

Tuba City

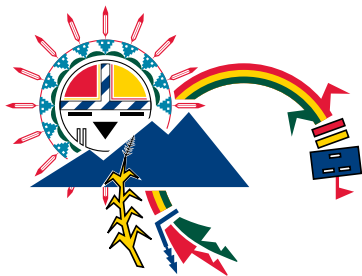
Regional Health Care Corporation



2018 Annual Report

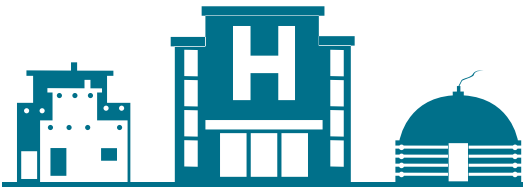
2018

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 2017, the TCRHCC health system had 667,324 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 16th 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 2017 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.



A Year of Technology Transformation While Maintaining the Patient Experience

Tuba City Regional Health Care Corporation (TCRHCC) has transformed as healthcare delivery systems are changing rapidly. Thank you to our Navajo Nation leadership of 2001, the 19th Navajo Nation Council for allowing TCRHCC to become initially a Pilot Project to step in the shoes of Indian Health Services (I.H.S.) to deliver healthcare to Western Navajo Nation. We have now become an ever evolving healthcare organization that takes into account the needs of our service community.

The healthcare industry has been in the spotlight for many reasons and particularly more so because of the Affordable Care Act. Nationally healthcare has become the focus due to rising health care premiums for insurance and health care services, to include medications, the cost for the Nation through Medicare and Medicaid, and the general need to make healthcare affordable for all.

For Native Americans, healthcare has been plagued with an underfunded budget to provide access to healthcare. Federal mandates, healthcare professional shortages, insurance premiums and drug/supply costs have increased the cost of care, these rising costs have chipped away at the amount Congress has provided for Native Americans, but the funded amounts have not accounted for all the cost of providing care.

More than ever we must contribute in the best interest of our Native Americans to combat mandates from our Federal oversight authorities as they fall 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 basic human need level.

Federal Mandates

Federal mandates are a large part of the cost of care that TCRHCC must provide. TCRHCC administrative costs are approximately 28.4% of expenses every year. These costs fluctuate but basically means cost for administration of healthcare activities costs 28.4 cents of every dollar. Mandates that are performed on a routine basis are:

- IT Infrastructure
- HIPAA Oversight
- Quality Data Reporting
- Accreditation Requirements
- Electronic Health Records expense
- Professional education and training
- Audit management and reporting to payer sources
- Organizational and Professional Liability Insurance fees
- Legal fees

This list is not all inclusive, but the point is made that healthcare systems, such as ours is heavily regulated and very costly to organizations, which unfortunately uses up our I.H.S. funds, as well as our Third Party Reimbursement. Off the Navajo Nation these costs are passed on to the patient in the private sector.

TCRHCC's large capital and operational expense this past year is and will continue to be in technology. Our organization has implemented a system wide Electronic Health Record (E.H.R.). This was a large capital investment that was needed because of the Federal Meaningful Use mandate to improve patient records and care, through a safe system of coordinating care for all. This large transformation caused delays in care at the beginning of this past Fiscal Year (FY) and affected our appointment times because of the learning curve our staff had to adjust to, to provide care entirely on our E.H.R. This was a painful time but in the end, access to information will continue to be improved. Once all our providers have established an improved work flow, this will assure that patients are seen more efficiently and health care providers have access to records more readily. for our healthcare providers. TCRHCC is committed to improving care systems that help us stay true to our Mission.

Healthcare Provider Shortages

There is a national shortage of Family and Internal Medicine Physicians, Mid-Level Providers and Nurse Practitioners. These providers are the "Primary Care Providers" that are so desperately needed to manage patients with chronic diseases. Our organization has been chronically understaffed in these positions over the last 4-5 years, as our geographic location adds to challenges and barriers to recruitment, and ongoing retention.

Medical schools have a difficult time recruiting into this field as this is the lowest paying field for physicians to enter, and many would say the most demanding.

Insurance Coverage

Health insurance coverage contributes to supporting the Mission of our organization. In 1976 Congress allowed I.H.S. and Tribal Organizations to bill for reimbursement from Medicare, and Medicaid. This was approved mainly because of the chronic underfunding of I.H.S. for Native American healthcare.



TCRHCC has an excellent team of Benefits Coordinators that meet with patients that do not have Medicare or Medicaid, and help the patients apply for coverage either through these systems, Veterans Administration or other available plans. When these insurances are billed it helps fund the cost of care for services offered through TCRHCC or externally. When uninsured patients are sent out to non-638 Tribal Organizations or I.H.S facilities, TCRHCC uses Purchased Referred Care funds from the same I.H.S. budget to pay for services we do not offer through TCRHCC. Having alternate systems to bill for reimbursement helps alleviate the high cost of care and allows TCRHCC to reinvest funds into capital equipment and staff.

Rising Costs of Pharmaceuticals and Supplies

This past FY, the cost of drugs for our pharmacy has increased significantly. Across the nation this has become a concern. Our beneficiaries are fortunate because they don't pay copays for drugs through I.H.S. or Medicaid. Medicare has a system through Medicare Part D, a system which assists in paying for prescriptions, comes at a cost our beneficiaries. Many of our patients struggle to meet basic needs, and asking them to pay more out of their Social Security benefits makes life more difficult.

