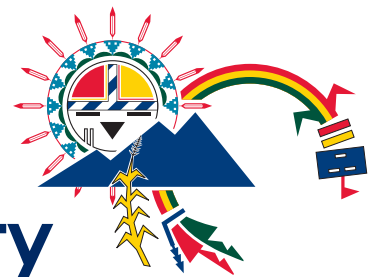
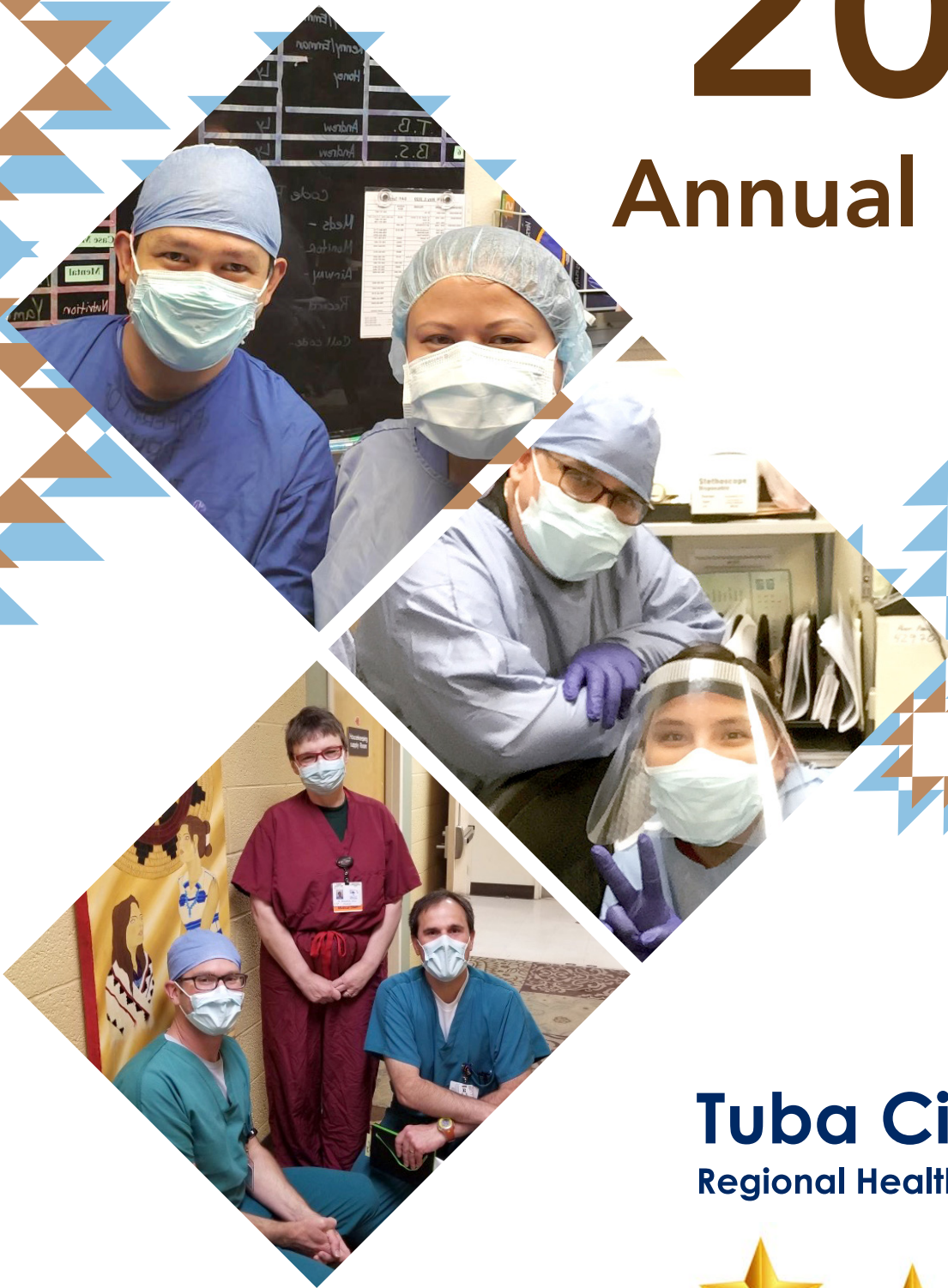


# 2020

## Annual Report



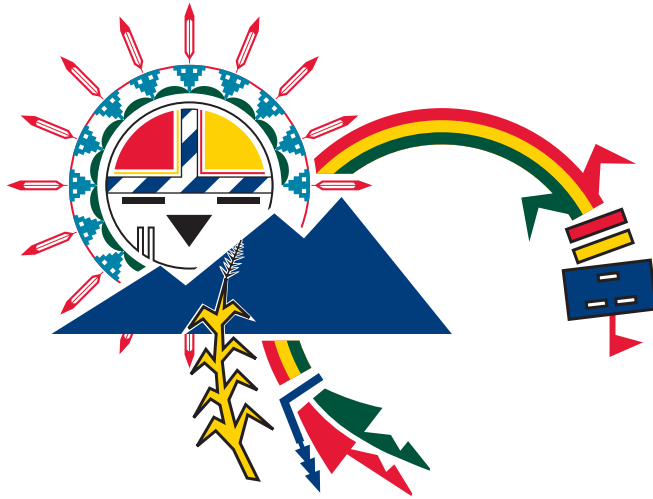
**Tuba City**  
Regional Health Care Corporation



**Four-Star Quality Rated**  
by Centers for Medicare and Medicaid Services



# Annual Report 2020



## FIND US ON:



[www.tchealth.org](http://www.tchealth.org)



*Tuba City Regional Health Care Corporation*



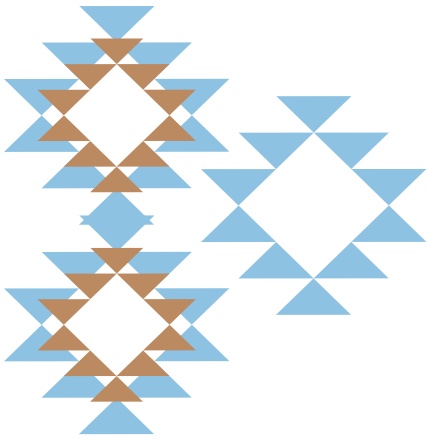
@TCRHCC



@TubaCityHealth



@tcrhcc



Tuba City Regional Health Care Corporation

## A Message from the CEO

# ***Looking Forward, a time of Transition and Renewal***

***“The future ain’t what it used to be” Yogi Berra***

**L**ooking back at FY20 it is easy to see or remember only the tragic events and impact of the Coronavirus Pandemic. While we all have traumatizing memories from personal or secondhand events or knowledge, we cannot forget the successes of our Organization.

In FY20 TCRHCC completed its Funding Agreement for FY19-23 with the Indian Health Services, opened expanded services at our LeChee Health Clinic, and had a Grand Opening for the Bodaway Gap Clinic which is located on the Bodaway Gap Chapter campus. On the main TCRHCC campus, our Surgical Services program initiated a Pre-Operative Clinic to improve the process to prepare patients for their surgical procedures. We began the long-awaited construction of our Laundry services building in partnership with the Bureau of Indian Affairs through a Land Use Agreement process. The above are examples of continued focus on our organization’s Mission, as you will read throughout this Annual Report.

### **Safety (Safe)**

Our TCRHCC Governing Board supports a safe environment of care, through capital projects, operational budgeting and advocacy. Our staff have initiated many projects to keep patients safe within our facilities and through quality patient care. We strive to improve communication, as this is an area that always has a need for Continuous Improvement.

We completed a version upgrade to our Electronic Health Record-Allscripts, in which preparation was at least a year in length. Continually improving our Electronic Health Record will always be a priority to assure safe documentation and a sound patient health care record.

Safety during this Pandemic is #1 priority. At the beginning of the pandemic, globally there was shortage of Personal Protective Equipment (PPE). TCRHCC had and has sufficient PPE to provide safety to our staff as well as our patients. With onset of COVID-19 we converted to a 24-hour Pharmacy service on our main campus, which decreases the risk of infection in our waiting rooms and has improved a service for our communities. Many of our services were stopped to assure we had enough PPE to treat our patients affected by the Coronavirus.

Today, we are seeing a low positive rate in cases, and have sufficient supplies of PPE. Staff are continually educated on the use of “donning” (putting on) and “doffing” (taking off) PPE.





## Access to Care

TCRHCC has added two additional sites to improve access to care, on August 17th, the LeChee Health Center 2nd building and Bodaway Gap Health Clinic on August 31st. The additional services at LeChee Clinic will offer Telemedicine access, Rehabilitation, Diabetes Management Services and Health Promotion. The Bodaway Gap Clinic will provide Primary Care Services and will be an access site for Telemedicine Services. TCRHCC Mission is to be creative and add sites for better patient outcomes.



## Quality

The Calendar Year 2020 started out on a positive note for our organization. TCRHCC achieved a 4-Star Rating through Center for Medicare and Medicaid Service rating system. Our staff strive to provide the best quality care, and it shows with this great achievement.

Our Patient Centered Medical Home (PCMH) has been surveyed to assure we meet standards

for a sound, quality program. We are proud of our outpatient clinic team to complete the criteria to add another accredited program to our services. A PCMH assists in improving the treatment of the whole person and focusing on a “well” state of health.



