



TUBA CITY
Regional Health
Care Corporation

**ANNUAL
REPORT**

2022

Annual Report 2022

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Tuba City Regional Health Care Corporation

Transforming Healthcare through Tribal Self-Governance



This past fiscal year TCRHCC has shifted to a state of normal operations, which includes a permanently staffed expanded public health surveillance team that is prepared to address further responses to Covid or other public health emergency outbreaks. There are continued concerns of a rapidly changing Covid virus that is keeping many pharmaceutical and CDC staff up at night, as the Covid virus shifts in response to the vaccines and boosters used to prevent infection, decrease transmission and keep our testing options relevant.

Since October of 2020 Tuba City Regional Health Care Corporation (TCRHCC) has been fortunate to have received funding from various Acts of Congress for healthcare systems and tribes to meet the healthcare needs of our community. A prolonged mental recovery of our staff has begun but we struggle like most of the healthcare sector, to sustain a permanent team of frontline caregivers because of the “great resignation.”

Our Annual Report focuses on addressing and providing care and resources for our communities as our priority. We are moving forward with adapting to workforce shortages and increasing expenses, addressing fallout of the lack of primary care visits during the pandemic, an increase in sexually transmitted diseases, ongoing supply chain issues, outbreaks of random societal

violence and climate change that continue to affect the stability of our communities.

SAFETY (SAFE)

A major priority for our organization is Safety. The Pandemic era had created an environment where we had been focused on acute response processes to Covid. We have made the surveillance part of our normal operations and continue with frequent communication to staff and our communities. We have rejuvenated focus on infection control and performance improvement in line with the opening of all our services. High priority is refocusing our staff on engagement and getting back to patient centered care.

An unforeseen outcome of the pandemic, on an already burnt out healthcare team has resulted in an increase of the amount of contract professionals or as some would call a “travel nurse tsunami” which can inhibit communication and derail our financial stability. The constant revolving door of staff has placed more effort into communications within our frontline workforce to have heightened sense of safety. We have completed an updated Safety Survey that we received a ~60% response rate, which is very good. We are now working on the action plan to keep our safety focus as a priority. Much of the plan will focus on wellbeing, retention and recruitment.

ACCESS TO CARE

In FY22 we were able to open our in-person services safely with new processes in place for accessing care at all sites: the main campus, LeChee Clinic, Sacred Peaks Health Clinic, Mobile Health Clinic, Cameron Clinic and Bodaway Gap Health Clinic.

TCRHCC COVID response funds are still being used throughout FY22 and FY23. We were able to add an additional Mobile Medical Van to assure our program remains sustainable. The delays in COVID response projects have mainly been due to Supply Chain issues with the US and internationally. We completed our LeChee clinic



Pharmacy drive thru, relocated and renovated our Pediatric Unit, added a second CT scanner and Cameron Medical/Dental Clinic with the addition of medical services along with dental negative pressure rooms. Ongoing projects include our Emergency Room expansion, MRI upgrade, Vaccine Clinic, and additional space via modular additions for Education, Medical Staff office space, and expanded area for our Revenue Cycle Team. We also added a new Mobile Medical van as depicted below.



Prior to the pandemic opioid abuse was already an issue. The pandemic worsened the use of substance abuse in our communities. Navajo

“A major priority for our organization is Safety.”

Nation Department of Health (NNDH) had received a grant for the Tribal Opioid Response (TOR) initiative prior to the pandemic. At the beginning of FY22 NNDH was able to re-focus efforts on this grant. We partnered and became a subrecipient of this grant. Our medical staff was eager to join as they have seen the need for our community and the value of participating in this initiative.

The pandemic prolonged the start of additional partnerships that we were working on before the Covid outbreak and we were finally able to finish the connection with Native Americans for Community Action (NACA) Behavioral Health services via telehealth. This is a much-needed service to connect our community to via telehealth with the increase of issues with Substance Use Disorder.

QUALITY

Our Quality team has completely turned over. We are continuing our commitment to growing our own amongst our staff. One of the best example has occurred within our Quality division. These individuals will assure sustainability of quality knowledge in organization into the future with local employee management. An initiative to support this is investing in our leaders with another year of our Leadership Academy and a new opportunity, with the newly formed Executive Mentorship Academy.

Our customer service programs are being given a new emphasis to reenergize the recognition of employees through the Employee to Employee Recognition Program (PEERS), the Daisy Award for nursing, the Squash Blossom Award for Certified Nurse Aides, and the Tom Drouhard Award for Physicians/Advance Practice Providers, awarded quarterly and annually. FY23 will bring additional employee recognition programs.



FY22 was a big year in continuing to prepare for our organization wide Joint Commission Accreditation survey for Hospital, Patient Centered Medical Home, and Home Care (durable medical equipment) services. Currently we are having all

areas surveyed and are now waiting for a follow up Life Safety survey for hospital services. Joint Commission is considered the Gold Standard of accreditation.

In first quarter FY22 we had our scheduled Trauma certification and were certified until FY23. We have very committed nursing, medical staff and injury prevention teams that support and hold this certification as a must, so our staff, and our Navajo Nation Emergency Medical Service team, commit to the training and education that occurs to award our facility to hold a Trauma Level III certification. This certification raises the bar for our team to train for the best outcomes for any patients that arrive from trauma situations.

CULTURALLY SENSITIVE



Cultural sensitivity is a natural part of our Mission. Culture sensitivity focuses on having our patients in a place where they feel welcome and comfortable. They see and are treated by staff that are from their own community and speak their native language. Cultural sensitivity is not only for our Native employees, but we are inclusive for all genders and races to be a part of our caring community. We are thankful we have staff from all over the US to professionally care for our patients.

The Office of Native and Spiritual Medicine provides culturally appropriate sessions for our

staff to educate them on their patient's Traditional practices. Per our FY18 Community Health Assessment (CHA) our community members integrate their culture with Western Medicine practices and the primary language in Navajo and Hopi patients is spoken at approximately 44% and 44.3% respectively in their households. This past year we approved and hired a team of Navajo Language Medical interpreters to assure an optimal approach is provided for communication of care between our health care providers and our patients.

TRANSITION AND PARTNERSHIPS

This post pandemic year has created many changes to competing priorities. The initiatives we have chosen to focus on have been successful because of our partnerships. We partner on a day to day basis with NNDOH, but we have added one of the most needed services with NACA Behavioral Health, as mentioned earlier in this report. According to our FY21 CHA our communities top three community health problems are below:

TCRHCC continues to partner with all tribal partners, federal agencies, and state leaders to decrease health disparities and improve health

dogs
 mental health
 mental health
 diabetes
 alcohol / drug use
 high blood pressure meth
 elderly care

equality. This past year we solidified a partnership with Northern Arizona University's Nursing program. We will have a cohort of ten nursing students that will obtain their clinical rotations on

our campus this coming FY23. We also continue to work closely to help build education programs in the health science field with the Tuba City Dine' College extension program.

Our grants have grown to an amount >\$18 Million. We were able to secure an Arizona Department of Health Services grant to improve areas within the Social Determinants of Health. We chose to build a program for our future workforce, in the fields of Information Technology, Medical Coding and Billing and expand our Pharmacy Technician program.



A much-needed priority has been to build an elder care center in Tuba City AZ. As shown below we have been successful in gaining the support from our AZ State leaders; Senator Mike Kelly, Senator Kirsten Sinema and Congressman Tom O'Halleran. We were able to secure an \$8 Million dollar Congressionally designated spending authorization toward the construction of an Elder Care Facility, a permanent and expanded Specialty Cancer Center, and much needed Rehabilitation Facility within the same structure.

Additionally, we worked with our local Navajo Council Delegate, Otto Tso and Navajo Nation Office of the President Vice President, President Nez to gain support of \$25 Million from the NN Sihasiin fund (depicted below). Lastly to meet this large capital expenditure we will be partnering with the USDA to obtain a loan for the last \$25 Million to complete the Elder Care Facility,



Specialty Cancer Center, Rehabilitation Facility. We will begin this project in FY23.

President of the Association of Indians for Self Determination in Healthcare (AISDH), within the Navajo Nation Health Command to assure that our Self Governance Tribal health partners are included in announcements and decisions that may affect how we deliver care and prevention campaigns for our Navajo, Hopi and San Juan Southern Paiute communities.



TCRHCC and the Navajo Hopi Health Foundation (NHHF) work together to address the needs of our organization. We have had some great projects that improve our services and access to care. The NHHF has assisted TCRHCC with thousands of dollars for our patients and access to care resources for our cancer program, patient discharge needs, as well as employee engagement events.

IN CONCLUSION

Our health system's FY23-26 organizational priorities cover many strategic areas. Collectively, the priorities encompass changes that help address ongoing pandemic needs, access to care, critical medical equipment and information technology, affordable housing for our staff, and future workforce sustainability.

We have adapted to a changing healthcare environment, with thanks and appreciation to our resilient staff and a committed governing Board of Directors.

*Ahe'hee',
Lynette Bonar, CEO*



Celebrating 20 Years Of Self-Governance In Health Care



In September 2022, Tuba City Regional Health Care Corporation entered 20 years of self-governance in healthcare.

This anniversary is a major milestone in which all of us should take pride and reflect on our contribution to healthcare across the Navajo Nation.

Our successes would not be possible without our 1,000+ professional work force at four sites (TCRHCC, LeChee Health Center, Cameron Clinic and Sacred Peaks Health Center) in our service area, mobile medical/dental

program and school outreach. Our employees have led our success with ingenuity, commitment, leadership, and strength.

On behalf of TCRHCC team members, past and present, thank you to the community, and our Navajo Leadership.

TCHEALTH.ORG | 1-866-976-5941



Tuba City Regional Health Care Corporation

20 YEARS OF SELF-GOVERNANCE IN HEALTH CARE



Tuba City Regional Health Care Corporation (TCRHCC) is in its 20th year of Self-Determination under the P.L. 93-638. Through Self-Determination, TCRHCC has achieved healthcare equality for the communities it serves.