FY2019 System Priorities

Our health system's FY2019 budget and strategic priorities incorporate five converging forces:

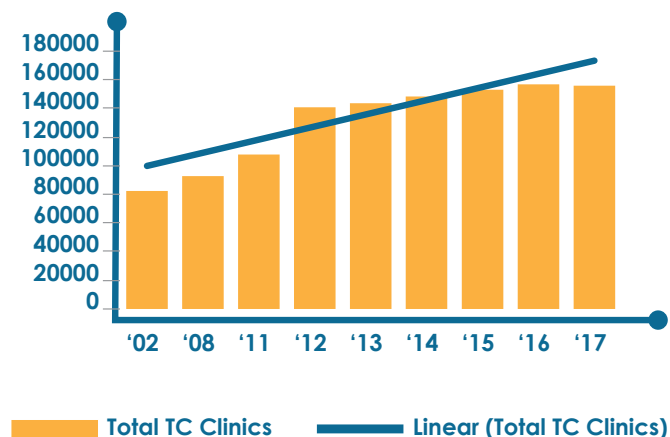
- Title V self-governance stewardship through leadership and cultural awareness;
- Quality and safety through teamwork;
- Access to care;
- Improving our Patient Experience
- Sustainability

The FY2019 Strategy and Budget Priorities

1. Title V self-governance stewardship through leadership and cultural awareness

TCRHCC must continue to educate and communicate the importance of 638 Self Governance at all levels. The need for successful education will only elevate the successes of Self Governance. TCRHCC has been working with I.H.S. Headquarters to renew our Funding Agreement by the end of this FY. It is a very good exercise to review organizational FA and ensure it adapts to the many changes of healthcare delivery trends. As you can see on the graph below, self-determination in health care is successful:

Tuba City Regional Health Care Corporation PRIMARY AND SPECIALTY CLINICS



The TCRHCC Board and Administration are attempting to "reach out" to the Navajo Nation Council's HEHS Committee as well as the NN Department of Health (NNDH) to provide collaboration via the 638 Association. Our Association, the 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. Our First Annual AISDH Health Summit occurred this past summer, and the results were positive, as well as a success.

2. Quality and Safety through Teamwork

Our Journey to Excellence Customer Service Program continues to address employee engagement, customer service, and employee satisfaction with the following teams:

- Champions for Change
- Retention Rangers
- Dream Team
- Team Extreme
- Leadership Academy



Our Teams above have been working to improve many areas of Customer Service. Our training consists of Service Recovery, AIDET, Telephone Etiquette-HEARD, "Hi" in the Hallway and Managing Up. Employee initiatives are training through Leadership Academy, HR Bootcamp, Management training sessions, Daisy Awards, and P.E.E.R.S. Awards.

One activity that our Customer Service teams work toward is, at least, scheduling one Drums of Summer event; this is always a success with the community, engaging cultural activities.

3. Access to Care - 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 a continual of concern. We continue to be aggressive in our recruitment and retention strategies that will include outreach through:

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

Partnerships are created to maintain and improve coordination of care, but the main reasons 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 healthcare reform, e.g. patient centered medical home models and integration of behavioral health.

4. Improving our Patient Experience - Human Capital

The TCRHCC staff is our most valuable asset. We have a total of 984 staff 94.1% are Direct Hire, 0.09% are Civil Service Employees, and 5% are Commissioned Corp Staff as of the end of August 2018. This comprises our dedicated, complex healthcare team. Below is true to our mission and vision, of hiring and building a future for our local community, 71% Native American, with 65% being Navajo.

5. 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 12/31/2018:

Inpatient Hospital AHCCCS
per diem rate\$3229 (+9.16% over CY17 \$2933)

Outpatient OMB AHCCCS
per visit:.....\$427 (+8.4% over CY17 \$391)

Outpatient OMB Medicare
per visit rate:.....\$383 (+8.6% over CY17 \$350)

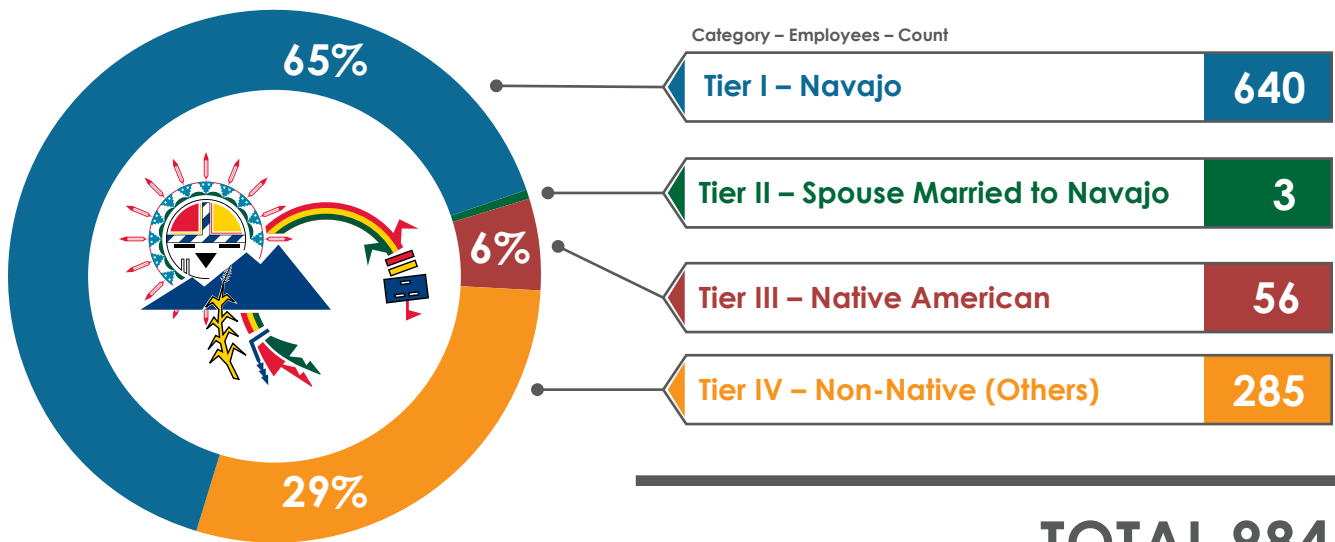
Inpatient Medicare Ancillary Pt B
per diem:.....\$740 (+9.175% over CY17 \$679)