We continue our customer service focused programs via the Journey to Excellence initiatives. We hold a high priority of recognizing our employees through the Employee to Employee Recognition Program (PEERS), the Daisy Award (Nurses), the Squash Blossom Award (Certified Nurse Aides), and the Tom Drouhard Award (Physicians/Mid-Levels) quarterly and annually.

## Culturally Sensitive

Cultural sensitivity is a natural part of our Mission; providing this respectful care daily for all individuals that receive care at all TCRHCC sites. Between this program and our public relations, we incorporate messages that are respectful and educational. Our team has partnered with our Navajo Nation Health Command Operations Center in this pandemic and has crafted messages that are well thought out and appropriate for our community members' health educational priorities.

## Transition and Partnerships

TCRHCC has historically partnered with many entities to assure care coordination is held to a priority, as well as providing the best care at the highest level. This did not change during the worst days of the past 6 months of the pandemic. We have integrated our voice to assure our communities are not forgotten and we are not left out of critical conversations relating to equipment, and/or personnel, additionally to keep as much quality care locally for community members.

Our Governing Board President Christopher Curley has represented the entire PL 93-638 Self Determination Healthcare Organizations at the Navajo Nation Health Command Operations Center level to communicate our needs as one voice through the American Indians for Self Determination in Healthcare Association. We share common concerns and best practices to improve how we deliver care culturally and where we can improve as identified by our communities, while adapting to an ever changing national and tribal health care delivery system, and most importantly, this year, as we have all experienced the ongoing pandemic.

Our Navajo Nation tribal oversight committee, the Health, Education, and Human Services Committee (HEHSC) and Navajo Nation Department of Health have shared our concerns and have been educated on the complexity of our systems at many levels. HEHSC has a great responsibility in that they must consider the Social Determinants of Health challenges that we see daily and have seen the need to decrease widespread issues with continued health disparities.

TCRHCC partners with many advocacy organizations. Our own, Navajo Hopi Health Foundation, continuously addresses the needs of our organization and has been on the forefront in philanthropic activities to assist in identified needs during this pandemic as well as with improving access to care.

Our partnerships with our State and Federal partners has only become more solidified over this past year, as we accessed state and federal

emergency response teams for critical staffing and equipment needs; i.e., PPE from the National Stockpile, and support Arizona Department of Health as well as the Coconino County Supervisor to move Broadband forward in Northern Arizona.

Our close partnership with the Indian Health Services is essential, as seen in our need to replace the six (6) housing structures that were severely damaged due to a fire in a couple years ago. We also continue to plan for a new healthcare facility in Bodaway Gap, AZ, - the Echo Cliffs Health Facility.

TCRHCC cannot operate and serve our communities without entities, such as United States Department of Agriculture for Community Development projects, the Veterans Administration, Northern Arizona Healthcare, Coconino County Supervisor, Dine College, all local school systems and numerous other organizations that enhance and contribute to TCRHCC's mission and vision in improving the quality of life for all our communities.

## Coronavirus Pandemic

The Coronavirus pandemic is a once in a generation occurrence, that we will experience, as our ancestors survived different strains of the Flu, Polio, Measles and Smallpox. Our staff are resilient, and we face this Pandemic as I craft this letter with hope for a future, without this virus, and/or a vaccine to minimize the prevalence of this devastating virus.

At the onset of the pandemic TCRHCC worked closely for immediate assistance with our Tribal and Federal partners, Congressman O'Halleran,



Department of Health and Human Services and AZ Department of Health Services. Much of our immediate support came from our local Chapters; Tuba City, Cameron, LeChee, Tonalea in the form of community outreach events within our service area.

The pandemic has highlighted the need for continued access to care to maintain a healthy standard of living with and without chronic medical conditions and continued preventive medical exams.

**A special 'Thank You' to the Organizations that have assisted TCRHCC in response to the Coronavirus Pandemic:**

- AZ National Guard
- Assistant Secretary's Disaster Management Assistance Team
- Veterans Assistant Crisis Team
- Navajo Nation
- U.S. Department of Health and Human Services
- Univ. of California, San Francisco- Nurse Volunteers
- Cameron Chapter and Tuba City Chapter
- Johns Hopkins University
- Center for Disease Control
- Cancer Support Community
- Eisai Pharmaceuticals
- Vista Staffing
- Navajo Birth Cohort & UNM COP-CEHP
- W.L. Gore & Associates, Inc.
- Navajo Hopi Health Foundation
- Additionally, >800 Organizations, Businesses, and Individuals that have donated PPE, food and funds to our Staff and Community.



**FY2020-24 System Priorities**

Our health system's FY20-24 organizational priorities cover many strategic areas. To remain a sustainable healthcare delivery system, we address: Financial, Quality, Information Technology, and Service initiatives on a yearly and five-year projection of need. The four pillars addressed in our Strategic Plan establish a foundation for our staff to assess and implement goals to carry out our Mission and Vision.

**In Conclusion**

Our strongest attribute at our organization is our human capital, at over 1,000 staff strong, that possess a strong commitment to the communities we serve to assure we are providing the high quality and culturally sensitive services. Our position as a healthcare delivery entity is to successfully meet the health and wellness needs of those we serve and address health disparities and to uphold our Vision to respect, heal and console.

We have many new endeavors, leader transitions and emerging technologies to implement for the future of improved and accessible healthcare for our communities. TCRHCC has ongoing surveys to assure we meet professional accreditation standards while we continually improve efficiencies with an end result of delivering quality care models which prioritizes safety for our patients.

The FY2021 budget and strategy is a work in progress, and our challenge is to continue to transform our healthcare delivery system to improve health for all patients who seek services within our system.

This past FY20 has proven to be a challenge, but our staff has risen to the task, putting aside roles carried day in day out, to roles that have achieved a crisis response organizationally, professionally and at the frontline that has saved many lives. TCRHCC has weathered the onslaught of this life changing pandemic, and our staff continues to prepare for future response to meet the needs of our community!

**Ahe'hee'**

*Lynette Bonar, CEO*



# Ahéhee'

for making us a four-star hospital



## **Four-Star Quality Rated** **by Centers for Medicare and Medicaid Services**

Effective January 2020, the Centers for Medicare & Medicaid Services implemented a new ratings system to help consumers quickly and easily compare hospitals. That system is based on the results of a patient-experience survey referred to as HCAHPS, the Hospital Consumer Assessment of Healthcare Providers and Systems. Tuba City Regional Health Care previously had a three star rating from CMS. The new, improved rating highlights Tuba City Regional Health Care overall quality and commitment to our patients. One of the latest example of our quality-related achievements.

JOINT COMMISSION  
ACCREDITED CENTER



*National Quality Approval  
in Home Care, Hospital,  
and Laboratory*



**Tuba City**  
**Regional Health Care Corporation**



# MISSION & VISION

## Mission

We provide safe, accessible, quality, and compassionate healthcare and promote healthy lifestyles through:

- Courteous and culturally sensitive service;
- Innovative and responsiveness;
- Respect for community needs and values; and
- Shared responsibility for health

## Vision

To heal. To respect. To console.

## Values Statement

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

## Four Strategic Pillars

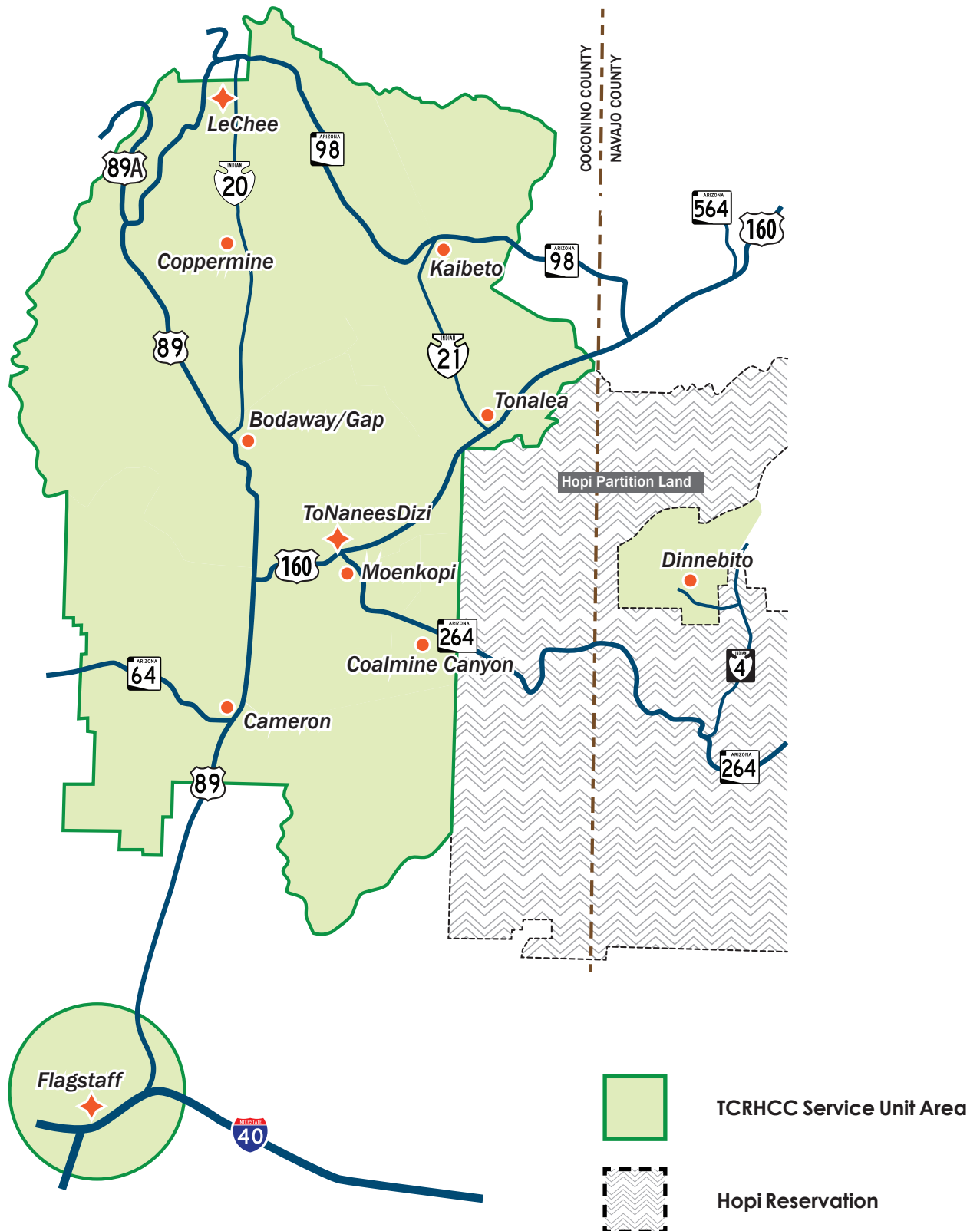
- Financial
- Information Systems
- Quality
- Services