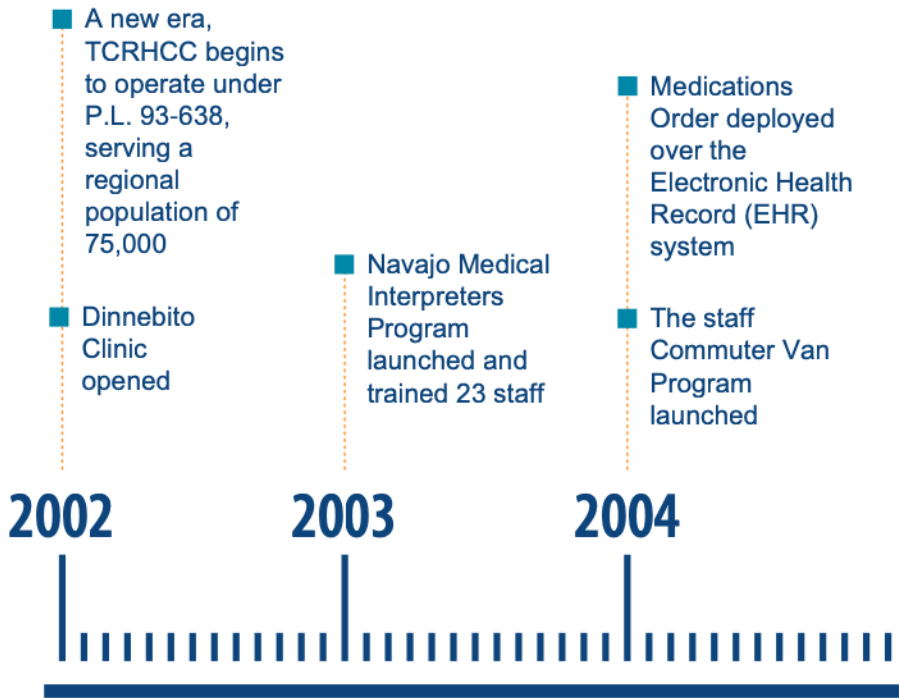
On April 19, 2002, the Navajo Nation Council approved a special pilot project for three Navajo non-profit healthcare corporations.

Through the Years

Mission
Providing a safe, accessible, quality and culturally sensitive healthcare.

Vision
Embracing healthy living to heal, to respect, to console.

Values
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.

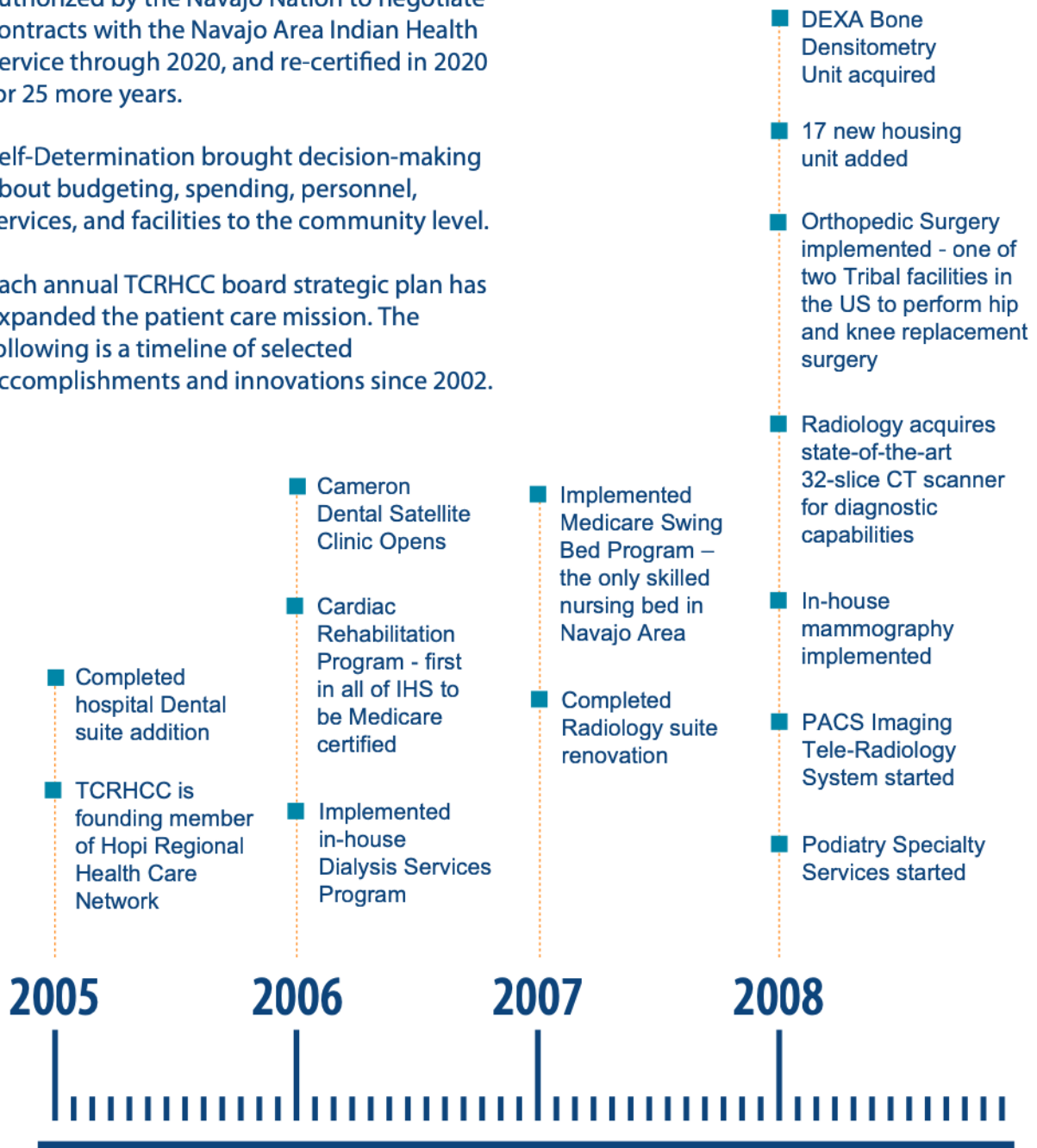


Through the Years

The Tuba City Regional Health Care Corporation (TCRHCC), Utah Navajo Health System, Inc. (UNHS), and Winslow Indian Health Care Center, Inc. (WIHCC) were authorized by the Navajo Nation to negotiate contracts with the Navajo Area Indian Health Service through 2020, and re-certified in 2020 for 25 more years.

Self-Determination brought decision-making about budgeting, spending, personnel, services, and facilities to the community level.

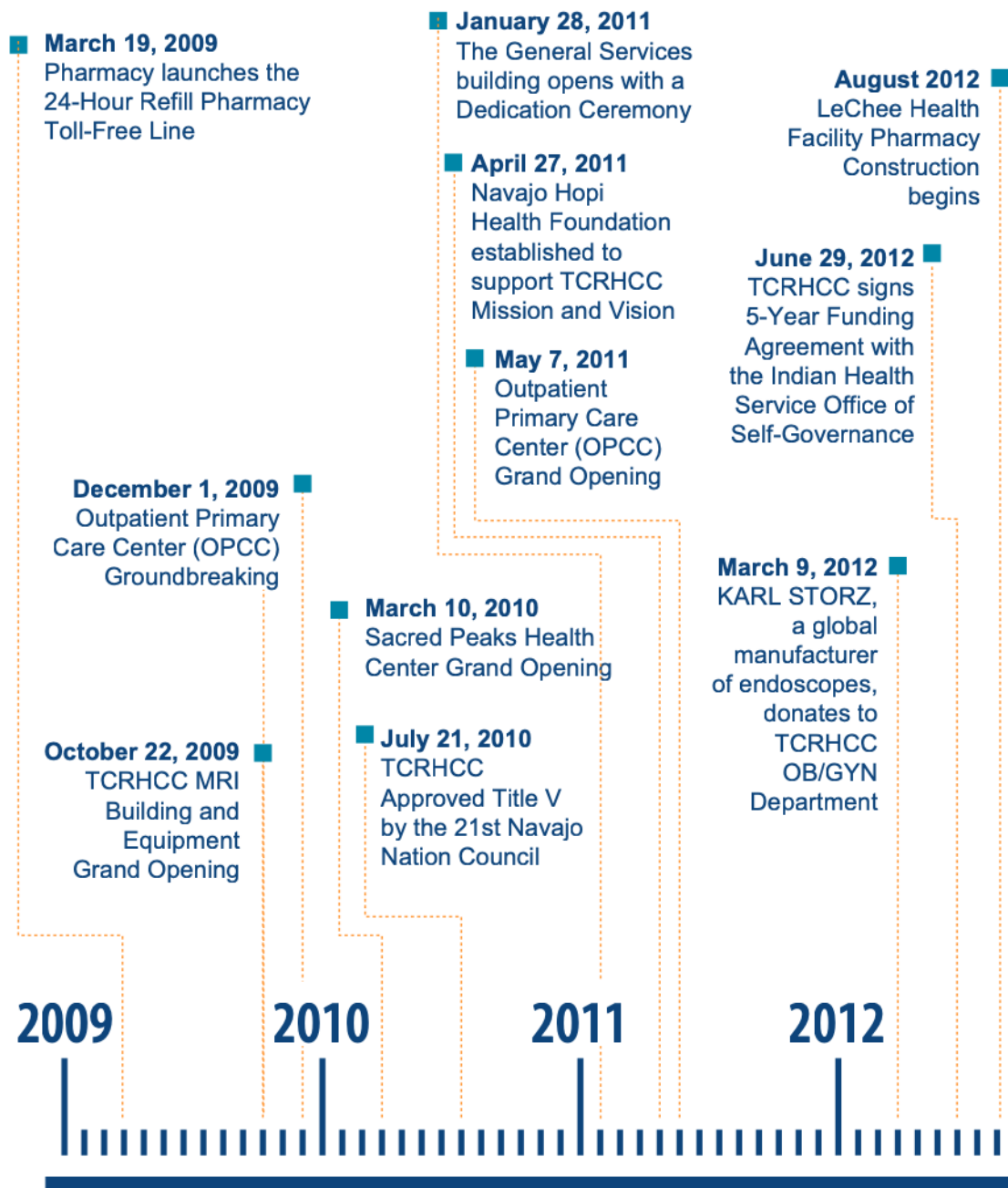
Each annual TCRHCC board strategic plan has expanded the patient care mission. The following is a timeline of selected accomplishments and innovations since 2002.