We always hope to have OMB increases in every Fiscal year, this past year's increase was at least the same or (-1%) less than the increase in the prior year.

This fiscal year's operating margin is conservatively budgeted for a +2.0% 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 donations

**Tuba City Regional Health Care Corporation
 Current Employee Count**



Technology Transformation

Healthcare delivery today is in continuous transformation in many ways; delivery, reimbursement, data analytics, improvement, efficiency, and governance. TCRHCC has developed an Information Technology Governance Structure and reorganized this past year to integrate technology and clinical services to meet barriers head on, and have multidisciplinary 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 FY18 Priorities this past Fiscal Year.

How will this technology improve externally coordinated care? TCRHCC will be actively joining a Health Information Exchange to assure patient information is shared with external providers with the patients' permission. This will help non-TCRHCC providers be aware of the patients' medical record information from their primary care providers locally. How will this technology include the patient in the process? TCRHCC will be implementing a patient portal on-line for patients to see updates on their care, appointments, and request of information on outcomes or results of test, and participate in scheduling their appointments.



In Conclusion

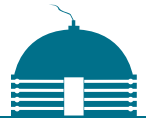
The FY2019 budget and strategy is a work in progress and must continually have involved oversight to ensure we do not lose sight of our mission. Despite the challenges and barriers covered in this year's Annual letter from the CEO, TCRHCC staff have and must adapt to change to provide health care services. Our organizational and individual purpose is to promote health, prevent disease, support chronic disease management and most importantly respect the dignity of our elders at the end of their journey through this world.

Ahe'hee'!

Lynette Bonar,

Chief Executive Officer





Senior Leadership Council



Lynette Bonar, RN, BSN, MBA, FACHE
Chief Executive Officer

Joette Walters RN, MSN/MBA
Chief Operating Officer

Robert Sorrentino, MD
Chief Medical Officer

Alvina Rosales, RN, MSN/MBA
Chief Nurse Officer

Christine Keyonnie, CPA, MSA
Chief Financial Officer

William Dey, RN, MHA, FACHE
Chief Quality Officer

Sharr Yazzie, MBA
Human Resources Director

Shawn Davis, MIS
Chief Information Officer

Dollie Smallcanyon, RN, MSN
Chief Community Health Services Officer

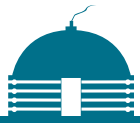
Julius Young, II, MBA
Chief Support Services Officer

Mildred Garcia, DNP, MSN, RN
Chief Ancillary Officer

Kathryn Magee, MD
Director of Outpatient Services

Katherine Glaser, MD
Chief of Staff

Alvina Tunney-Patterson, MBA, CHC
Chief Compliance Officer



Board of Directors



Christopher Curley, (BA) President
Tonalea Chapter

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

Kimberlee Williams, (BA) Treasurer
Kaibeto Chapter

Dolly Lane, (MBA) Member
Bodaway/Gap Chapter

Justice M. Beard, (M.Ed.) Member
To'Nanees'Dizi Chapter

Millie Brockie, (PA) Member
Coppermine Chapter

Thomas McCabe, (BS) Member
Cameron Chapter

Carmelita Homer
San Juan Southern Pauite

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 2017 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



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.



□ 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 is a
Smoke-Free Facility
Tobacco products at TCRHCC is prohibited.

□ HEALTH LEADERSHIP AWARD FOR TOBACCO-FREE CAMPUS POLICY

Tuba City Regional Health Care is a smoke-free environment, both indoors and outdoors. It is an important step toward patients, visitors, and staff to ensure a safe and healthy environment.



Tuba City
Regional Health Care Corporation

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.

