



**Navajo Area Indian Health Service  
U.S. Department of Health and Human Services**

**Navajo Area IHS Quarterly Report  
To Tribal Leaders**

**October 2018**

This report provides general Indian health information, updates, and summarizes significant activities of the Navajo Area Indian Health Service (NAIHS) for the months of July, August, and September 2018. The information included is as follows:

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**Four Major Priorities of the Indian Health Service**

Since the July 2018 Navajo Area IHS progress report, Federal Service Unit (SU) Chief Executive Officers (CEOs) have distributed updated progress reports to all Service Unit employees. Over the past three months, the Navajo Area IHS has continued to make progress towards the four major IHS priorities. The following activities consistent with the IHS four major priorities include:

**People**

**Recruit, develop and retain a dedicated, competent, caring workforce collaborating to achieve the IHS mission**

- **Chinle** – The Pinon Health Center (PHC) Employee of the Month (EOM) Committee has reinstated the PHC Employee of the Month program. In addition to the annual Area Director's Awards, the new PHC EOM Committee leadership will ensure that PHC provides monthly opportunities to recognize deserving employees. The Pinon Health Center's Awards Committee offers three types of recognition: Employee of the Month, a Customer Service Award, and Team of the Quarter. Additionally, PHC has a Staff Appreciation Day and Customer Service celebration. This event sets aside a morning to celebrate and honor PHC employee customer service skills in support of improved patient satisfaction and care.
- **Crownpoint** – The Crownpoint Service Unit (CPSU) continues to experience staffing challenges and successes. Dental services at Pueblo Pintado and Thoreau Health Centers will be reduced during October of 2018 due to a dental staffing shortage. Depending upon availability of dental providers, some dental services will be limited to half days at the clinics. Additionally, the Optometry department is short staffed and has reduced optometry services in the Crownpoint Service Unit. On a positive note, a new, permanent Emergency Room physician has been hired and on-boarded. Also, a new CPSU Dental Chief was recruited and started October 1, 2018. Of significant interest, the CPSU Nurse Practitioner Residency Program began this summer. This is the first ever Nurse Practitioner residency program for the Indian Health Service and for the State of New Mexico. Two residents have been selected with one on-boarded and the second pending background clearance. The overall vacancy rate for the CPSU's clinical and medical staff is 37% (down from 41% in Jan. 2018).
- **Crownpoint** - The Division of Nursing Services plans, organizes, directs and evaluates Nursing Services provided within the quality framework of the Indian Health Service and Crownpoint Service Unit (CPSU) policies and mission. The current vacancy rate in the Division of Nursing is 30% compared to 47% a year ago. The Nursing Division has undertaken significant improvement actions in Recruitment and Retention at CPSU, which include Global Recruitment efforts; Cross Functional Teams, a Medical Staff Recruiter, and working closely with Acquisitions, Finance, and Human Resources. There is also strong participation in Career and Job Fairs; use of the 3 R's (Recruitment, Retention, and Relocation); every qualified prospect communication is addressed within 24 hours of initial inquiry; an improved orientation process; Cultural Competency for new staff; E-mail postings of RN vacancies; and utilization of the IHS Loan Repayment Program. Despite the challenges with recruitment and retention, including lack of interest in rural health care, housing challenges, and nursing shortages nationwide, the Division of Nursing has been able to retain 64% of new nurses who were "on-boarded" since January 2018.