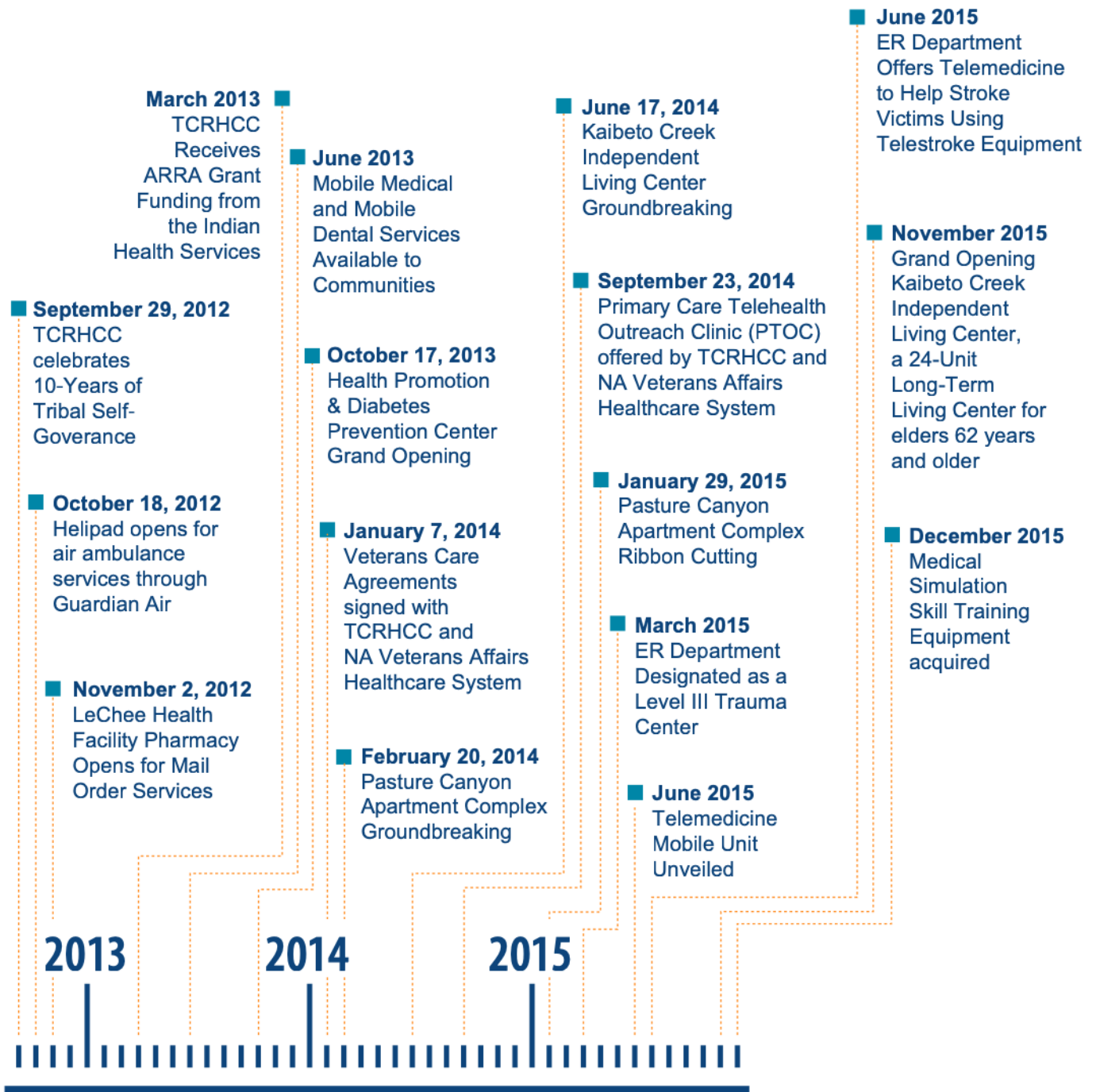
TCRHCC Accomplishments Through Self-Determination

Tuba City Regional Health Care Corporation

20 YEARS OF SELF-GOVERNANCE IN HEALTH CARE



Through the Years



TCRHCC Accomplishments Through Self-Determination

Tuba City Regional Health Care Corporation

20 YEARS OF SELF-GOVERNANCE IN HEALTH CARE



Through the Years



TCRHCC Accomplishments Through Self-Determination

Our Purpose

Mission & Vision



Our 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

Our Vision

To heal. To respect. To console.

Values Statement

"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
- Information Systems
- Quality
- Services

Certified by the Country's
Most Prestigious
Seal of Approval

The Joint Commission



CERTIFIED SINCE 2002

Patient Safety Is Our Priority, High Quality Is Our Standard

Tuba City Regional Health Care takes pride in earning
The Joint Commission's **Gold Seal of Approval** for

Home Care • Hospital • Laboratory • Patient Centered Medical Home

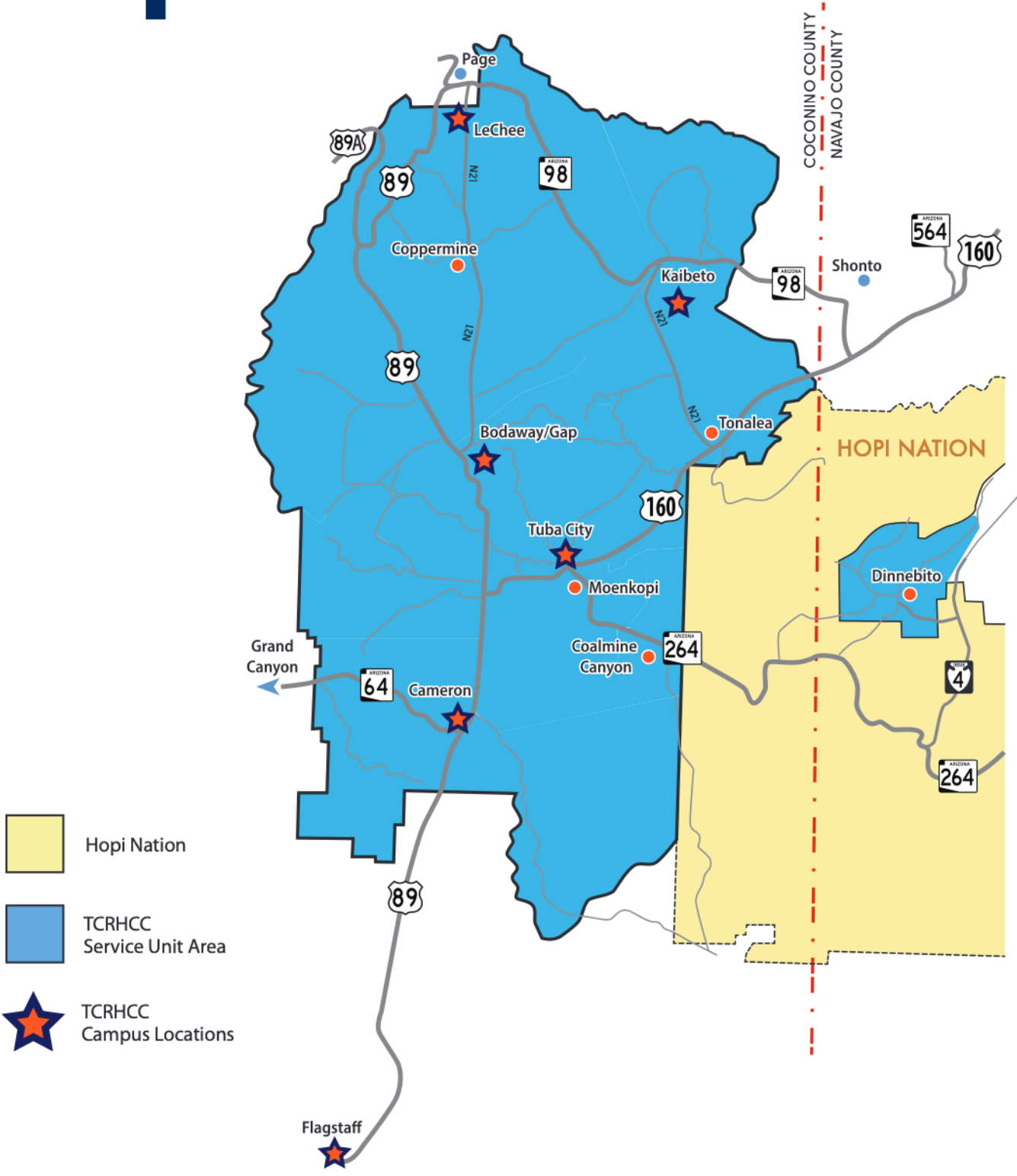
Tuba City Regional Health Care demonstrates compliance with The Joint Commission's
national standards for health care quality and safety in disease-specific care.

This accreditation stands testimony to our commitment towards
patient safety and continuous quality improvement.



Tuba City
Regional Health Care Corporation

Tuba City Regional Health Care Service Area Map



Tuba City Regional Health Care

Our 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
Contact: TCRHCC Housing Manager
Call Center: 1-866-976-5941

Bodaway/Gap Clinic

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

Cameron Clinic

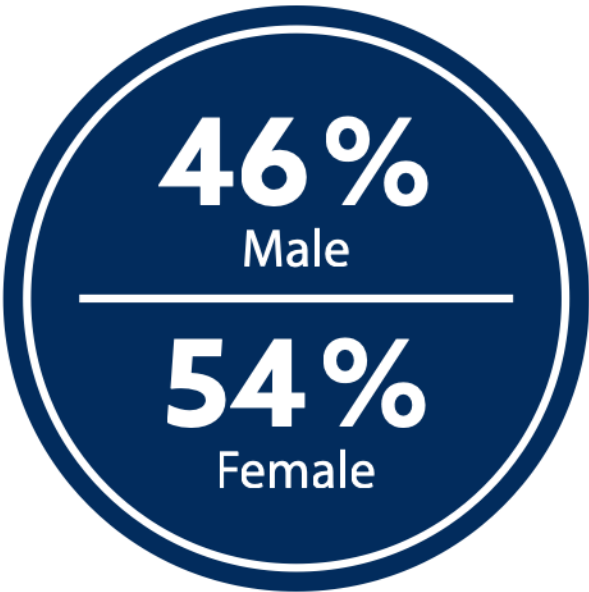
Cameron Health Care & Dental
Highway 89 North, Mile Post 466 US
Cameron, AZ 86020
Call Center: 1-866-976-5941