TCHEALTH.ORG

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

1200+
Employees 

50+
Specialty Clinics 

73
Beds 

4 Satellite Clinics

667,324
Outpatient Visits
Across All Settings in 2017 

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

4,716
Surgeries
Performed in 2017 

3607
Total Mobile
Health Visits
Mobile Medical & Dental Unit 

44,708
Emergency
visits in 2017 to our
Level III Trauma Center 

20,574
Dental Patient Visit 

11,021
Inpatient days
in 2017 

51,436
Radiology
Patient Visit in 2017 

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



Operating Revenue and Expenditures

FY 2017 Net Operating Surplus To Use for Vital New Facility/Service Improvements: \$13,141,237

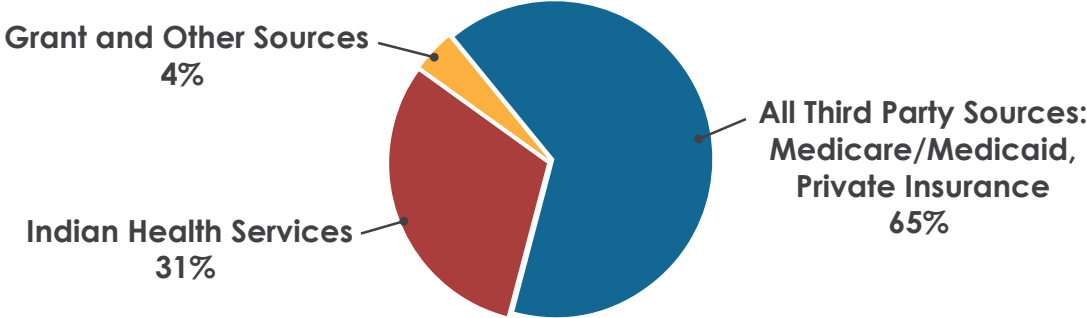
Last fiscal year TCRHCC saw a total of \$183,550,989 in Operating Revenue and \$169,647,970 in Operating Expenses. In FY 2017, total patient visits was 667,324. Due to continued growth and higher level of patient services, \$13.1 million was invested in the purchase of capital property and equipment.

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

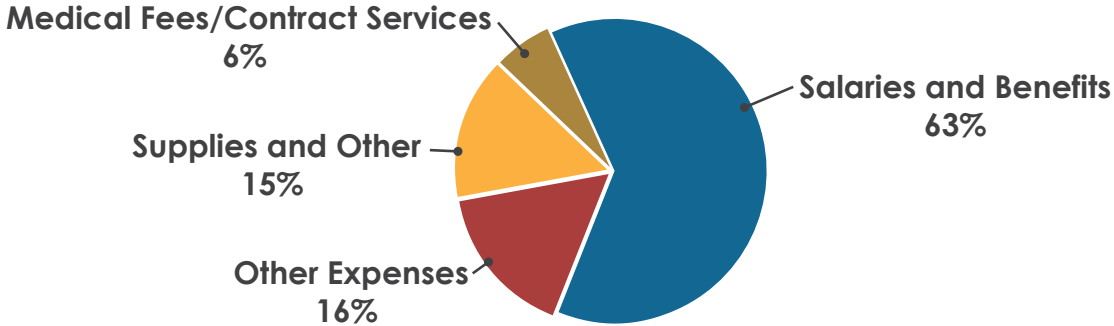
year 2017 was a year of further extension and commitment serving these communities as completely as possible, and delivering medical services as efficiently as possible.

In addition, through our Satellite Clinics in Flagstaff and LeChee, we have been able to expand services and invest more in our facilities and employees. Here is a look at this year's financial results.

FY 2017 Revenue Where the money comes from...



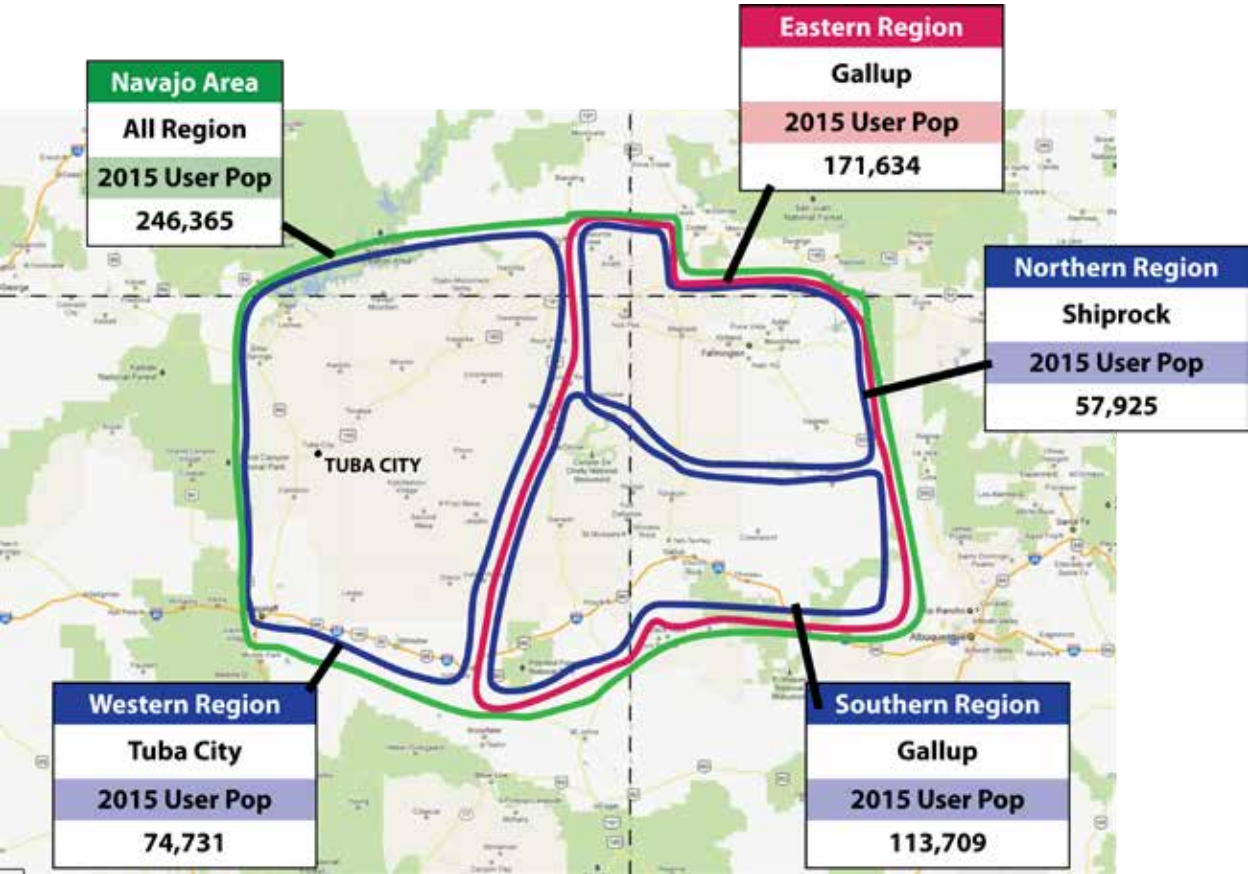
FY 2017 Expenditures Where the money goes...