## Organizational Advocacy

- CMS/AHCCCS Tribal Consultation
- Tribal Health Partnerships
- Broadband
- Public Safety
- Correctional Health
- Elder Care
- PL 93-638 Self Determination
- Affordable Housing & Social Determinants of Health
- Behavioral/Substance Abuse Inpatient Rehabilitation Center

# SERVICE AREA MAP

## TCRHCC Service Unit Area Map



# TCRHCC CAMPUSES

## **Tuba City Regional Health Care Corporation**

167 N Main Street  
P.O. Box 600  
Tuba City, AZ 86045  
Call Center: 1-866-976-5941

## **Sacred Peaks Health Center**

6300 N Highway 89  
Flagstaff, AZ 86004  
Call Center: 1-866-976-5941

## **LeChee Health Center**

3 Miles South Coppermine Road  
(Located North of the LeChee Chapter House)  
LeChee, Arizona  
Phone: (928) 698-4900  
Call Center: 1-866-976-5941

## **Kaibeto Creek Independent Living Center**

Kaibeto, AZ 86053  
Call Center: 1-866-976-5941

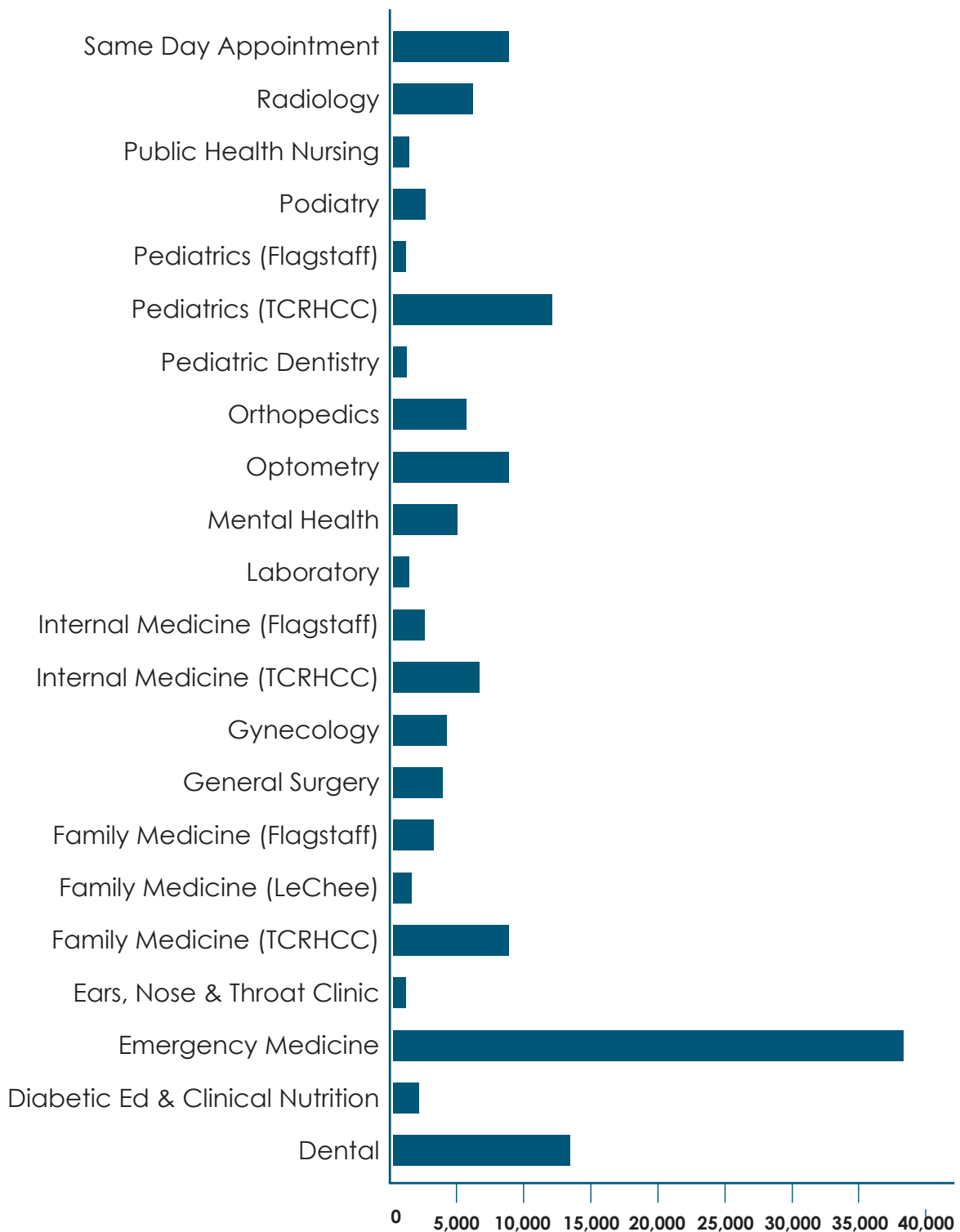
## **Bodaway/Gap Clinic**

Highway 89 North Mile Post 498  
Gap, Arizona 86020  
Phone: 928 283-1806  
Call Center: 1-866-976-5941