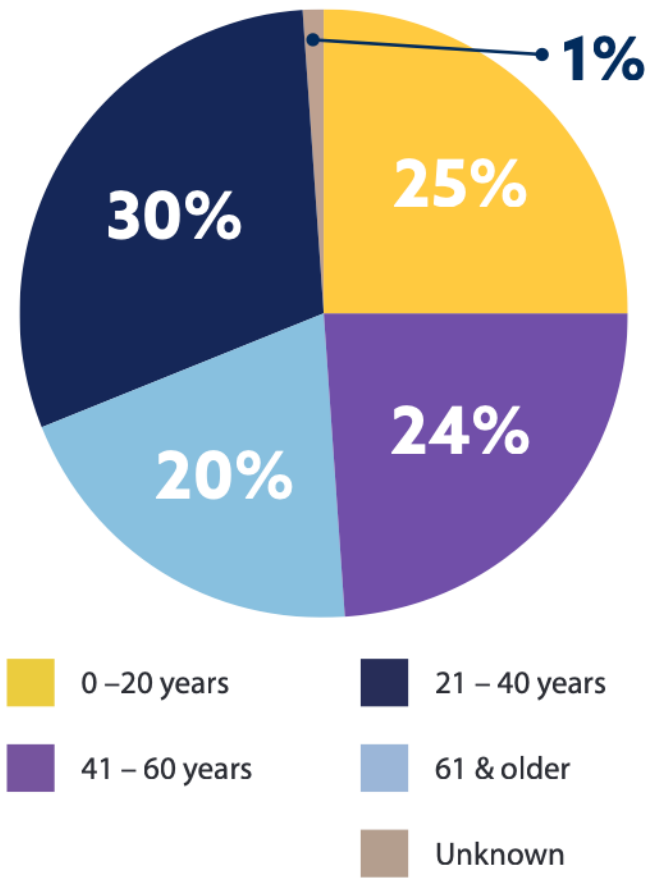
Our Communities

Who We Serve

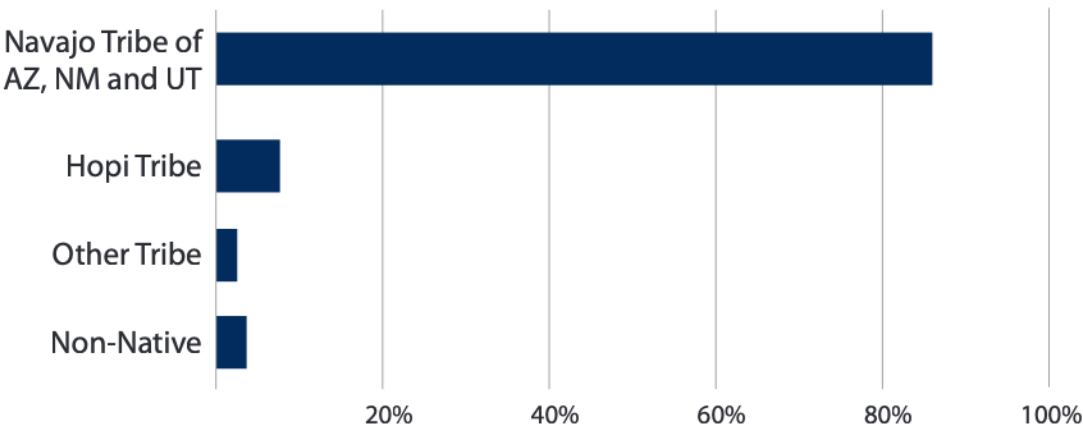
PATIENT
GENDER



ACTIVE PATIENT
AGE DISTRIBUTION



ACTIVE PATIENTS (BY TRIBE)



Billable Patient Visits

Inpatient and Outpatient Workload

INPATIENT	FY 2002	FY 2019	FY 2020	FY 2021
Hospital Discharges	3458	1,649	2,061	1,837
<i>Swing-Bed</i>	—	10	4	0
<i>ACU/PEDS/ICU/OB</i>	—	2,269	1,639	1,837
Inpatient Days	14,153	7,200	10,539	9,200
Average Daily Census	38.0	31.6	28.8	25.2
Newborns	512	391	334	268
Newborn Days	946	781	668	568
Total Inpatient Days	15,099	7,981	11,369	9,768
Discharges	3,970	2,830	2574	2,105
Average Length of Stay	3.8	2.8	5.1	5
OUTPATIENT	FY 2002	FY 2019	FY 2020	FY 2021
Total Outpatient Visits	145,035	490,629	334,497	224,128
<i>Tuba City Regional Health</i>	—	297,170	195,624	180,136
<i>Sacred Peaks Health Center</i>	—	73,075	64,611	36,777
<i>LeChee Health Facility</i>	—	119,630	73,615	6,595
<i>Bodaway Gap</i>	—	—	—	254
<i>Observations</i>	—	754	647	366
GRAND TOTAL UTILIZATION	FY 2002	FY 2019	FY 2020	FY 2021
Inpatient Days & Outpatient Visits	160,134	498,610	345,866	233,896

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

Rev. 09/10/22

By the Numbers 2021

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

970+
Employees



90+
Specialty
Clinics



73
Beds



224,128
Outpatient Visits
Across All Settings in 2021



4 Satellite Clinics



Cameron Clinic
Bodaway/Gap Clinic
LeChee Health Facility
Sacred Peaks Health Center

2,246
Surgeries
Performed in 2021



22,958
Total Mobile
Health Visits
Mobile Medical & Dental Unit



27,255
Emergency
visits in 2021 to our
Level III Trauma Center



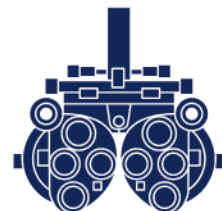
9,887
Dental Patient Visit



9,768
Inpatient days
in 2021



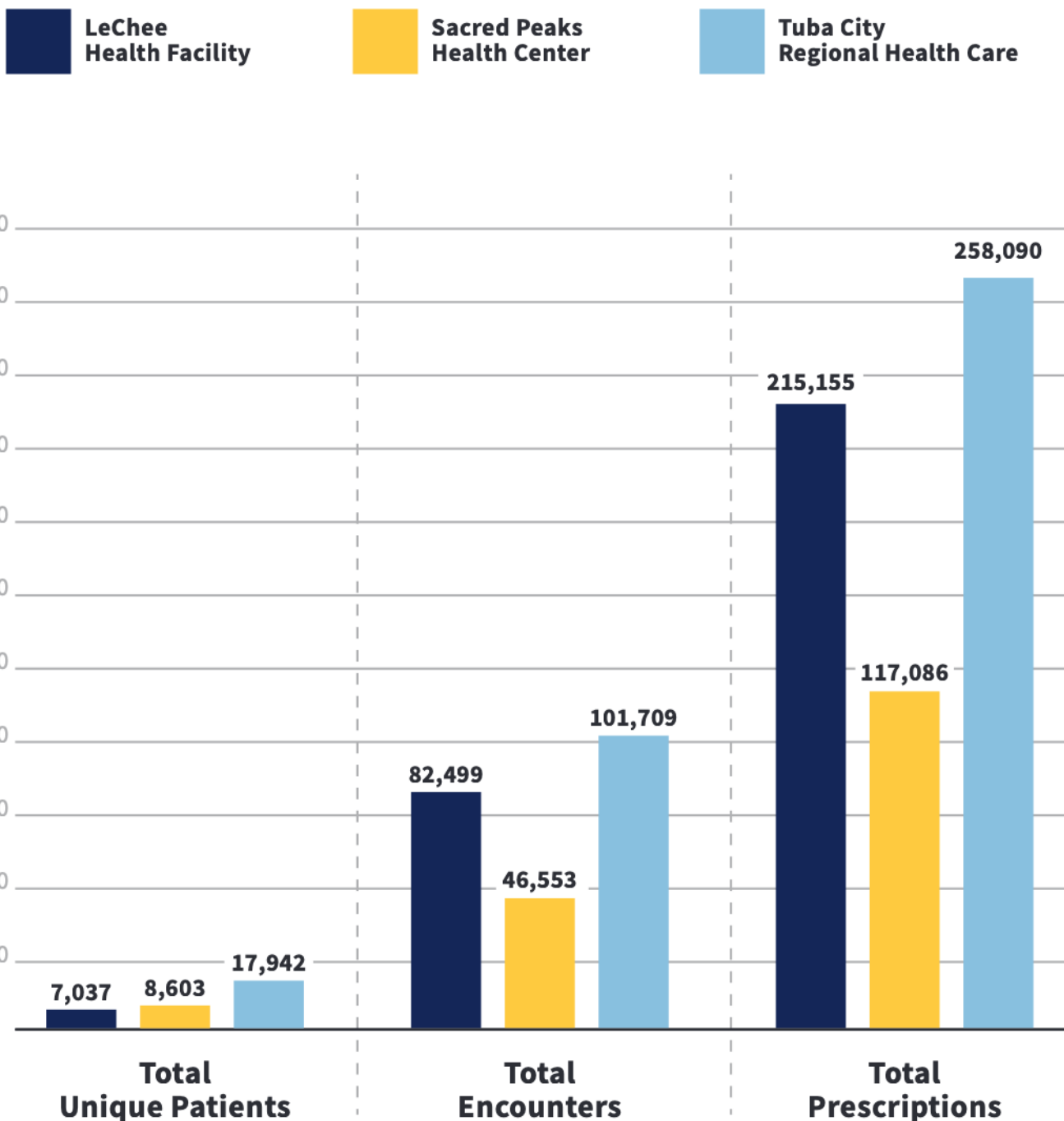
7,987
Eye Clinic
Patient Visit in 2021



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

Pharmacy Services

Unique Patients, Encounters, Prescriptions



Our Communities

Active Patients

By Tribe

ABSENTEE-SHAWNEE TRIBE OF OKLAHO
 ACOMA PUEBLO, NM
 AK CHIN IND COM PAPAGO IND. OF M
 ALABAMA AND COUSHATTA TRIBES OF
 ALABAMA-QUASSARTE TRIBAL TOWN IN
 ALASKAN INDIAN
 ALEUT
 APACHE
 APACHE, JICARILLA TRIBE, NM
 APACHE, MESCALERO TRIBE, NM
 ASSINIBOINE
 ASSINIBOINE, FT BELKNAP IND RES,
 ASSINIBOINE & SIOUX TRIBE, FT PEC
 ASSINIBOINE & SIOUX TRIBE, MT, S
 APACHE TRIBE OF OKLAHOMA
 ARAPAHO TRIBE, WIND RIVER RES. W
 BANNOCK
 BAY MILLS IND COMM SAULT STE. MA
 BLACKFEET TRIBE RESERVATION, MT
 CADDO TRIBE INDIAN OF OK
 CAHUILLA
 CANADIAN INDIAN
 CATAWBA TRIBE OF SOUTH CAROLINA
 CHEMEHUEVI TRIBE RES., CA
 CHEYENE-ARAPAHO TRIBES OF OKLAHO
 CHIPPEWA, LAKE SUPERIOR, BAD RVR
 CHIPPEWA TRIBE OF MN, LEECH LAKE
 CHEROKEE INDIANS, EASTERN BAND
 CHEROKEE NATION OF OKLAHOMA
 CHEROKEE-SHAWNEE DUAL ENROLLMENT
 CHICKASAW NATION OF OKLAHOMA
 CHIPPEWA (OBJIBWAY)
 CHIPPEWA-CREE IND. ROCK BOY RES.
 CHIPPEWA TRIBE OF MN, FOND DU LA
 CHOCTAW NATION OF OKLAHOMA
 CO RIVER IND. TRIBES RES., AZ AN
 COCHITI PUEBLO, NM
 COCOPAH TRIBE OF ARIZONA
 COEUR D ALENE TRIBE RES., ID
 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 GRAND RONDE COMM.