- **Gallup** – Nurse staffing continues to be a challenge at Gallup Indian Medical Center (GIMC). The GIMC nurse staffing presently has a 43% vacancy rate (a decrease from FY 2017 3rd Quarter at 50%). The GIMC Student Nursing Program continues to work with and recruit from the following nursing programs: Northern Arizona University (1 summer extern); University of New Mexico – Albuquerque (11 student nurses rotated through the medical/surgical program and 6 student nurses in the preceptorship program for the spring 2018 semester); UNM – Gallup (nursing student clinical rotations take place in the inpatient units). GIMC continues to work on recruiting from this group of student externs to fill vacancies. Additionally, the GIMC Medical-Surgical Nursing Department maintains efforts for health care professionals to utilize the IHS Loan Repayment Program with the agreement to maintain employment with GIMC for a minimum of two (2) years.
- **Gallup** – The Gallup Service Unit Personal Health Record project is active and expanding with 810 participants registered. Health Information Management, Business Office and Information Technology Clinical Application Coordinator staff have been heavily involved in community outreach and educating the public at various venues, including the Chichiltah Chapter House, Pinedale Chapter House, Naschitti Chapter House, and Chooshgai Community School.
- **Kayenta** - Kayenta Service Unit (KSU) hosted an employee retreat on July 25, 2018. The purpose of the retreat was to orient staff to the Patient Centered Medical Home (PCMH) patient delivery system. The Indian Health Services Director has mandated that all IHS ambulatory health facilities become PCMH certified/accredited by December 2021. The retreat included representation from IHS Headquarters and the Navajo Area IHS Office. Workshops for employees included: PCMH 101, PCMH for Providers and Nursing Staff, Team Building, Medical Staff Focused Group, PCMH focused Nursing Session, Customer Service, and Just Culture. All staff attended including stakeholders and Navajo Nation staff. A total of 277 participants attended this event. Kayenta Service Unit leadership intends to gain more momentum with PCMH readiness and become PCMH accredited by October 2019.
- **Kayenta** – The Kayenta Dental Department recently hired Dr. Michaela Gabaldon, DDS to provide dental services at the Kayenta Health Center. Dr. Gabaldon is an IHS scholarship recipient and a member of the Navajo Nation from Fort Defiance, AZ. Her clans are Kinyaa'aanii, and To'dich'iinii (Towering House and Bitter Water). The Kayenta Service Unit welcomes Dr. Gabaldon to her new position.
- **Shiprock** – In July 2017, the Northern Navajo Medical Center (NNMC) Pharmacy Department launched the Pharmacy Residency Program for Ambulatory Care with one resident. Northern Navajo Medical Center is the first IHS facility to have a unique Pharmacy Residency Program for Ambulatory Care and trains

residents in a patient-centered clinic with a focus on pharmacy practices. The resident is part of the medical home model team in NNMC clinics by incorporating pharmacy services in the outpatient clinic. The outcomes include improved patient services by having a pharmacist check prescriptions for drug interactions, allergies, and proper dosage and the resident is able to seek immediate consultation with medical providers in the clinic. The program supports improved patient care and coordination for medication/disease management. This advanced level of education and training is distinctive in the IHS and in national pharmacy training. The program is of great interest for new pharmacy students and is effective in retaining pharmacists at NNMC. The Residency Program expects to enroll two additional residents in 2019.

- **Shiprock** – To address the nurse shortage in the Obstetric Unit, NNMC started a 12-week Rural Obstetrical Nurse Residency Training Program (RONRTR) in February of 2012 using a didactic teaching method to train new obstetric nurses. NNMC offered the RONRTP to other nurses within the Navajo Area Indian Health Service and to other IHS facilities, via virtual teaching and meetings. Residents receive didactic education and evidence-based training from NNMC, but complete an orientation and clinical experience requirements in their respective Service Units. Upon completion of the program, the residents complete another 40 hours of high-risk neonatal intensive care unit and obstetric training at the University of New Mexico Hospital in Albuquerque, NM. In 2018, nurses were accepted from the following IHS sites: two from Billings Area, MT, two from Whiteriver Service Unit, AZ, two from Hopi Health Care Center, AZ, two from Gallup Indian Medical Center, NM, four from Chinle Service Unit, AZ, and two from NNMC. This innovative training originating at NNMC has been a successful program in filling nurse positions and has revitalized the obstetrics programs within the national IHS and NNMC.

