Meter

Cancer Center Kickoff August 1, 2016





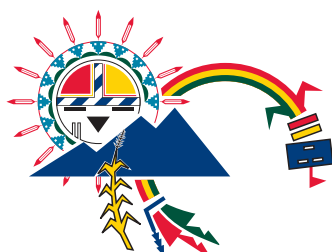












Tuba City
Regional Health
Care Corporation