CONF. TRIBE OF UMATILLA RES., OR
 COUSHATTA TRIBE OF LOUISIANA
 COWLITZ (LANDLESS)
 COWLITZ TRIBE
 CREEK NATION OF OKLAHOMA
 CROW TRIBE OF MONTANA
 DELAWARE TRIBE OF WESTERN OKLAHOMA
 ELEM IND. COLONY OF POMO IND, CA
 ESKIMO
 FLANDREAU SANTEE SIOUX TRIBE
 FT MCDERMITT PAIUTE & SHOSHONE
 FT MCDOWELL MOHAVE-APACHE IND CO
 FT MOJAVE INDIAN TRIBE, AZ
 FT SILL APACHE TRIBE OF OKLAHOMA
 GILA RIVER PIMA MARICOPA IND COM
 GRAND TRAVERSE BAND OTTAWA & CHI
 GROS VENTRE-3 AFF TRB FT BERTHOL
 GROS VENTRE, FT BELKNAP IND RES
 GROS VENTRE (HIDATSA, MINITARI)
 HANNAVILLE IND COM WI POTAWATOMI
 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
 INAJA BAND OF COSMIT MISS IND
 IOWA TRIBE OF OKLAHOMA
 ISLETA PUEBLO, NM
 JEMEZ PUEBLO, NM
 KAIBAB BAND OF PAIUTE INDIANS, R
 KARUK TRIBE OF CALIFORNIA #216
 KAW INDIAN TRIBE OF OKLAHOMA
 KICKAPOO TRIBE OF IND., RES., KS
 KIOWA INDIAN TRIBE OF OKLAHOMA
 LAC COURTE OREILLES BAND RES., W
 LAC DU FLAMBEAU BAND RES., WI
 LAGUNA PUEBLO, NM
 LOWER BRULE SIOUX TRIBE RES., SD
 LOWER ELWHA TRIBAL COMM, RES., W
 LUMMI TRIBE RESERVATION, WA
 MAIDU
 MANDAN - 2 AFF TRB FT BERTHOLD R

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
 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 TRIBE OF INDIANS, RES., W
 ONEIDA NATION OF NEW YORK
 ONONDAGA NATION OF NEW YORK
 OSAGE TRIBE OF OKLAHOMA
 OTOE
 OTOE-MISSOURIA TRIBE OF OKLAHOMA
 OTTAWA TRIBE OF OKLAHOMA
 PAIUTE
 PAIUTE IND. COLONY, BRIDGEPORT,
 PAIUTE INDIAN COLONY, BURNS, OR
 PAIUTE INDIAN TRIBE OF UTAH
 PAIUTE SHOSHONE BG PINE BAND OWE
 PASCUA YAQUI TRIBE OF ARIZONA
 PASCUA YAQUI (UNENROLLED)
 PAUMA BAND LUISENO MISS. IND., C
 PAWNEE INDIAN TRIBE OF OKLAHOMA
 PECHANGA BAND OF LUISENO MISS. I
 PEORIA TRIBE OF OKLAHOMA
 PIMA
 POMO & PIT RVR IND, BG VAL RANCH
 PONCA TRIBE OF INDIANS NEBRASKA
 POTAWATOMIE
 POTAWATOMI IND TRIBE, CITIZEN BA
 PUYALLUP TRIBE RES. WA
 PRAIRIE BAND POTAWATOMI INDIANS,
 PYRAMID LAKE PAIUTE TRIBE RES.,
 QAWALANGIN TRIBE OF UNALASKA
 QUAPAW TRIBE OF OKLAHOMA
 QUECHAN TRIBE OF FORT YUMA IND
 QUINAULT TRIBE RESERVATION, WA
 RED CLIFF BAND OF LAKE SUPERIOR,
 RENO-SPARKS INDIAN COLONY, NV-SH
 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 PUEBLO, NM
 SAN JUAN OF WASHINGTON
 SAN JUAN SOUTHERN PAIUTE TRIBE
 SANTA ANA PUEBLO, NM

SANTA CLARA PUEBLO, NM
 SANTA YNEZ BAND CHUMASH MIS IND,
 SANTEE SIOUX NATION, NE
 SANTO DOMINGO PUEBLO, NM
 SAULT STE MARIE CHIPPEWA, MI
 SEMINOLE
 SEMINOLE NATION OF OKLAHOMA
 SEMINOLE TRIBE OF FL, DANIA, RES
 SENECA NATION OF NEW YORK
 SENECA-CAYUGA TRIBE OF OKLAHOMA
 SHAWNEE TRIBE, OK
 SHOSHONE
 SHOSHONE-BANNOCK TRIBE RES., ID
 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
 SOBOBA BAND LUISENO MISS IND RES
 ST. REGIS BAND MOHAWK INDIANS OF
 STANDING ROCK SIOUX TRIBE RES ND
 TAOS PUEBLO, NM
 TE-MOAK BANDS WESTERN SHOSHONE I
 TEWA
 THREE AFFILIATED TRIBES OF FT BE
 TLINGIT
 TOHONO O ODHAM NATION OF ARIZONA
 TOLOWA/TOLOWA-HOOPA
 TULALIP TRIBES RESERVATION, WA
 TULE RIVER INDIAN TRIBE RES., CA
 TURTLE MTN. BAND CHIPPEWA IND RE
 TUSCARORA NATION OF NEW YORK
 UMPQUA IND BAND OF COW CREEK, OR
 UNITED AUBURN IND COMM, AUBURN R
 UNITED KEETOOWAH BAND CHEROKEE I
 UTE INDIAN TRIBE, UINTAH, OURAY
 UTE MOUNTAIN TRIBE, RES., CO, NM
 WAILAKI
 WALKER RIVER PAIUTE TRIBE RES.
 WASHOE TRIBE OF NV AND CA
 WICHITA INDIAN TRIBE OF OKLAHOMA
 WINNEBAGO TRIBE RESERVATION NB
 WHITE MOUNTAIN APACHE TRIBE RES.
 YAKAMA IND, CONF TRIBE & BAND, W
 YANKTON SIOUX TRIBE OF SOUTH DAK
 YAVAPAI-APACHE IND COM CAMP VERD
 YAVAPAI-PRESCOTT TRIBE RESERVATI
 YOMBA SHOSHONE TRIBE RES., NV
 YUKI
 YUOK TRIBE HOOPA VALLEY RES., C
 ZIA PUEBLO, NM
 ZUNI TRIBE RESERVATION, NM

Patient Benefit Coordinators

Outreach and

Enrollment Services

TCRHCC Patient Benefit Coordinators (PBC) strive to deliver culturally sensitive and linguistically appropriate services to our patients.

Our Patient Benefit Coordinators help people research and enroll in affordable health insurance they qualify for.

They also provide education and consultation about health insurance and assisting with application for the following:

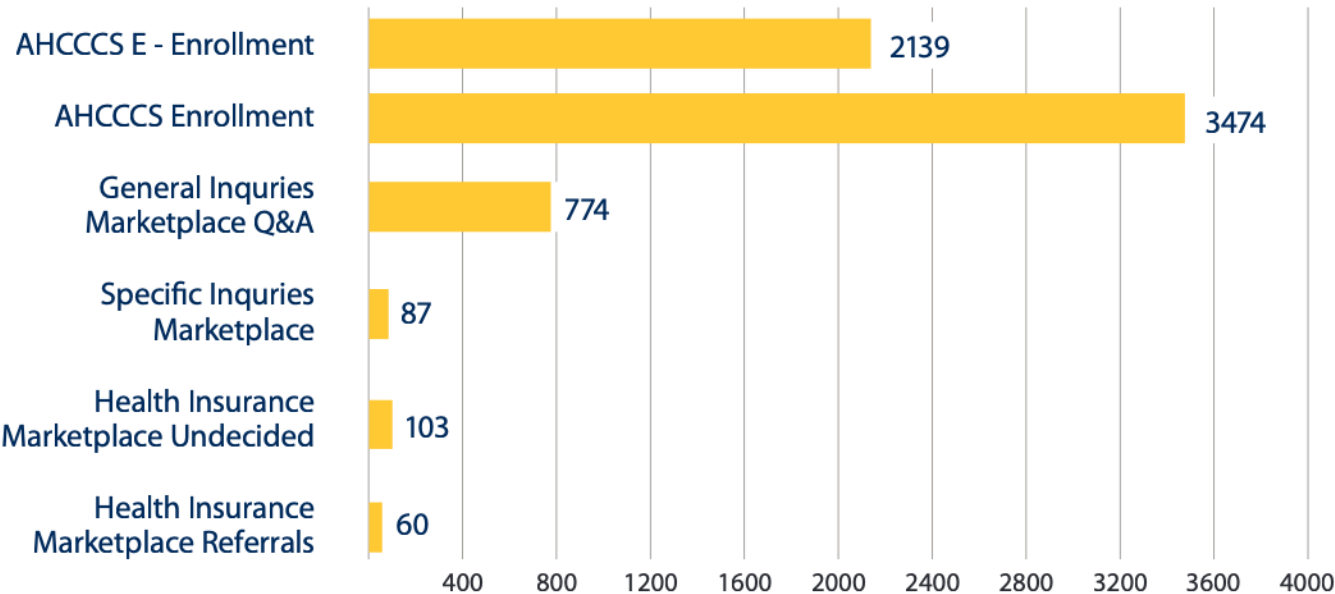
- Arizona Health Care Cost Containment System (AHCCCS)
- KIDSCARE
- Health Insurance Marketplace

Our Patient Benefit Coordinators also provide support in the following:

- Re-applying for health coverage
- Providing assistance with coordination of healthcare needs and maintenance of effective communications with health insurance companies and health care providers, and other health coverage related assistance.