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 2017

AHCCCS/OMB Billable Patients Visits (BPV)

INPATIENT	FY 2002	FY 2012	FY 2016	FY 2017
Hospital Discharges	3,458	2,951	2,267	2,370
<i>Swing-Bed</i>	–	95	69	23
<i>ACU</i>	–	2,856	2,198	2,347
Inpatient Days	14,153	11,880	9,457	10,622
Average Daily Census	38.0	32.5	25.0	31.7
<hr/>				
Newborns	512	454	412	444
Newborn Days	946	870	820	868
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Total Inpatient Days	15,099	12,750	12,020	11,021
Discharges	3,970	3,405	2,679	2,791
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ALOS	3.8	3.7	4.3	4.5
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OUTPATIENT	FY 2002	FY 2012	FY 2016	FY 2017
Total Outpatient Visits	145,035	720,708	681,908	664,533
<i>Tuba City Regional Health</i>	–	–	–	401,702
<i>Sacred Peaks Health Center</i>	–	–	–	98,696
<i>LeChee Health Facility</i>	–	–	–	163,387
<i>Observations</i>	–	519	702	748
<hr/>				
GRAND TOTAL UTILIZATION	FY 2002	FY 2012	FY 2016	FY 2017
Grand Total Inpatient Days & Outpatient Visits	160,134	733,458	684,587	667,324

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

Patient Care Utilization Data FY 2002-2017

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 2017 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 also includes patient visits.

The average rate of total utilization growth has been 21% annually in the period of 2002 through 2017. The majority of growth occurred on the outpatient side, while some also came from inpatient activity, as shown in the tables.

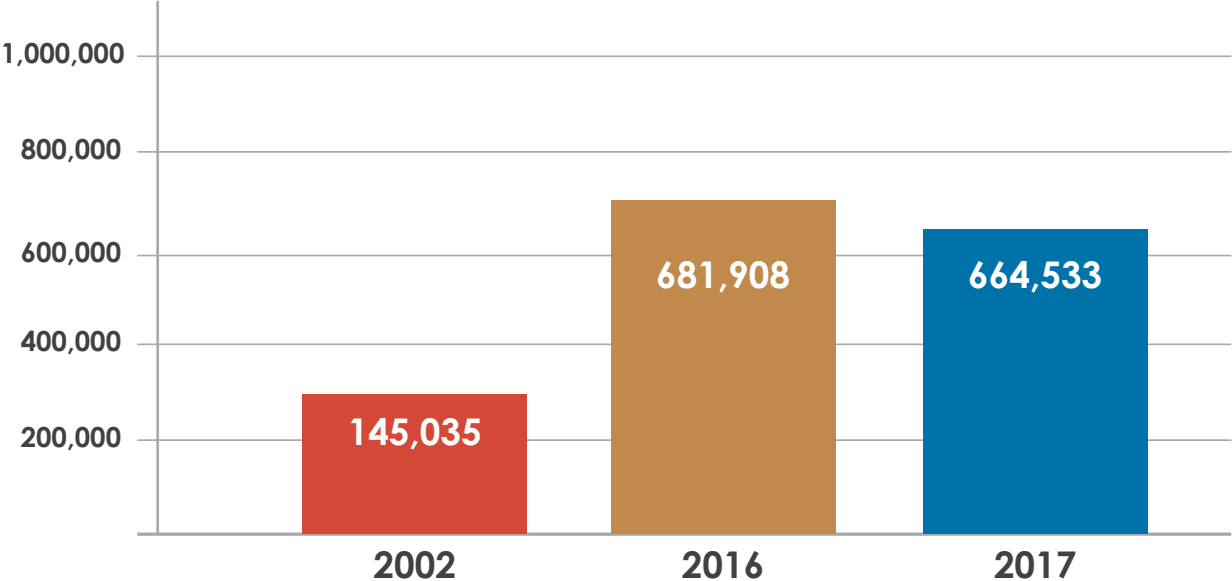
In FY 2017, total combined hospital inpatient and outpatient visits was a total of 667,324 visits. This represents a +316% increase in total patient visits during the twelve year period, growing from 160,134 visits in 2002.

The outpatient visit declined by 2.5% in 2017 versus 2016 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.