# USER POPULATION ANALYSIS

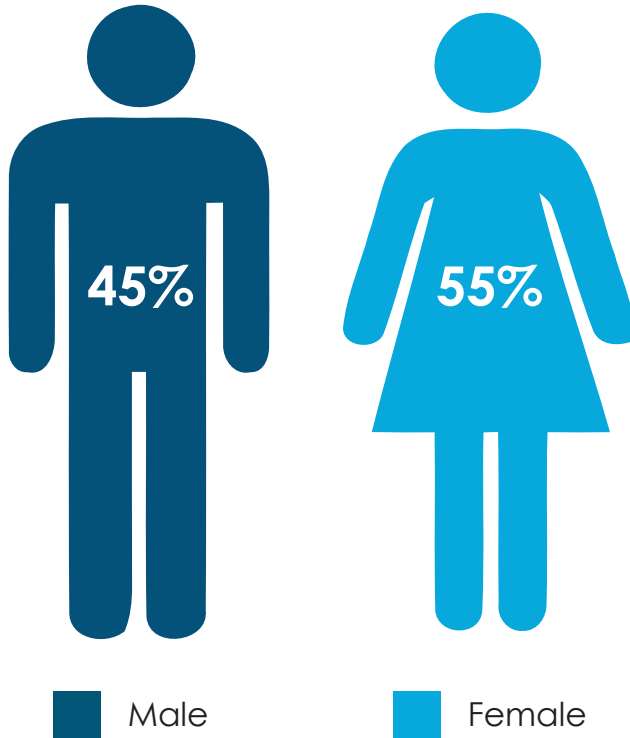
## Patient Visits For Services



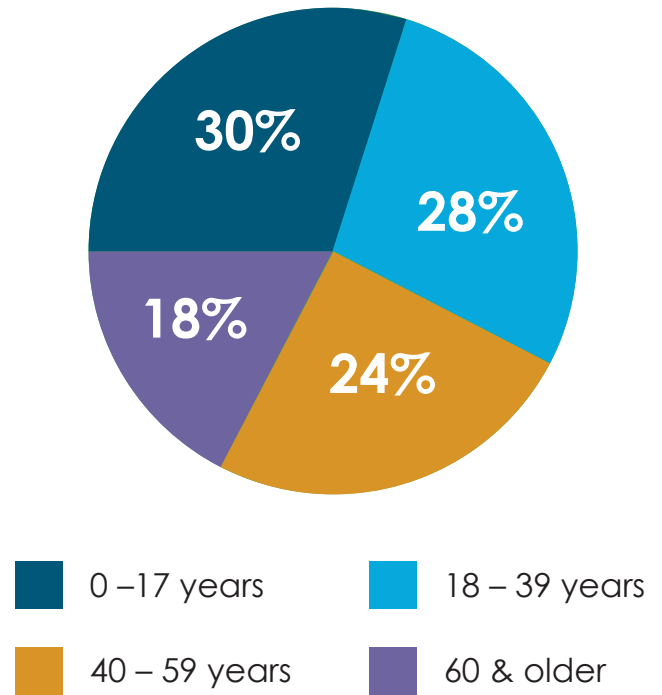
Listed top 22 Clinics out of 91

# WHO WE SERVE

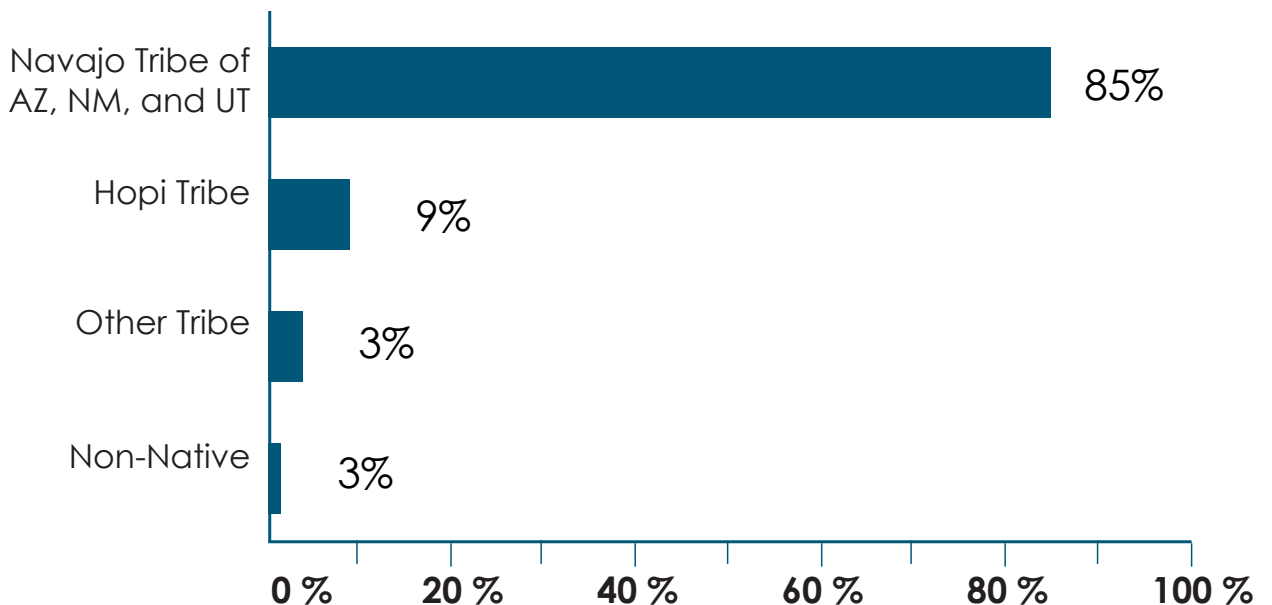
## Patient Gender



## Active Patient Age Distribution



## Active Patients (By Tribe)



# ACTIVE PATIENTS BY TRIBE

- ABSENTEE-SHAWNEE TRIBE OF OKLAHOMA
- ACOMA PUEBLO, NM
- AK CHIN IND COM PAPAGO IND. OF M
- ALASKAN INDIAN
- ALEUT
- APACHE
- APACHE TRIBE OF OKLAHOMA
- APACHE, JICARILLA TRIBE, NM
- APACHE, MESCALERO TRIBE, NM
- ARAPAHO TRIBE, WIND RIVER RES. W
- ASSINBOINE & SIOUX TRIBE, FT PEC
- ASSINIBOINE
- ASSINIBOINE & SOUX TRIBE, MT, S
- ASSINIBOINE, FT BELKNAP IND RES,
- BANNOCK
- BLACKFEET TRIBE RESERVATION, MT
- CAHUILLA
- CANADIAN INDIAN
- CATAWBA TRIBE OF SOUTH CAROLINA
- CHEROKEE INDIANS, EASTERN BAND,
- CHEROKEE NATION OF OKLAHOMA
- CHEROKEE-SHAWNEE DUAL ENROLLMENT
- CHEYENE-ARAPAHO TRIBES OF OKLAHO
- CHICKASAW NATION OF OKLAHOMA
- CHIPPEWA (OBJIBWAY)
- CHIPPEWA TRIBE OF MN, FOND DU LA
- CHIPPEWA TRIBE OF MN, LEECH LAKE
- CHIPPEWA TRIBE OF MN, WHITE EART
- CHIPPEWA, LAKE SUPERIOR, BAD RVR
- CHIPPEWA-CREE IND. ROCK BOY RES.
- CHOCTAW NATION OF OKLAHOMA
- CO RIVER IND. TRIBES RES., AZ AN
- COCHITI PUEBLO, NM
- COCOPAH TRIBE OF ARIZONA
- COMANCHE INDIAN TRIBE OF OKLAHOM
- CONF TRIBE OF CHEHALIS RES., WA
- CONF. TRIBE OF COLVILLE RES., WA
- CONF. TRIBE OF GOSHUTE RES., NV
- CONF. TRIBE OF SILETZ RES., OR
- CONF. TRIBE OF UMATILLA RES., OR
- COUSHATTA TRIBE OF LOUISIANA
- CREEK NATION OF OKLAHOMA
- CROW TRIBE OF MONTANA
- DELAWARE TRIBE OF WESTERN OKLAHO
- ESKIMO
- FT INDEPENDENCE IND COM PAIUTE I
- FT MCDOWELL MOHAVE-APACHE IND CO
- FT MOJAVE INDIAN TRIBE, AZ
- GILA RIVER PIMA MARICOPA IND COM
- GRAND TRAVERSE BAND OTTAWA & CHI
- GROS VENTRE (HIDATSA, MINITARI)
- GROS VENTRE, FT BELKNAP IND RES,
- GROS VENTRE-3 AFF TRB FT BERTHOL
- HAVASUPAI TRIBE RES., AZ
- HO-CHUNK NATION
- HOOPA VALLEY TRIBE, RESERVATION,
- HOPI TRIBE OF ARIZONA
- HOPLAND BAND POMO INDIAND, CA
- HUALAPI TRIBE RESERVATION, AZ
- INDIAN NON-TRIBAL MEMBER
- IOWA TRIBE OF OKLAHOMA
- ISLETA PUEBLO, NM #
- JEMEZ PUEBLO, NM
- KAIBAB BAND OF PAIUTE INDIANS, R
- KAW INDIAN TRIBE OF OKLAHOMA
- KICKAPOO TRIBE OF IND., RES., KS
- KIOWA INDIAN TRIBE OF OKLAHOMA
- LAC COURTE OREILLES BAND RES., W
- LAGUNA PUEBLO, NM
- LOWER ELWHA TRIBAL COMM, RES., W
- LUMMI TRIBE RESERVATION, WA
- MANCHESTER BAND OF POMO IND., CA
- MESA GRANDE BAND, DIEGUENO MIS.
- MIAMI TRIBE OF OKLAHOMA
- MISS. BAND OF CHOCTAW IND., MS
- MOHEGAN TRIBE OF CONNECTICUT
- NAMBE PUEBLO, NM
- NARRAGANSETT INDIAN TRIBE, RHODE