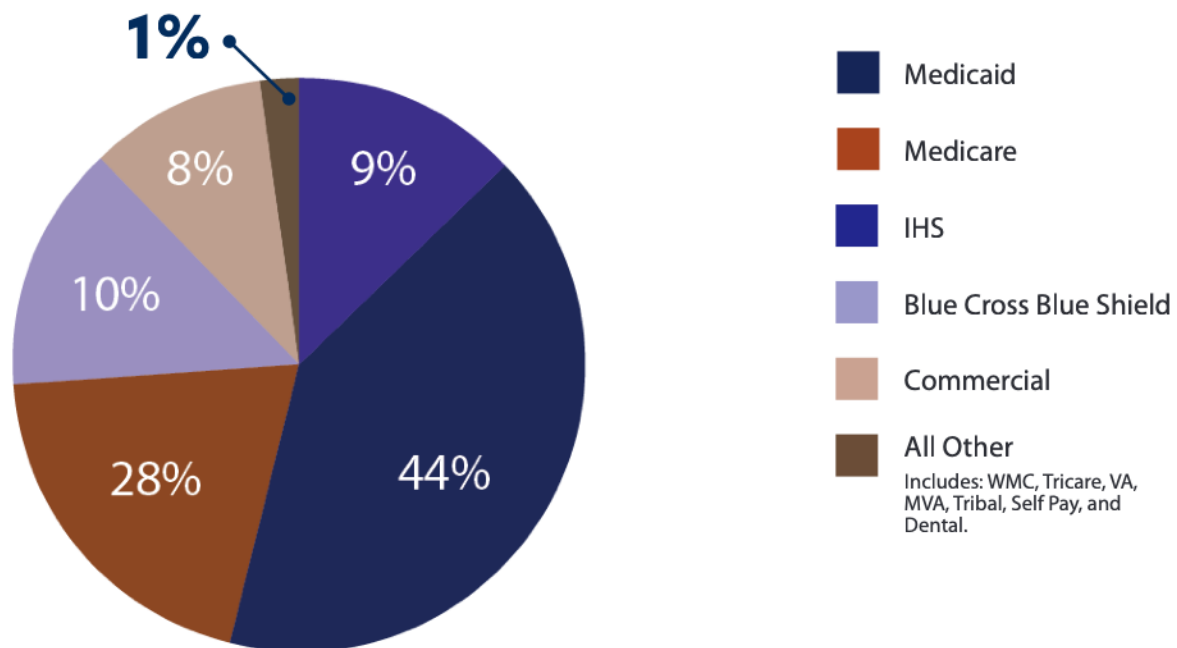
With a great passion in helping the communities we serve, the Navajo, Hopi and San Juan Southern Paiute Tribe, our Patient Benefit Coordinators have enrolled 3,474 individuals in AHCCCS.

July 2021 - July 2022 • ENROLLMENT SERVICES

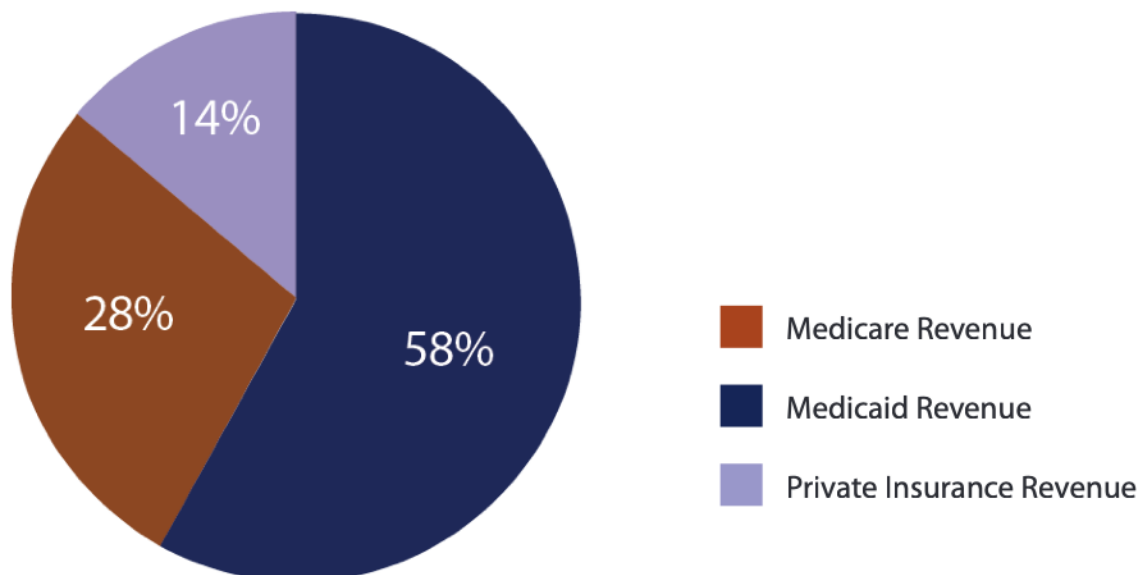


Tuba City Regional Health Care User Population Analysis

Insurance Coverage Distribution



Medical Billing Revenue



Tuba City Regional Health Care Hospital and Health Services

Gap/Bodaway Health Clinic

Family Medicine
Telehealth
Telemedicine
Orthopedic Clinic

LeChee Health Facility

Dermatology
Ears, Nose & Throat
Family Medicine
General Surgery
Pediatric Clinic
Pharmacy
Rehabilitation
Department
Physical Therapy
Occupational Therapy
Speech Therapy
Telehealth
Telemedicine
Orthopedic Clinic
Pandemic Care

Sacred Peaks Health Center

Case Management
Dental Clinic
Dermatology
Diabetes Education
Clinical Nutrition
Family Medicine
Flu Clinic
Internal Medicine
Rehabilitation
Department
Physical Therapy
Occupational Therapy
Ears, Nose & Throat
Eye Clinic
General Surgery
Immunization Clinic
Laboratory
Mental Health
Neurology
Orthopedic Clinic
Pandemic Care
Patient Benefits
Coordinator
Pediatric Clinic
Pharmacy
Podiatry Clinic
Radiology
Rheumatology
Telehealth
Telemedicine
Womens Health

Tuba City Regional Health Care

Anesthesia
Adult Care Unit
Anticoagulation Clinic
Audiology Clinic
Case Management
Cardiology
CHR Pain Clinic
Community Health
Community Counseling
Center
Diabetes Education &
Clinical Nutrition
Health Promotion
and Diabetes Prevention
Meth & Suicide
Prevention Initiative
Mobile Health Program
Office of Native and
Spiritual Medicine
Dental Clinic
Dermatology
Diabetes Management
Emergency
Medicine
ED Main RED
ED Annex RED
ED GREEN
Ears, Nose & Throat
Eye Clinic
Family Medicine
Flu Clinic
General Surgery
Immunization Clinic

Infusion Therapy
Intensive Care Unit
Internal Medicine
Laboratory
Mental Health
Neurology
Orthopedic Clinic
Obstetrics/Gynecology
Pain Management Clinic
Patient Benefits
Coordinator
Pediatric Care Unit
Pediatric Clinic
Pharmacy
Pharmacy - Inpatient
Podiatry Clinic
Public Health Nursing
Radiology
CT Scan
MRI
X-Ray
Rehabilitation
Department
Physical Therapy
Occupational Therapy
Speech Therapy
Rheumatology
Same Day Appointment
Specialty Care Center
Hematology
Oncology
Telehealth
Telemedicine
Urology Clinic
Womens Health

Tuba City Regional Health Care Awards & Accreditations

Tuba City Regional Health Care is honored to receive a wide range of industry awards and recognitions. Every day we're proud of the affiliations, accreditations, designations and partnerships we have with some of the top health care organizations in the world. Our recognitions measure the quality of care we provide our patients everyday and unwavering commitment to being the best community healthcare system on the Navajo Nation.



The Joint Commission Accredited

Tuba City Regional Health Care earned The Joint Commission's Gold Seal of Approval for Home Care Accreditation, for Hospital Accreditation, for Laboratory Accreditation, and for Primary Care Medical Home (PCMH) Certification.



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 Center.



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.



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 Regional Health Care is one of five designated facilities in the State of Arizona.

TCRHCC Organizational Priorities

FY 2022-2025

Capital Priorities

1. CRRSAA and ARPA Projects
2. Staff Housing
3. Health Access Expansion Projects
 - a. Bodaway/Gap Health Clinic (Echo Cliffs Health Clinic)
 - b. Vaccine Clinic Addition
4. Long Term Care Design and Construction
5. Complete 2nd Floor Cameron Warehouse
6. Complete Main Hospital Renovations
 - a. Pediatric Unit renovation
 - b. ED Expansion
7. Behavioral Health Services
8. Cameron Health Clinic
9. Partnerships:
 - a. Association Indians for Self Determination in Healthcare
 - b. Specialty and Tertiary Providers
 - c. Tribal Public Health Programs

Operational New & Ongoing Priorities

1. Public Health Response and Education
2. Throughput Priorities- Emergency Department and Step-Down Telemetry Unit
3. Customer Service Program Initiatives
4. Leadership Academy Training
5. Succession Planning- Healthcare Leadership Development
6. Employee Engagement
7. Reinforcing a Culture of Safety Initiative
8. Enhance Information Services (Patient Portal and Health Information Exchange)
9. Expand Public Relations through expanded Communications Department
10. Advocate with Educational Institutions for Staff
 - a. Staff Development
 - b. Establish Clinical Partnerships to enhance Health Careers
11. Telemedicine Outreach
12. Geriatric Service

Organizational Advocacy

- CMS/AHCCCS Tribal Consultation
- Tribal Health Partnerships- Behavioral
- Chapter Relations- community growth
- Public Safety
- Correctional Health
- Elder Care
- PL 93-638 Self Determination
- Affordable Housing & Social Determinants of Health



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

Tuba City Regional Health Care

Board of Directors



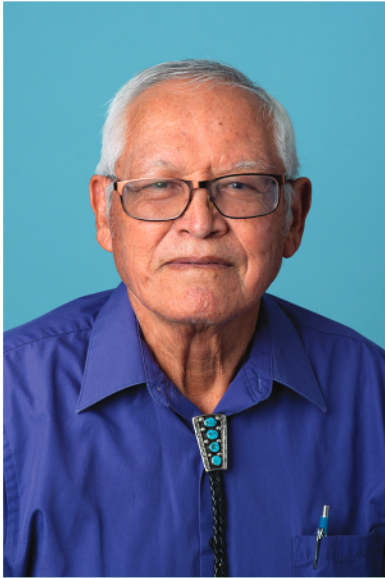
Christopher Curley
President
Tonalea Chapter