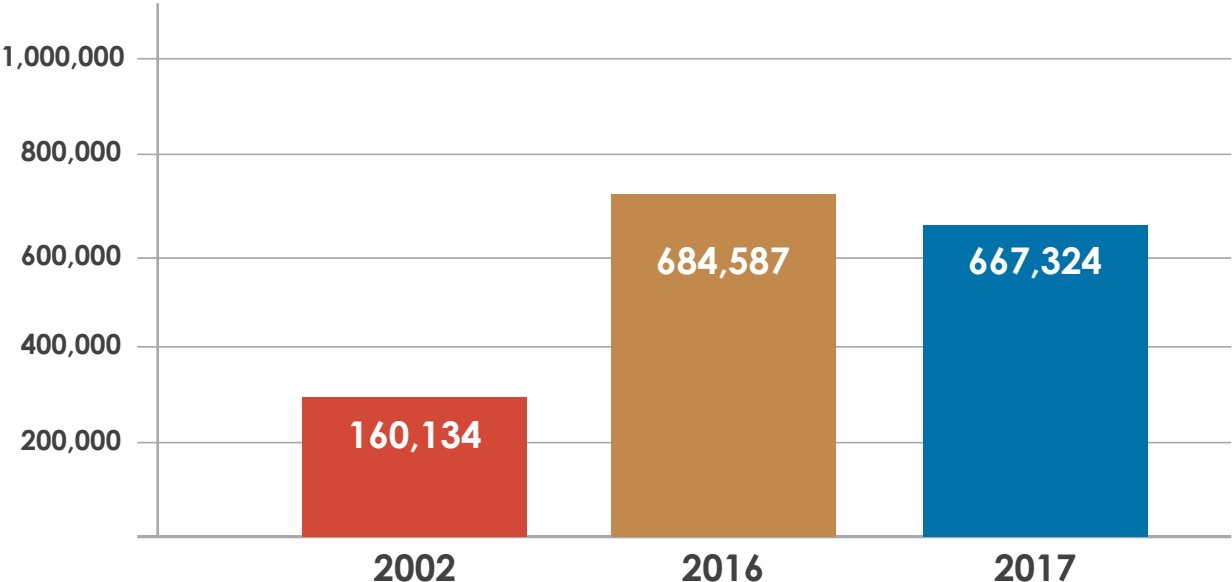
The need for additional housing for clinical staff continues to have a major bearing upon our ability to continue to grow with additional patient services, including inpatient, outpatient and emergency room services and other specialty services needed at TCRHCC as a regional medical center.