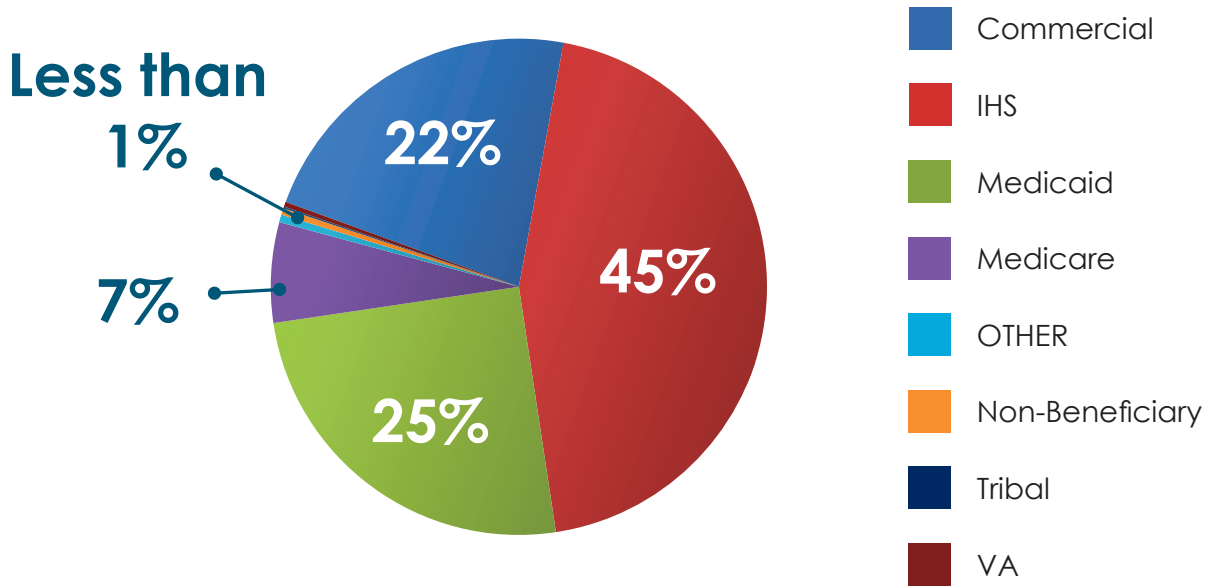


# ACTIVE PATIENTS BY TRIBE

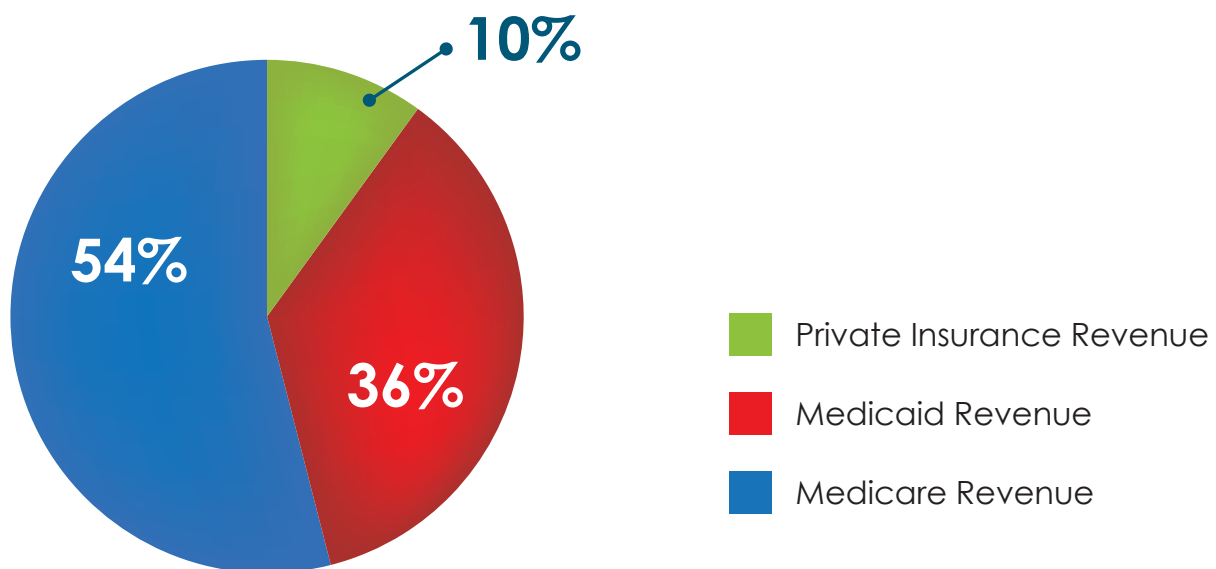
- NATIVE VILLAGE OF UNGA
- NAVAJO TRIBE OF AZ, NM AND UT
- NEZ PERCE TRIBE OF IDAHO, RESERV
- NISQUALLY IND. COMM. RES., WA
- NOMELACKI
- NORTHERN CHEYENNE TRIBE, RES., M
- OGLALA SIOUX TRIBE, PINE RIDGE R
- OMAHA TRIBE OF NEBRASKA
- ONEIDA NATION OF NEW YORK
- ONEIDA TRIBE OF INDIANS, RES., W
- ONONDAGA NATION OF NEW YORK
- OSAGE TRIBE OF OKLAHOMA
- OTOE-MISSOURIA TRIBE OF OKLAHOMA
- PAIUTE
- PAIUTE INDIAN COLONY, BURNS, OR
- PAIUTE INDIAN TRIBE OF UTAH
- PAIUTE SHOSHONE BG PINE BAND OWE
- PASCUA YAQUI (UNENROLLED)
- PASCUA YAQUI TRIBE OF ARIZONA
- PAWNEE INDIAN TRIBE OF OKLAHOMA
- PEORIA TRIBE OF OKLAHOMA
- PIMA
- POMO & PIT RVR IND, BG VAL RANCH
- POTAWATOMI IND TRIBE, CITIZEN BA
- POTAWATOMIE
- PUYALLUP TRIBE RES. WA
- QAWALANGIN TRIBE OF UNALASKA
- QUECHAN TRIBE OF FORT YUMA IND,
- RED CLIFF BAND OF LAKE SUPERIOR,
- RED LAKE BAND OF CHIPPEWA IND. R
- ROSEBUD SIOUX TRIBE RES., SD
- SAC AND FOX TRIBE OF INDIANS OF
- SALISH & KOOTENAI, CONF. OF MT
- SALT RIVER PIMA-MARICOPA IND COM
- SAN CARLOS APACHE TRIBE RESERVAT
- SAN FELIPE PUEBLO, NM
- SAN JUAN OF WASHINGTON
- SAN JUAN PUEBLO, NM
- SANTA YNEZ BAND CHUMASH MIS IND,
- SANTEE SIOUX NATION, NE
- SANTO DOMINGO PUEBLO, NM
- SAULT STE MARIE CHIPPEWA, MI
- SENECA NATION OF NEW YORK
- SHAWNEE TRIBE, OK
- SHOSHONE
- SHOSHONE DUCKWATER TRIBE, NV
- SHOSHONE-PAIUTE TRIBE DUCK VALLE
- SIOUX, CHEYENNE RIVER TRIBE
- SIOUX, CROW CREEK TRIBE, SD
- SISSETON WAHPETON OYATE, SD
- SKULL VALLEY BAND OF GOSHUTE IND
- SOUTHERN UTE TRIBE RESERVATION,
- SPIRIT LAKE SIOUX TRIBE, ND
- SPOKANE TRIBE RESERVATION, WA
- ST. REGIS BAND MOHAWK INDIANS OF
- STANDING ROCK SIOUX TRIBE RES ND
- TAOS PUEBLO, NM
- TE-MOAK BANDS WESTERN SHOSHONE I
- THREE AFFILIATED TRIBES OF FT BE
- TLINGIT
- TOHONO O ODHAM NATION OF ARIZONA
- TOLOWA/TOLOWA-HOOPA
- TURTLE MTN. BAND CHIPPEWA IND RE
- TUSCARORA NATION OF NEW YORK
- UNITED AUBURN IND COMM, AUBURN R
- UTE INDIAN TRIBE, UINTAH, OURAY
- UTE MOUNTAIN TRIBE, RES., CO, NM
- WALKER RIVER PAIUTE TRIBE RES.,
- WHITE MOUNTAIN APACHE TRIBE RES.
- WICHITA INDIAN TRIBE OF OKLAHOMA
- WYNADOTTE TRIBE OF OKLAHOMA
- YAKAMA IND, CONF TRIBE & BAND, W
- YANKTON SIOUX TRIBE OF SOUTH DAK
- YAVAPAI-APACHE IND COM CAMP VERD
- YAVAPAI-PRESCOTT TRIBE RESERVATI
- YUOK TRIBE HOOPA VALLEY RES., C
- ZIA PUEBLO, NM
- ZUNI TRIBE RESERVATION, NM

# USER POPULATION ANALYSIS

## Insurance Coverage Distribution



## Medical Billing Revenue



# BILLABLE PATIENT VISITS

## Inpatient and Outpatient Workload

INPATIENT	FY 2002	FY 2012	FY 2018	FY 2019
<b>Hospital Discharges</b>	<b>3,458</b>	<b>2,951</b>	<b>2,370</b>	<b>1,649</b>
<i>Swing-Bed</i>	–	95	37	10
<i>ACU/PEDS</i>	–	2,856	2,269	1,639
<b>Inpatient Days</b>	<b>14,153</b>	<b>11,880</b>	<b>10,913</b>	<b>7,769</b>
<b>Average Daily Census</b>	<b>38.0</b>	<b>32.5</b>	<b>29.9</b>	<b>31.6</b>
<hr/>				
<b>Newborns</b>	<b>512</b>	<b>454</b>	<b>457</b>	<b>391</b>
<b>Newborn Days</b>	<b>946</b>	<b>870</b>	<b>896</b>	<b>781</b>
<b>Total Inpatient Days</b>	<b>15,099</b>	<b>12,750</b>	<b>11,184</b>	<b>7,981</b>
<b>Discharges</b>	<b>3,970</b>	<b>3,405</b>	<b>2,791</b>	<b>2,830</b>
<b>ALOS</b>	<b>3.8</b>	<b>3.7</b>	<b>4.5</b>	<b>4.8</b>
OUTPATIENT	FY 2002	FY 2012	FY 2018	FY 2019
<b>Total Outpatient Visits</b>	<b>145,035</b>	<b>720,708</b>	<b>600,115</b>	<b>490,629</b>
<i>Tuba City Regional Health</i>	–	–	336,157	297,170
<i>Sacred Peaks Health Center</i>	–	–	94,838	73,075
<i>LeChee Health Facility</i>	–	–	168,409	119,630
<i>Observations</i>	–	519	711	754
GRAND TOTAL UTILIZATION	FY 2002	FY 2012	FY 2018	FY 2019
<b>Inpatient Days &amp; Outpatient Visits</b>	<b>160,134</b>	<b>733,458</b>	<b>602,906</b>	<b>493,459</b>

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

Rev. 09/09/20



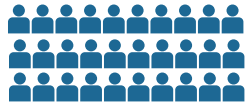
# By the Numbers 2019



**Tuba City**  
Regional Health Care Corporation

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

**970+**  
Employees



**90+**  
Specialty  
Clinics



**73**  
Beds



**3** Satellite Clinics



**490,629**  
Outpatient Visits  
Across All Settings in 2019



Bodaway/Gap Clinic  
LeChee Health Facility  
Sacred Peaks Health Center

**4,719**  
Surgeries  
Performed in 2019



**2,797**  
Total Mobile  
Health Visits  
Mobile Medical & Dental Unit



**35,566**  
Emergency  
visits in 2019 to our  
Level III Trauma Center



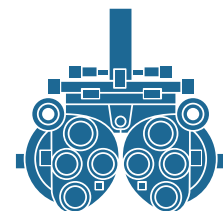
**13,528**  
Dental Patient Visit



**7,981**  
Inpatient days  
in 2019



**9,654**  
Eye Clinic  
Patient Visit in 2019



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

# UNWAIVERING COMMITMENT

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 that help us measure the quality of care we provide our patients every day.