Franklin Fowler
Vice President
Kaibeto Chapter



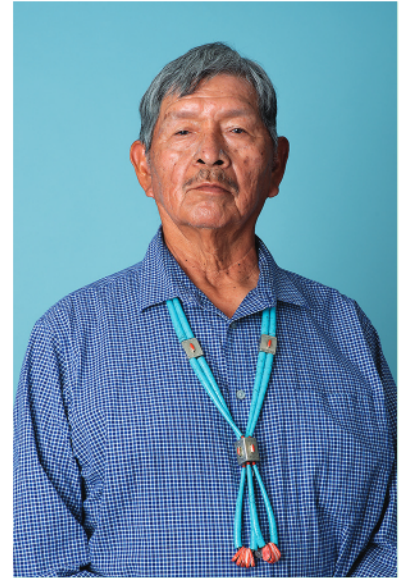
Dolly Lane
Secretary / Treasurer
Bodaway / Gap Chapter



Tincer T. Nez, Sr.
Member
Coalmine Canyon Chapter



Justice M. Beard
Member
To'Nanees'Dizi Chapter



Thomas McCabe
Member
Cameron Chapter



Leila McCabe
Member
Coppermine Chapter



Lyonel Tso
Member
LeChee Chapter



Carmelita Homer
Member
San Jaun Southern Paiute Tribe



Ronald Honyumtewa
Member
Moenkopi Chapter

Tuba City Regional Health Care Senior Leadership Committee



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

Joette Walters RN, MSN/MBA
Associate Executive Officer

Riad Abdelkarim, MD, MHCM, FACP
Chief Medical Officer

Sherry Dunlay, MSN, RN,
Interim Chief Nursing Officer

Christine Keyonnie, CPA, MSA
Chief Financial Officer

Julia Billy, MHA,
Chief Quality Officer

Sharr Yazzie, MBA, SHRM-CP
Chief Human Resources Officer

Shawn Davis, MIS
Chief Information Officer

Dollie Smallcanyon, RN, MSN
Chief Community Health Services Officer

Julius Young, II, MBA
Chief Operating Officer Mentee

Natalia Hatathli, MT, AMT, MPH
Chief Ancillary Officer

Kyle Black
Chief Support Services
Officer Mentee

Sophina Calderon, MD
Chief of Staff

Thomas Grosheider, MD
Deputy Chief of Staff

Elizabeth Lally, MD
Pediatrician/Internist

Vanessa Lee
Executive Assistant

Jeff Wright, MHA
Interim Chief Operating Officer

Tuba City Regional Health Care

Meet the Mentees

As healthcare executives we have an obligation to cultivate and mentor new leaders and prepare for a sustainable and robust healthcare delivery system. The pandemic and endemic period has placed TCRHCC in a transition phase. The current events has resulted in many staffing shortages and unfilled leadership positions in many areas of our organization. As such, TCRHCC has adapted and identified

professionals who have accepted leadership positions. The objectives of the mentoring program are to develop leaders with strong communication skills, identify career goals, boost job satisfaction, job knowledge, performance and self-confidence. The future leaders of TCRHCC should trust that TCRHCC values their ability to lead and become the healthcare leaders of tomorrow.





Julia Billy

Chief Quality Officer (Mentee)

TCRHCC experience: Healthcare field for 21 years, of which 19 years has been at TCRHCC.

Positions held: Medical Clerk (Pediatric Unit), Lead Medical Support Assistant (Ambulatory Clinics), DPP RPMS Site Specialist (Diabetes Prevention Program), Health Promotions Manager (Health Promotions), IT Applications Specialist (Information Technology)

Navajo Medical Interpreter (Flagstaff Medical Center), Database Reports Analyst (Mobile Health aka Community Health), IT Data Analyst (Information Technology), and Program Director (Community Health Center).

Ms. Billy was interested in this position to help with the organization's Quality initiatives and had previous experience with project management, working with quality and program data, team focused approaches, performance improvement projects and program compliance survey participation.

About the mentee program, "The mentorship

program helps to increase retention, focuses staff planning and optimization of staff development," Ms. Billy said. "It establishes groundwork for improved productivity, cross training, and leads to a skilled workforce."

Since becoming a mentee, she has been learning new areas of the organization and Quality division functions (Case Management, Patient Benefits, Infection Prevention, Durable Medical Equipment, Performance Improvement, Quality Data), CMS standards, Joint Commission standards, enhancing collaboration with leaders, and helping educate our TCRHCC team on Quality initiatives that impact any health care organization, such as High Reliability, Quality Measures, HCAHPS and Star Ratings.

What she finds most effective is, "The collaboration and willingness of others to mentor and share knowledge, strengths, weaknesses and suggestions for improvement in their areas, the availability of mentorship resources to help when challenges arise, and being able to share with a mentorship group successes and challenges that come with being in a mentee role."

"The mentorship program helps to increase retention, focuses staff planning and optimization of staff development. It establishes groundwork for improved productivity, cross training, and leads to a skilled workforce."



Clarissa Begay
Community Health Center
Program Director (Mentee)

TCRHCC experience: Since November 2013

Positions held: Initially hired by the Community Health Center as a Patient Benefit Coordinator, then later as Referral Coordinator/Quality Specialist.

"The mentoring program is very informative," she said. "There are different topics that I take full advantage of and really enjoy the interaction with other department manager. I feel I have strengthened my leadership skills, communication skills, and problem solving skill with this program. These skills can be very challenging, but I feel that I am not alone and I am able to apply their teachings in my new mentee position."

"Most effective part of the program was the presentation from other mentees," she said. "They added their first-hand experience to their presentations. And it was neat that I could relate to what they are speaking about."



Lorria Trujillo
Interim Director
Pediatric Care Unit Director (Mentee)

TCRHCC experience: 12 years

Positions held: Initially hired by the Community Health Center as a Patient Benefit Coordinator, then later as Referral Coordinator/Quality Specialist.

Three years as a Pediatric Registered Nurse (RN), six years as Lead Clinical RN, and three years as Interim Director for the pediatric unit.

"Properly trained leaders are able to manage their departments more effectively and ensure that safe and effective care are provided to all patients."

Ms. Trujillo became a mentee when the former Chief Nursing Officer asked her take on the interim role when the position became available.

About the mentee program, she says, "It is very helpful. I've learned some new skills and it's very good to see that Ms. Bonar and Ms. Walters are personally involved in the program. When I see that full support and encouragement from our executive leadership, it brings the desire and motivation needed to successfully accomplish my duties."

Since starting the mentoring program, she has learned how to effectively communicate with her staff and colleagues. "I know where my resources are and I have a better understanding of how other departments work," she said.

She believes the organization's goals are supported when, "Properly trained leaders are able to manage their departments more effectively and ensure that safe and effective care are provided to all patients."

She enjoys seeing all the mentees gather and share their experiences. "We've all had the opportunity to express ourselves and learn from one other," said Ms. Trujillo. "Being informed about the different aspects of leadership gives us a better understanding of our new roles. I had initially approached this role very hesitantly, but now I'm excited about what's next!"

"The mentoring program is a great initiative to have and retain new leaders who are in a mentee role or have moved up in a leadership role,"



Kyle Black

Chief Support Services Officer (Mentee)

TCRHCC experience: 12 years

Positions held: Temporary engineer technician, engineer technician, project manager, and Facilities Management Director.

Upon a recommendation by the previous Chief Support Services Officer, Mr. Black accepted the new role.

"The mentoring program is a great initiative to have and retain new leaders who are in a mentee role or have moved up in a leadership role," Black said about the mentoring program.

"I have learned new terms and strategies on how to manage time and challenges including identifying my management/decision making style (DiSC style)," he said. "With this information, identifying our DiSC (Dominance, Influence, Steadiness, and Conscientiousness) style assisted in learning more about ourselves and how to work with other DiSC styles."

"The mentoring program supports TCRHCC's goals by mentoring new leaders," he said. "The components I like are our senior executive leadership being part of the mentorship program by sharing their experiences on how they handle their challenges, and also experiences shared by others in the program. Self-exploration from a leadership perspective was great to see and embrace."



Julius Young II

Chief Operating Officer (Mentee)

TCRHCC experience: 9 years

Positions held: December 12, 2012 to March 2015: Director of Facilities Management. Oversaw the daily operations of the Heating plant, Facilities Management, and Housing program. March 2015 to March 2022 (six years): Chief Support Services Officer (CSSO). Oversaw seven (7) departments that included Facilities Management, Security, Dietary, Housing, Environmental Safety, Environmental Services, Independent Living Center and Construction Projects throughout the organization.

"In this executive mentorship role, the COO Mentee is to provide executive level support to the CEO with regards to the organizational operations, provides executive leadership to Senior Leadership Council (SLC) leaders within their respective roles in the organization, and will learn to make recommendations regarding the overall strategic direction and oversight of TCRHCC," said Mr. Young (MBA).

Young said the mentoring program supports TCRHCC's mission and goals for innovation and responsiveness by selecting and developing leaders who will successfully meet the duties of the leadership and executive mentorship positions. "As a TCRHCC employee they will also have respect for the community needs and values which is essential in providing a safe, accessible, quality and compassionate healthcare and promote healthy lifestyles," he said.

"When I began the mentoring program, for the first three months I was assigned to shadow each of the SLC leaders to learn about the various department they oversaw. It was a great opportunity to meet with TCRHCC department leaders and learn directly from them on how they supervisor their respective departments. It was an eye opener on the many roles and duties undertaken by staff. I learned that patient care and patient safety was their top priority."

"The mentoring program has been most effective because we learn from one another by sharing leadership skills and experience," Young said. "I had the opportunity to learn from an experienced and knowledgeable ICOO, AEO, and CEO who have spent seven months mentoring me. Upon successful completion of the mentorship, I will fill the COO position and will be responsible for the Leadership supervision mentoring, assigned evaluations, oversight, and discipline of positions in the organization as well as carrying out the overall strategic plan and mission," said Young.



Charis Salabye

Director of Laboratory Services (Mentee)

TCRHCC experience: Since 2011

Positions held: Started as a laboratory assistant, moved to Laboratory Information System Assistant, then moved up to a Medical Laboratory Technician (MLT), then Medical Technologist, and finally as Lead Medical Technologist.

Ms. Salabye assumed the role upon recommendation by the previous director and laboratory leadership.

"This is a great program," Salabye said. "A lot of us coming up are experiencing the same things as new leaders and this program has given me the knowledge to become a successful leader."