Patient Care Utilization Data FY 2002-2017

Total Outpatient Visits



Total Inpatient and Outpatient Visits



Strategic Plan FY 2012 - FY 2018

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 Campus

- Tuba City, AZ

Sacred Peaks Health Center

- Flagstaff, AZ

Sacred Peaks Health Center WEST Location

- Flagstaff, AZ

LeChee Health Facility

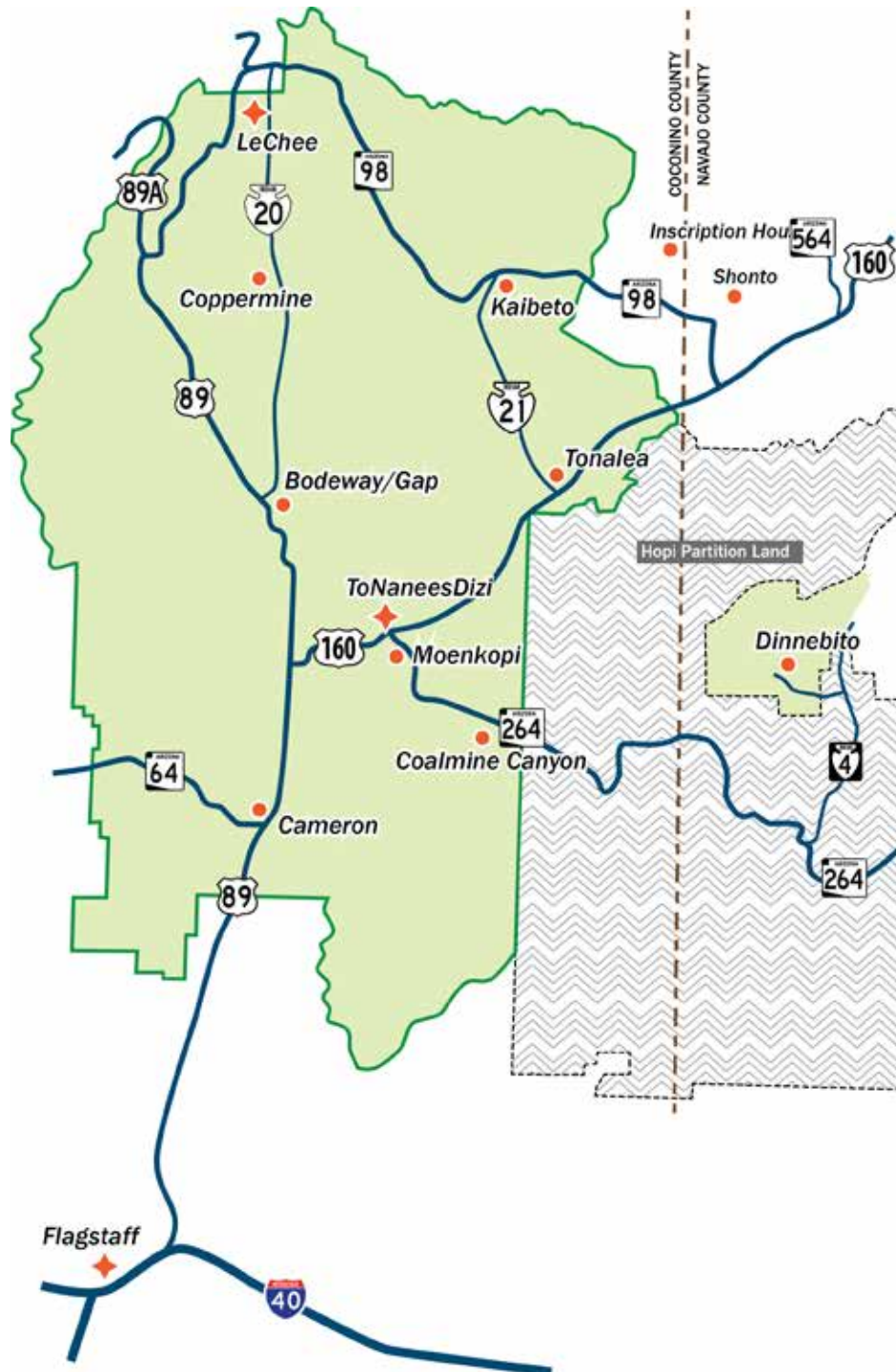
- Lechee, AZ

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 2019–2021

1. Health Access Expansion Projects

- a. SPHC Expansion
- b. LeChee Rehabilitative/Health Promotion
- c. Bodaway/Gap Health Clinic

2. Long Term Care Construction Funding

3. TCRHCC Facilities Laundry

4. Specialty Programs Planning-Oncology

5. Behavioral Health Services Integration HRSA Center

6. Enhance Population Health Infrastructure

- a. Patient Centered Medical Home

7. Partnerships:

- a. Association Indians for Self Determination in Healthcare
- b. Specialty and Tertiary Providers
- c. Tribal Public Health Programs

TCRHCC Operational Priorities FY 2019–2021

- 1. Customer Service Program Initiatives**
- 2. Leadership Academy Training**
- 3. Employee Engagement**
- 4. Establish a Culture of Safety Initiative**
- 5. Enhance Information Services (Health Information Exchange & Patient Portal)**
- 6. Call Center Operations**
- 7. Patient Centered Medical Home Accreditation**
- 8. Advocate with Educational Institutions for Staff**
 - a. Health Science Programs**
 - b. Staff development, i.e., Certified Medical Assistants, Coders**
- 9. Establish Productivity Standards in all Service Lines**
- 10. Office of Cultural and Language Preservation**
- 11. Organizational Advocacy**
 - a. AHCCCS Work Requirements- Native Exemption
 - b. Broadband
 - c. Public Safety
 - d. Correctional Health
 - e. Elder Care
 - f. PL 93-638 Self Determination
 - g. Affordable Housing & Social Determinants of Health

New Specialty Care Center on the Horizon

The Tuba City Regional Health Care Corporation (TCRHCC) Specialty Care Center, an outpatient cancer care center, is expected to open FY 19. Site preparation began this summer 2018.

The outpatient cancer care center will be located at the TCRHC campus in Tuba City, Arizona, south of the Outpatient Primary Care Center.

The Specialty Care Center is being designed with patient experience

TCRHCC Specialty Care Center will offer an outpatient infusion unit. Patients who are able to walk (ambulatory) and are able to participate in their care can be given cancer treatments as outpatients.

The facility will provide an outpatient setting for individuals to receive specialized intravenous (IV) medications for cancer treatment

“A cancer diagnosis is life changing, and patients deserve access to care and treatment options available, delivered by a team of compassionate staff who work hand-in-hand to provide the best possible care,” said Lynette Bonar, Chief Executive Officer, TCRHCC. “When you have access to cancer care locally, you have the best environment to be near family and have a culturally sensitive treatment experience.”

The Center will be staffed by specially trained and certified oncology physicians and nurses.

TCRHCC skilled healthcare professionals will collaborate with other members of their patient cancer care team to plan a treatment, help patients understand the procedures involved and get them through treatment as compassionately as possible.

“Cancer patients are going through a lot, and it’s not just physical, it’s also a mental thing. Knowing that you are being treated close to home around family and have the



Above: Dr. Johanna Di Mento, Oncologist, and Dr. Frank Dalichow, Oncologist will begin providing cancer care at Tuba City Regional Health Care Corporation to Navajo, Hopi and San Juan Southern Paiute patients.

and empathy in mind, drawing on feedback on May 1, 2018, from a focus group panel of former cancer patients and families who outlined what would make their experience as ideal, welcoming and healing as possible.

In November 2018, TCRHCC will be welcoming oncologists Drs. Frank Dalichow and Dr. Johanna DiMento, from Maryland, to begin providing cancer care to Navajo, Hopi and San Juan Southern Paiute patients.

best doctors is just as important as the medicine you're taking; it gives you comfort," said Bonar

Clinical features of TCRHCC Specialty Care Center include:

- A community chemotherapy infusion area with patient care stations for those who wish to receive therapy in a more social, group setting
- 4 Private Treatment Bays furnished with reclining chairs and TVs
- 3 Private Treatment Rooms, each with an individual bed and TV
- 3 Exam Rooms
- A laboratory room with convenient access to laboratory services

CANCER RESOURCE CENTER

On May 1, 2018, The Cancer Support Community and the Bradley Grant Foundation presented Tuba City Regional Health Care Corporation a donation of \$28,750 for equipment and providing critical Educational Resources for their cancer patients.