## 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.



## 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.



## 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.



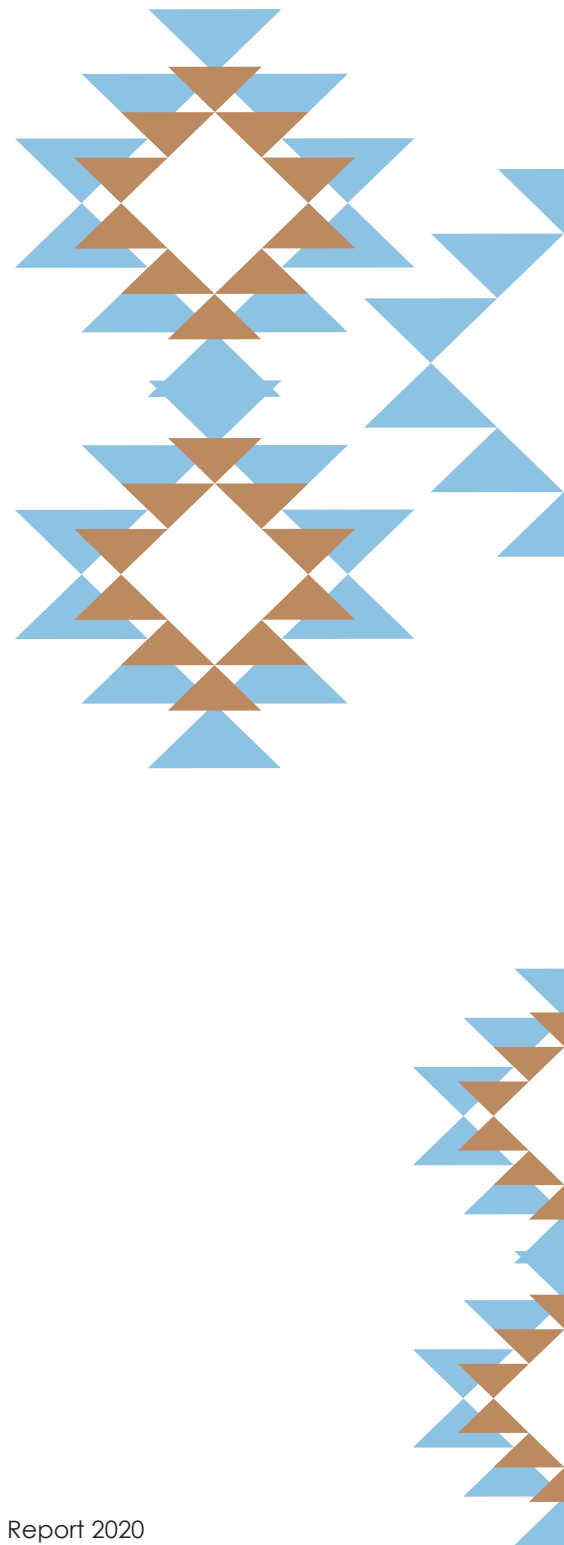
## Baby Friendly Hospital Certified

Tuba City is one of five designated facilities in the State of Arizona.

# TCRHCC Organizational Priorities

## FY 2021-2024 Capital Priorities

1. CARES Act Projects
2. Health Access Expansion Projects
  - a. Renovate Cameron Clinic
  - b. Plan Echo Cliffs Health Clinic
3. Long Term Care Construction Funding
4. TCRHCC Facilities Laundry
5. Planning Main Hospital Renovations
6. Storage Center
7. Behavioral Health Services
8. Expand the Patient Centered Medical Home beyond
  - a. Family Medicine and Internal Medicine Clinics
9. Partnerships:
  - a. Association of Indians for Self Determination in Healthcare
  - b. Specialty and Tertiary Providers
  - c. Tribal Public Health Programs



# TCRHCC Organizational Priorities

## Operational New & Ongoing Priorities

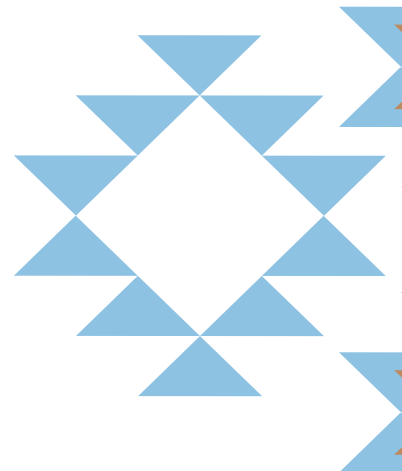
1. Telemedicine Care Delivery
2. Public Health expansion- Pandemic response
3. Throughput Priorities- Step Down Telemetry Unit
4. Customer Service Program Initiatives
5. Succession Planning- Healthcare Leadership Development
6. Reinforcing a Culture of Safety Initiative
7. Information Services (Data Analytics)
8. American Indian Medical Home Accreditation
9. Advocate with Educational Institutions for Staff
  - a. Health Science Programs
  - b. Staff development, i.e., Coders
10. Establish Productivity Standards in all Service Lines
11. Geriatric Service

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Lynette Bonar  
Chief Executive Officer

- Lynette Bonar, Chief Executive Officer
- Joette Walters, Chief Operating Officer
- Julius Young II, Chief Support Services Officer
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- William Dey, Chief Quality Officer
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- Sharr Yazzie, Chief Human Resources Officer
- Christine Keyonnie, Chief Financial Officer
- Dollie Smallcanyon, Chief Community Health Services Officer
- Shawn Davis, Chief Information Officer
- Dr. Sara Jager, Interim Chief Medical Officer
- Dr. Kathryn Magee, Chief of Family Medicine
- Dr. Stephen Holve, Chief of Staff

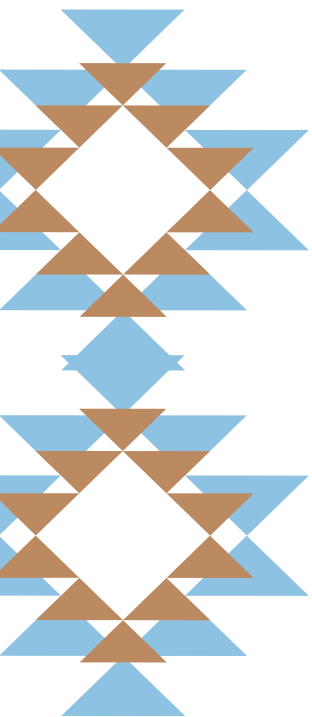




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# MENTAL HEALTH

Operating Using

# ZOOM

Amid COVID-19  
Pandemic



In early-March, Dr. Benjamin Everett, chief of mental health services, and his team of 10 clinical staff at Tuba City Regional Health Care Corp. (TCRHCC) closely watched world and national news about the quick spread of COVID-19 across the world. They knew it would eventually reach the remote Navajo Nation communities and it was just a matter of time.

With the virus quickly approaching, they sprang into action to develop a technological system that would ensure delivery of services continued to their patients. The department successfully implemented a transition to telehealth utilizing Zoom, a popular video conferencing system, to connect patients to clinical staff. The transition took a week to implement and it was in full operation by late-March.

Soon after, the Navajo Nation government instituted strict stay-at-home orders and curfews, and the encouragement to social distance and wear

personal protective equipment limited in-person appointments. With restrictions in place, they were prepared for telepsychiatry consultations which were suggested by the Centers for Medicare and Medicaid Services (CMS) during the pandemic.

“Suddenly, we had the ability to connect via Zoom on patient’s smartphones and so they wouldn’t even have to leave their house to meet with a provider,” said Dr. Everett.

“I give a big applause to the mental health providers because switching and doing all of your patient care suddenly through the computer is a big adjustment to take on as a healthcare provider and the team is terrific,” he said. “Everyone just jumped right into it and learned everything they could.”

Community outreach was also an important component in order to inform patients and the communities within the service area about the alternative means for delivery of services.

Dr. Everett explained they luckily had many

patients call to schedule appointments and they also called patients to get assessments. They also presented information about mental health via Facebook in a presentation posted on the Western Navajo Fair's Facebook page in May that included other updates relative to COVID-19. The presentation garnered more than 17,000 views within a 24-hour period.

As they implemented their technological transition, they came to realize that there was a lot of variability in technology use among their patients. Not all patients were able to pick up the technological use as fast as others who were already comfortable with technology but over time they learned.

"It was really important to work out the kinks and get everyone online," said Dr. Everett.

Limited access to technology by patients was also a challenge they faced. Although they tried to do many visits via patient's smartphones, that was not possible for many because of the lack of suitable mobile devices for some. Many did not have smartphones, some lived in areas that did not have cell phone service and others did not have enough data service.

Because of these challenges, they came up with an alternative plan as an option for those patients. Dollie Smallcanyon, the Chief Community Health Services Officer at TCRHCC, stepped up to help.