"The mentoring program supports the organization goals by providing us mentees with the knowledge, training and support to take pride, to honor our patients, and encourage a safe environment envision for our clients," she said.

Salabye said she developed skills from the mentoring program for time management

strategies, project management, strategic planning, steps on being an effective leader. "Overall, my confidence has been increased," she said.

She said the "lessons" were the most effective part of the program. "I was provided strategies to handle everyday tasks and strategies to overcome difficult days," Salabye said. "The entire mentoring program was influential in building my confidence and gave me a road map to become a successful leader."

Marjorie Tsosie

Respiratory Therapist Cardiopulmonary Department Manager (Mentee)

TCRHCC experience: 4.3 years

Positions held: Lead respiratory therapist for four years, Respiratory Therapist Cardiopulmonary Department Manager (~ 3 months).

She said the mentoring program, supports TCRHCC's organizational goals through pride and honoring individuals and teaching quality. "In selecting young leaders, the organization is recognizing and supporting the vision of excellence for tomorrow," Ms. Tsosie said.

"Learning from my team members. Learning the different prospective and viewpoints of other leaders. Adapt some of what I learned to build my leadership skills," she said. "I've also learned how to handle conflict using emotional intelligence."

"The round table component of meeting. This gives us the opportunity to hear different perspectives."



Pauline Alejandro

Director of ICU (mentee)

TCRHCC experience: 6 years

Positions held: CU clinical nurse (contractor under ADEX) for several years, staff ICU clinical nurse from 2017 to 2019, Lead Clinical Nurse from 2019 to 2021, Mid 2021 assigned as Acting Director of ICU, Permanent Director for ICU from April 2022 to present.

Ms. Alejandro (RN, BSN) was the acting ICU Director for almost a year when she was asked to assume the position as permanent.

She says the mentoring program supports the organizational goals by providing support, knowledge, and skills to the mentees through seasoned leaders. "The program creates future leaders to uphold TCRHCC's mission and vision to better service our beloved communities," Alejandro said.

"Being open-minded, patient, and maintaining composure working under stress are the biggest things I have learned," she said. "Knowing that everyone in ranks go through the same situations I do day in and day out, made me even want to

work harder and contribute to the success of TCRHCC."

"I enjoyed and learned from listening to our senior leaders talk about their struggles and how they managed to get by them. Hearing other mentees talk about their daily tasks and how senior leaders would give suggestions on how this could be resolved. This opened my mind that we are a team. We may be working in different departments, but we can always turn to each other for help and guidance. Most of all the group of mentees got to know each other better, which paved the way to better collaboration and ease to work together."



Shayla Ute

Facilities Management Director (Mentee)

TCRHCC experience: 5 years

Positions held: Per diem Engineering Technician, Full-Time Engineering Technician and Project Coordinator.

Ms. Ute was recommended from CSSO and Facilities Management Director for the position.

The program is informative and very helpful, when transiting new leaders into their new leadership roles. It's a great support group to discuss topics with other new leaders that are experiencing some of the same challenges.

The mentoring program supports TCRHCC's organizational goals, by referencing our mission and vision in discussion topics and ensuring that as leaders we are also setting goals for our departments to support our mission and vision.

"Since starting the mentoring program I have better communication skills, problem solving skills, and learned how to effectively delegate tasks."

"Components of the mentoring program I found most effective was the presentations by other Senior Leaders and group discussions about articles we read. The discussion topics were very informative and engaging. Most helpful and eye opening were the perspectives by other Senior Leaders. From listening to other leader's perspective and experiences, I've learned new strategies and terms that I can use to help me become a better leader in my new role."

"Since starting the mentoring program I have better communication skills, problem solving skills, and learned how to effectively delegate tasks."



Joette Walters

Associate Executive Officer (Mentee)

TCRHCC experience: Since July 1997 (25 years)

Positions held: Before 1997, she has held volunteer nursing positions as a student. Then since July 1997, she has held numerous nursing and leadership positions - all at Tuba City. Med-Surg Unit as a nurse for the Adult Care Unit (ACU); Intensive Care Unit (ICU) as a student nurse and stayed there worked for several years; She has held duties such as House Supervisor, Dobutamine Stress Testing, and Telemedicine; ACU Nurse Supervisor; Cardiac Rehab & Telemedicine Program Manager; and Clinical Education Manager. In 2015, promoted to the Deputy Chief Nurse; 2017 promoted to Chief Operating Officer; 2019 to the present, the Associate Executive Officer.

My growth and development throughout out my career is largely due to mentors. In the recent year, the mentoring I received has increased by understanding of the Executive Leadership role (in general), working with external stakeholders, and leading a team.

The Mentoring program is part of our organization's succession plan and 'growing our own' initiative. I believe we have a complex healthcare system that serves a unique community with many needs and few resources. By growing our own, investing those who are familiar with our community and organization, we are able to capitalize on this local talent, and develop leaders that can continue to advance the healthcare for our community.

What components of the mentoring programs did you find most effective?

a. Shadowing of the Senior Leaders. For one month I shadowed each Senior Leader. During this time, I learned the Senior Leader's scope of responsibility, their influence and oversight over many of the organizational priorities and programs. This also allowed me to meet the members of each of the respective divisions and helped me to develop a greater awareness of how our organization works as a system, the challenges, and the successes. We do a lot and many of the things that we do for any of our patients requires the support and collaboration of many of the non-clinical areas, such as finance, IT, support and ancillary services. We have a lot of great people working to meet our mission.

b. Self-Awareness activities. When I first entered the role, I had to complete a self-assessment, and after one year I was asked to review that assessment. Based on how I rated myself, we tailored my learning to those areas I was weakest. The tool we used was from the American College of Healthcare Executives' (ACHE) Competencies Assessment Tool. The assessment tool also provided reading resources and activities that I could do to increase my learning. Also, in our mentoring we completed the 'Everything DiSC' workplace profile. The profile identifies your workplace priorities and preferences—essentially, it by identifying your DiSC style gain a better understanding

on relating, communicating, and working with others. I like the DiSC profile because it gives insight in how I might be perceived and how I relate to those who have differing profiles.

c. Mentoring meetings. The CEO and have ongoing one-to-one weekly meetings where I have an opportunity to discuss what I accomplished in the week, the CEO provided feedback and additional insights on things I might have overlooked or might be unsure of—the feedback is always useful. Also, we started a weekly group meeting with other mentees, which I enjoy. The group meetings allowed us to share our experiences and support one another.

“By growing our own, investing in those who are familiar with our community and organization, we are able to capitalize on this local talent, and develop leaders that can continue to advance the healthcare for our community.”

Tuba City Regional Health Care Renovated PEDS unit opens to patients



TUBA CITY, Ariz. – Construction for a new pediatric unit began in August 2021 and was completed in March 2022. The newly renovated unit, inside main medical center, was open to patient care on June 13, 2022.

The unit is located directly across PACU and contains six private patient rooms, each with its own vestibule, one supply room, a dirty utility room, a medication room, a kitchenette for patients, a director's office, a nurse's station, and a break room for the staff.

The former pediatric unit was closed due to the COVID-19 pandemic. Funding for the new unit came from COVID-19 funding.

"Each room is set up with either a pediatric or infant safety cribs, a pull-out sleeper chair for parents, tamper resistant outlets, warmer lights above the beds for infants, an infant security system, and a ceiling mounted monitoring system," said Lorria Trujillo, Interim Director TCRHCC Pediatric Unit.

Care is provided to children ages 0 - 17. All are under a pediatrician's care even if they are admitted under services such as surgery or orthopedics.

Pediatric patients no longer have to be transferred to facilities off the Reservation. Families are not displaced and are able to stay closer to home and not worry about the additional costs of hotels, food, and other expenses.

Tuba City Regional Health Care TCRHCC offers Medical Coding and Medical Billing Training Program

TUBA CITY, Ariz. – Tuba City Regional Health Care Corp. is striving to solve the ongoing talent shortage in the Medical Billing and Medical Coding field through a unique homegrown training program aimed at creating talented professionals who don't necessarily have coding or billing backgrounds—from food servers to clerks.

In Fall 2022, TCRHCC started its first three training programs in a growing medical field. They are medical coding, medical billing, and service help desk representative trainee.

The medical coding and billing training program are both 16 week programs, while the service help desk representative trainee is a seven month program.

“This is the first year these training programs are being offered by Tuba City Regional Health Care Corporation. The training programs are a competitive process and are offered at no cost to qualified candidates,” said TCRHCC Career Development Coordinator Earlson Peacock.

The free training program was made possible through a Health Disparities Grant from the Arizona Department of Health Services.



Applicants were required to submit a 450-500 word essay, complete a background check, fingerprint clearance, pass a drug screening test, and two-year service agreement with TCRHCC.

Medical records coding technicians spend most of their time at a computer using coding software to input data and can train to work in a doctors' office, emergency room, outpatient clinics, and surgery rooms. medical coding is one of the 20 fastest-growing occupations.

Peacock believes that the training opportunities will support good economic development, career development, enhancement, career establishment, and flexibility to the local communities.

Tuba City Regional Health Care

Tuba City Hospital to expand ER Department

TUBA CITY, Ariz. – Due to increasing needs and growth, the Tuba City Regional Health Care Corp. (TCRHCC) Emergency Department began construction on March 28 to increase the emergency room by 6,000 square feet and adding 10 beds.

This first phase of the emergency room expansion began on Monday, March 28th with construction scheduled for completion in February 2023. As part of the ER expansion, 10 beds/bay will be added, including additional space for storage, and workstations with new equipment and monitoring systems. The expansion will add 6,000 square feet to the hospital. The project was made possible through COVID-19 response and preparedness funding.

“The ER expansion will give us more space to provide high quality compassionate care within our Navajo Nation Community,” said Sarah L. White, TCRHCC Interim Director of Emergency Services.

The construction project will optimize our existing emergency department space to meet the community’s current and future needs as the hospital continues to provide quality care, improve capacity and patient flow.

“We are finally able to afford an expansion that has been badly needed for more than a decade,” said Lynette Bonar, CEO. “This additional space will add an environment that provides ventilation that is safe for our staff and patients in response to this ongoing COVID pandemic.”



Since 2014, TCRHCC has held the Level III Trauma Center health care status. TCRHCC is the only Navajo health care provider that is verified as a Level III Trauma Center by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT) of the American College of Surgeons (ACS).

The distinction enables the hospital to see and take care of more critically injured patients. The only other Native American Level III trauma center is in Anchorage, Alaska.

“The ER expansion will give us more space to provide high quality compassionate care within our Navajo Nation Community.”