August of 2018, TCRHCC and Cancer Support Community revealed their partnership logo. The logo will be printed on all Education Resources and seen at the Specialty Care Center. Here is a look of the logo:

Working in collaboration with the Cancer Support Community, TCRHCC will be offering the following:

- An Educational Resource in collaboration with Cancer Support Community
- Books, magazines, pamphlets and DVDs for patients and family members who would like to learn more about the patient's diagnosis
- Resources available where patients and families can access cancer information



at
**TUBA CITY REGIONAL
HEALTH CARE CORPORATION**





Have you or a family member been diagnosed with cancer?



Help others by sharing your story!

The Tuba City Regional Health Care Corporation and Cancer Support Community are seeking volunteers to share their experiences of living with a cancer diagnosis. We will be holding a focus group to learn from you about what your experience was like and what kinds of services would have been helpful to you and your family. By sharing your story, you can help us better serve people impacted by cancer.

Date: Tuesday, May 1, 2018
Time: 1:00 pm – 4:00 pm
Location: Vermillion Cliffs Meeting Room (HPDP Building) – TCRHCC main campus

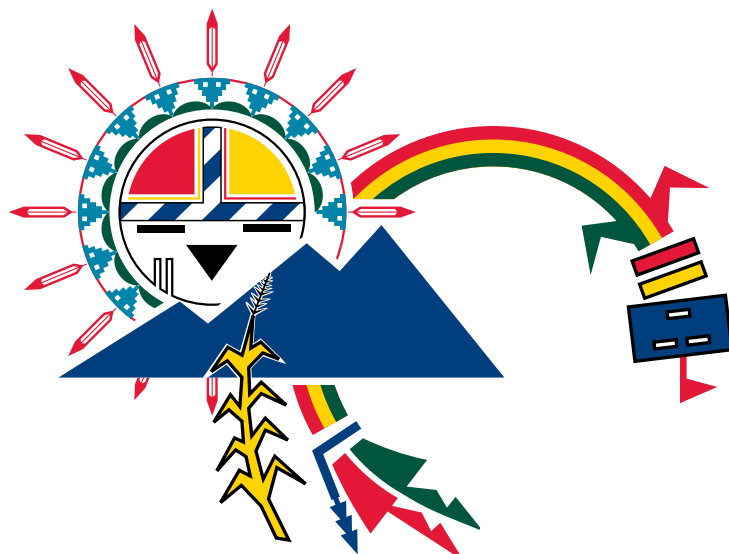
Please RSVP by Thursday, April 19, 2018.

Refreshments and gift cards will be provided to participants. For more information, or to volunteer for the project, please contact: T.J. Riggs, Program Development Director, at 928-283-2131






Construction Progress: Access to Convenient & Timely Care



The Tuba City Regional Health Care Corporation (TCRHCC) is actively addressing the evolving medical needs of the Navajo, Hopi, and San Juan Southern Paiute Tribes.

Sacred Peaks Health Center, Flagstaff, Arizona

- The Sacred Peaks Health Center in Flagstaff, Arizona just broke ground for construction in August 2018.
- The Sacred Peaks Health Center is set to open in 2019.
- The Sacred Peaks Health Center will be offering outpatient services in Family Medicine, Pediatrics, Physical Therapy, Diabetes Management and Nutritional Education, Radiology, Laboratory, Dermatology, and Pharmacy.

Specialty Care Center, Tuba City, Arizona

- The Specialty Care Center is under construction starting Fall 2018. The Center will be located south of the Outpatient Primary Care Center.
- The Center will be equipped with a community chemotherapy infusion area with patient care stations for those who wish to receive therapy in a more social, group setting.
- Working in collaboration with the Cancer Support Community, TCRHCC will be offer an Educational Resource in collaboration with Cancer Support Community

Gap/Bodaway Clinic, Gap/Bodaway, Arizona

- The Gap/Bodaway Clinic in Gap/Bodaway Arizona is complete and will be hosting a Grand Opening in November 2018.
- The Gap/Bodaway Clinic will be offering outpatient services in Family Medicine, Pediatrics, Diabetes Management and Nutritional Education, basic Laboratory, and Pharmacy.

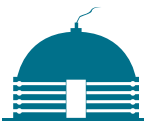
Health Promotion & Diabetes Prevention Center, Tuba City, Arizona

- The Health Promotion and Diabetes Prevention Center's NEW location is east of the TCRHCC main hospital. A Grand Opening is set for November 2018.
- The HPDP Center will provide exercise classes, food demonstrations, Diabetes Prevention classes, an Outpatient Behavioral Health Services, and more.

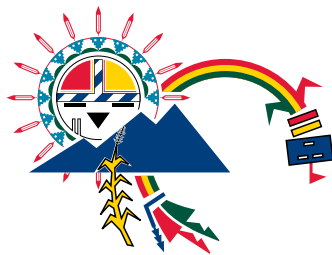
Data Center, Tuba City, Arizona

- TCRHCC IT Department expanded their Data Center. The storage provides connectivity and resources for TCRHCC software applications.
- The Data Center also stores data, patient information, software, information, and resources.









Tuba City
Regional Health
Care Corporation