"[Dollie Smallcanyon's] department has state-of-the-art telehealth rooms located in the new community counseling center and she let us use those for patients who couldn't use their personal phones," said Dr. Everett. "[Patients] show up at the hospital, get directed there and use the telehealth rooms. These rooms are connected by Zoom to our mental telehealth providers that are in a different building."

Dr. Everett explained this was a great idea so patients have an alternative to using their own mobile devices to access Zoom.

Despite the challenges of the pandemic, patient visits to the mental health department surprisingly

increased 7% this year compared to the same time last year.

"We are just continuing to see patients just as much as we ever did and actually a little more so now," he said.

Dr. Everett explained their services are free and it is very easy to access.

"You don't need a referral or anything like that," he said. "All you have to do is call the hospital, ask for the Mental Health Department and you can schedule an appointment."

"In order to come here, you don't need to have a mental illness necessarily—you could just be someone who is struggling with normal anxiety or grief over losing someone. Anyone can talk to a provider," he added. "Mental health care can be preventative. There is a way to stay healthy and to prevent you from feeling worse."

Dr. Everett encourages people to stay connected with family and friends, especially during this time of pandemic. The encouragement of social distancing, strict curfew and stay-at-home orders can create stress, depression and anxiety but there are ways to prevent or lessen the stress.

"The single most important thing people can do is to stay socially connected to friends and family," he suggests. "If there is one recommendation I would make is that to remember that when we talk about social distancing, that's really about physical distancing but not about social isolation. There are ways to see your friends and family, and connect with people using things like Zoom or just by meeting outdoors."

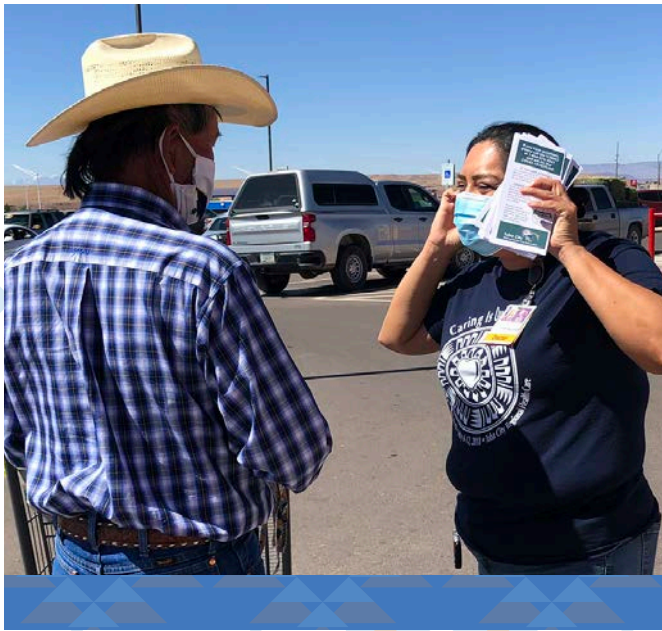


TCRHCC  
Sacred Peaks  
LeChee Health

# Healthcare Heroes







# *Salute to* **Healthcare** **Heroes**







Lillie Sloan, a dental assistant at TCRHCC, explained she and 15 of her dental colleagues sprang into action and set up a temporary sewing shop in the hallway of the dental department and started sewing gowns using fabric they bought.

# Dental Department staff at TCRHCC sewing gowns to help address shortage of disposable gowns

*Hospitals across the country are quickly running out of personal protective equipment (PPE) as a direct impact of overwhelming patient visits caused by the COVID-19 pandemic and Tuba City Regional Health Care Corp. (TCRHCC) is no exception.*

**O**n April 1, TCRHCC sent out an urgent request for gowns and sent out a pattern for homemade gowns in hopes seamstresses would make them and send them to TCRHCC.

As a quick response, the dental department staff teamed up with Dr. John Durham, a physician at TCRHCC and president of the Northern Arizona Volunteer Medical Corp., to begin producing gowns to address the shortage of disposable gowns.

Lillie Sloan, a dental assistant at TCRHCC, explained she and 15 of her dental colleagues sprang into action and set up a temporary sewing shop in the hallway of the dental department and started sewing gowns using fabric they bought.

Meanwhile, Dr. Durham used his connections and network at the Northern Arizona Volunteer Medical Corp. to get additional fabric donations.

Sloan said the staff brought in their own sewing machines and they have been sewing the gowns for over a month now.

After a few weeks of operating in the hallway of the dental department, the group was moved to the Health Promotion Diabetes Prevention (HPDP) building for a while but was asked to move again because that space was being transitioned to a short-term step down unit for recovering COVID-19 patients.

With no place to sew, The Church of Jesus Christ of Latter-day Saints in Tuba City invited them to use their gymnasium which offered a lot of space to

work and they have been diligently working there for the past three weeks. The group has been able to produce more than 250 gowns as of April 23.

“We’re on our fourth huge roll of fabric,” said Sloan. “We’re also sewing gowns for other hospitals as well.”

The group sent some gowns to the Northern Navajo Medical Center in Shiprock, New Mexico, because they are also in dire need of them.

“We are here five days a week. We have two people cutting fabric and then we have about six other people sewing,” she said. “Whoever wants to help, can come and help.”

The sewn gowns will help alleviate the rapid use of disposable gowns used by health care workers at the outdoor triage tent in Tuba City. Disposable gowns are meant for one-time use and they are used mostly in the inpatient units at the hospital.

Another team of seamstresses have also been busy sewing gowns for Tuba City and other health care centers in northern Arizona. Durham explained Threaded Together is a group of volunteers based in Flagstaff, Arizona, and they have also been contributing.

“The sewn gowns can be washed and reused,” said Durham. “We have good literature to support the fact that reusable cloth gowns are as effective as the disposable gowns that we’ve been using for the past 20 years.”

Durham is pleased with the introduction of the cloth gowns.



**“The group sent some gowns to the Northern Navajo Medical Center in Shiprock, New Mexico, because they are also in dire need of them.”**

“This was something that I’ve wanted to do for the last year,” he said. “I was just beginning to broach the topic with the hospital.”

He explained the reusable surgical gowns and drapes reduce the impact of plastic in the environment.

“Cloth gowns are as effective as a barrier and equally effective as the disposable gowns,” he said.

Durham also said seamstresses have also been contributing cloth masks.

“I’m getting cloth masks from all over the country mailed to us,” he said. “We have a cloth mask program here at Tuba City and we’re providing the masks to everybody that comes into the center at different contact points where one might enter the hospital.”

Cloth masks are not as effective

as a protective device for health care providers and they are not used primarily for health care providers but are instead distributed to the general public visiting the hospital as an added layer of protection.

Durham also said most of the PPE requires manufacturing by a manufacturer that is designed to build those types of equipment.

“We do get some face shields from different places in the community. We received face shields from a number of different donors,” he said. “There are people making face shields from their 3-D printers and we have a barrage of different face shields that we can use.”

Durham commended the dental department staff.

“They are doing a heckuva job helping with this program,” he said.



**Tuba City Regional Health Care Corporation  
(TCRHCC) &  
Meth & Suicide Prevention Initiative (MSPI)  
recognizes**

# **National Suicide Prevention Week**

.....**SEPTEMBER 14-21, 2020**.....

## **Know the Warning Signs of Suicide:**

- Increased Substance Abuse – alcohol & drugs
- Having no purpose in life
- Anxiety-unable to sleep or sleeping all the time
- Feeling of hopelessness
- Withdrawing from family, friends and society
- Being a burden to others
- Dramatic mood changes
- Engaging in risky behavior

***"You Are Not Alone"***  
**Need help call:**  
**TCRHCC–Mental Health**  
**928-283-2831**

**Veterans  
Crisis Line**



**1-800-273-8255**  
**PRESS 1**



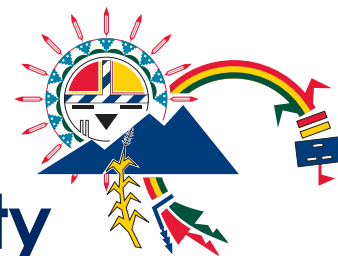
**THE TREVOR PROJECT**  
**LGBTQ CRISIS HOTLINE**  
**CALL 1-866-488-7386**

**For more info:**

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**Call the Meth & Suicide  
Prevention Initiative (MSPI)**  
**928-283-2816 or 928-283-1325**

**Tuba City**  
**Regional Health Care Corporation**





# Building Leadership Capacity

## at TCRHCC

The Leadership Academy Team at Tuba City Regional Health Care Corp. (TCRHCC) completed another series of training for five new participants July 15. The Leadership Academy provides a leadership training program to its staff and emerging leaders to help them develop leadership skills, knowledge and capacity.

The training program focuses on timely and leadership topics including evidence-based leadership principles and tools. Topics include: communication, transparency, resiliency, work-life harmony, performance feedback conversations, and strengthening relationships through rounding.

Since its inception, the academy has helped train more than 64 leaders within TCRHCC in addition to the 28 leaders this year.

The one-day learning sessions were a little challenging this time around because of the COVID-19 pandemic but it was successful.

“We conducted a training that focused on the intent of building leadership capacity while confronting a new normal for our staff due to the pandemic we are encountering,” said Meredith Thomas, chair of the Patient/Employee Experience Committee. “We made all stringent efforts to adhere to the TCRHCC EPI and CDC guidelines of social distancing and safety procedures.”





Thomas explained the current courses are focused on staff members that are currently in leadership roles and are geared toward their respective departments identified through their submitted action plans.

“Our staff work in a fast-paced environment, so the leadership training [provides] leadership skills for current staff and those aspiring to become leaders in their department,” said Thomas. “Our staff have the potential to become powerful and influential leaders capable of seeing new possibilities, inspiring others, breaking down silos, creating a new vision of health care delivery and transforming their vision into reality at TCHRCC.”

“The Leadership Academy Training and development will create change and even though change isn’t welcomed by all sometimes, it is an essential part of TCRHCC to be successful if we want to make a positive impact for our patients and guests,” Thomas added.

During training sessions, the academy decreased class sizes to a minimum of eight staff members for each class and offered classes twice a month beginning July 2020. A member of the TCRHCC staff leads each learning session.

The 2020 instructors include the following: Communication/Transparency (Pillar Communication Boards, Meetings, Huddles): Tennell



Gilmore, Director of Physical Therapy; Eugene Scott, Call Center Manager; and Derrick Sloan, Call Center Lead. Strengthening Relationships through Rounding: Veronica Granger, Program Director, Ambulatory Department; Albert Nez, Director of OB, OBGYN Department; and Nicholas Morgan, Call Center Lead. Positive Communication Standards: Jill Curley, HR Senior Benefits Specialist; and Monique Yazzie, HR Talent Acquisition Specialist.

Recognition/Celebration/Appreciation: Jill Curley, HR Senior Benefits Specialist; and Monique Yazzie, HR Talent Acquisition Specialist. Resiliency/Work-Life Balance: Joe Baca, CCC-HPDP; and Ethmundo Rosales, PI/Patient Safety Officer.

The 2018 instructors include the following: Goal Setting and Action Planning: Kyle Black, Director of Facilities and Facilities Department – LAT Chair; and Elvira Jacobs, Purchasing Manager, Purchasing Department. Intentional Conversations: Veronica Granger, Program Director, Ambulatory Department; and Natalia Hatathli, Director of Laboratory Services, Laboratory Department. Service Recovery and Monthly Action Performance meeting (M.A.P): Reasol Chino, Assistant Director of Pharmacy Services, Pharmacy Department; and Kaira Cody, Laboratory Assistant, Laboratory Department. Hiring/Onboarding: Annabelle Loveland, Human Resources Operations Manager, Human Resources.



## Building Leadership Capacity at TCRHCC



The 2020 alumni of the Leadership Academy Training include: Roselyn Riggs, Alexander Babbitt, Shirley Alex, Tina Bekis, Matthew Tress, Kristi Yates, Kenneth Butler, Lillian O. Sloan, Tahniel Begay, Shanne Charley, Thomas Yazzie, Nora Fowler, Joshua Clifford, Louis Shepherd, Alberta Joe, Patricia Kent, Jerrilyn Billy, Evelyn Sotomayor, Jackie Albritton, Melissa Humetewa, Benjamin Everett, Kaylin Fowler, Amorelle Adair, Ryan Begay, Harmeet Singh Deol, Valarie Yazzie, Ernestine Klopfenstein and Brian Boyd.

The 2018 alumni include: Lisa Butler, Tyson Etsitty, Teresa Dash, Kimberly Sellers, Derrick Sloan, Patricia Kent, Sharr Yazzie, Shirley Lee, Wilbur Tewahaftewa, Maurice Kuwanhyoima, Ryan Bergen, Michelle John, Larry Charley Jr., Ella Cook,

Christine Thinn, Lawrence Nez, Brian Boyd, Olson Yazzie, Daisy Tacheene, David Acothley, Scott Begay, Carlos North, Ronneil Black, Ambrose Yazzie, Clay Dressler, Timothy Benally, Marie Littleman, Alberta Nez, Linda Hollen, John Everett, Lucinda Yazzie, Scott Cerreta, Paul Chefore, Jeanette Yazzie, Tina Bekis, Lillie Sloan, Ron Chapman, Roberta Peaches, Shanna Maze, Jeremy Johnson, Kaylin Fowler, Melissa Francis, Lucinda Yazzie, Derrick Sloan, Nora Fowler, Kristy John, Nina Monroe, Jerry Edwards, Sherry Miller, Jeremy Johnson, Trudy George, Anthony Curley, Nina Monroe, Ethmundo Rosales, Marjorie Tsosie, Shanne Charley, Ana Rodriguez, Clinton McCormick, Heather Williams, Durrell Medicine Crow, Carlita Arizona, Atlanta Begay, Natasha Begay and Denise Brown.



## Patient Centered Medical Home

***"You are at the center of your health care."***

### What is Patient Centered Medical Home and is TCRHCC using this model?

The Patient Centered Medical Home (PCMH) is a nationally-recognized primary health care model for children, adolescents and adults.

Tuba City Regional Health Care Corporation (TCRHCC) is moving toward using this new model of care, where we work closely with patients and their families, recognizing the unique needs, cultures and beliefs of each patient.

#### **Your Care Team will include:**

- Medical Provider,
- Registered Nurse (RN),
- Certified Medical Assistant (CMA),
- Certified Nursing Assistant (CNA),
- Patient Access Specialist (PAS),
- Client Service Technician (CST),
- and other staff who support you but the most important member of your care team is – YOU.

Your team can help answer your questions and together identify your particular health care needs. When you have a concern, your medical home team will work with you to find the best way to deal with them.

### What are my responsibilities as a patient under the Patient Centered Medical Home model?

- Follow the care plan your Care Team has developed for you.
- Take all your medications as prescribed.
- Attend all of your scheduled appointments.
- Tell us when you don't understand something, ask us to explain it again.
- Tell us when you receive health care from other health care professionals that are not a part of your Care Team, i.e. if you go to Flagstaff Medical Center, or to a Phoenix Medical Center.
- Tell us if you are experiencing any changes in your health.

You are in control of your health. Together, you and your Medical Home Team will work on a plan that is just for you.

For more information about Patient Centered Medical Home, call 1-866-976-5941.



**Tuba City**  
Regional Health Care Corporation



# TCRHCC Primary Care Clinics Are Open

TCRHCC Primary Health clinics are open and safe for same-day, family medicine, specialist and pediatric patients. Our clinics are open on weekdays for treatment of illnesses and injuries. It is important that we continue to provide care and treat our patients so that your medical conditions do not worsen.

You can feel safe knowing we do not treat COVID-19 patients inside our clinics. We require everyone who enters our clinic to wear a face mask and also maintain a 6-foot distance between staff and patients in our waiting areas.

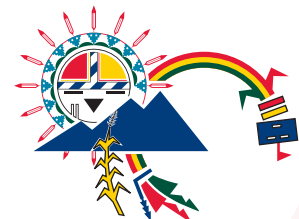
## View our list of clinics are that here to see you:

- Audiology Clinic
- Breast Clinic
- Dental Clinic
- Dermatology Clinic
- Diabetes Management Clinic
- Ear, Nose, & Throat (ENT) Clinic
- Eye Clinic
- Family Medicine
- General Surgery
- Internal Medicine
- Mental Health Clinic
- Orthopedics/Podiatry Clinic
- Pacer Clinic
- Pediatrics Clinic
- Physical Rehabilitation (PT, OT, Speech Therapy)
- Renal Clinic
- Reflux Clinic
- Rheumatology Clinic
- Same-Day Appointment
- Specialty Care Center
- Women's Clinic

## Elective Surgery

TCRHCC is open for elective surgery, and we've put many steps in place to make sure that our operating rooms remain safe. Call to schedule an appointment with your provider at 1-866-976-5941.

**Please call 1-866-976-5941 to schedule an appointment for any of our clinics.**



# What is TCRHCC doing to protect patients in the clinic?

## Pre-screening patients

We're screening all patients and visitors for symptoms of COVID-19 immediately when they drive on to our campus.

It is important to let our outdoor screeners know if you have a cough or fever.

If you have symptoms of COVID or would like to be tested, we are offering tests outside in the white tent.

Please arrive on time to your appointment. If you are very early, you will be asked to wait outside the building for the purpose of social distancing.



## Masks required during in-person care

When you visit our Clinics, you will be required to wear a mask. In order to reduce the spread of COVID-19, we require all patients and visitors to wear a mask or face covering while in our clinics and hospitals.

If you don't have a mask, one will be provided at the time of your visit.

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### Public Health Emergency Order 2020-007

On April 17, 2020, The Navajo Department of Health issued Public Health Emergency Order 2020-007, requiring all individuals on the Navajo Nation to wear protective masks in public.

The Public Health Emergency Order defines a mask as a covering designed to filter one's breathing through both the nose and mouth. A mask must snugly cover the face around the nose and mouth to prevent the wearer from breathing unfiltered air. It may be a commercially made face mask, or a homemade cloth face covering.

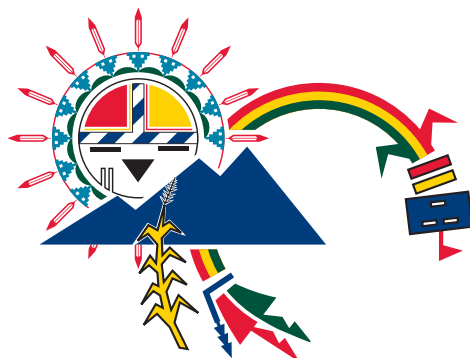












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