## Partnerships

### Build, strengthen and sustain collaborative relationships that advance the IHS mission

- **Chinle** – Chinle Service Unit (CSU) Health Promotion collaborated with the Chinle Police Department and conducted motor vehicle checkpoints in the communities of Pinon, AZ and Tsaille, AZ. The Tsaille checkpoint was conducted on July 27, 2018 and 310 vehicles were inspected by law enforcement. The Pinon checkpoint was conducted on August 17, 2018 and 549 vehicles were inspected. According to Health Promotion car seat observations, the current infant and child car seat use rate for the service unit is 13%. Increased enforcement of child passenger safety laws is critical to improving this rate and the safety of children.

- **Chinle** – The CSU Health Promotion Department hosted the 2018 *Just Move It* series in collaboration with local chapters and had 9,343 participants this summer. The Health Promotion Department held a debriefing session at the end of the 2018 series and set a new target of 15,000 participants for the 2019 campaign. Plans for improved marketing, staffing, and protocol have already started.
- **Crownpoint** - The Division of Public Health (DPH) coordinates and collaborates with many local resources to enhance various programs or projects implemented for community members to increase knowledge about important health issues. The work of the DPH focuses on the health of the individual, family, and community as many health issues are preventable if lifestyle changes are made now. Please see Attachment A for a table of the DPH's activities in the months of August and September.
- **Crownpoint** - In July 2018, the CPSU Pharmacy Department began utilizing the *Veteran's Administration Consolidated Mail Outpatient Pharmacy* (CMOP) for mail order prescription refills. Five patients and a total of 44 prescriptions have been filled using the CMOP. There are plans to increase CMOP enrollment once additional staff orientation and patient education have been completed.
- **Crownpoint** - Collaboration with Presbyterian Medical Services (PMS) continues for the benefit of CPSU patients located in the eastern region of the CPSU. Numerous residents and students (optometry, pharmacy, medical, and medical residency programs) rotate through the CPSU on a year-round basis. Direct benefits to the CPSU include new and enhanced services and policies. One example is the pharmacy-based Chronic Disease Management Clinic that has increased access to care.
- **Gallup** – The GSU 23rd Annual Just Move It (JMI) Series consisted of twelve (12) events throughout the year. There was a total of 4,252 participants and the events took place at ten (10) chapters, one (1) school, and one (1) residential center. JMI Challenge Results include 12 individuals who completed the challenge with the following results: Total Weight Loss = 48.6 lbs.; Total BMI Loss = 8; Waist Circumference Loss = 16.5 inches and Total Miles Logged = 1,760. The JMI questionnaire results also showed that 66% of participants were female and 34% male. 70% consumed zero (0) to one (1) can of soda or sweetened fruit drinks a day, 60% described themselves as "Active to Very Active", and 60% consumed two (2) to three (3) servings of fruits and Vegetables per day.
- **Gallup** - On September 25, 2018, eight representatives from the Navy and Department of Defense (DoD) made a site visit to GIMC to meet with GIMC and Navajo Area IHS Leadership and assess the potential of stationing military personnel (medics, RN's, M.D.'s, etc.) at GIMC to provide direct patient care. The visit went well and GIMC Leadership is waiting for a response once the representatives complete similar assessments at other potential healthcare sites. The September 25 discussion included the possibility of

stationing personnel at GIMC in the next 6 to 12 months. The representatives were also interested in providing patient transport services and were given contact information for the Navajo Nation Emergency Medical Services Program for the possible provision of on-scene transports for trauma patients on the reservation.

- **Kayenta** - On September 25, 2018, the Kayenta Leadership team met with Kayenta Township and other stakeholders of the Kayenta Community to participate in Kayenta Township's first Stakeholder's Meeting. The first meeting is one of many to come as KSU works toward planning for an *Emergency Preparedness Team* for the Community. Kayenta is a major thoroughfare for tourists traveling to Monument Valley going north, Flagstaff or Page, AZ / Lake Powell to the west, Farmington and Durango, Colorado to the east and Canyon DeChelly to the south. Kayenta is in a remote area of the Navajo Nation and must be prepared to respond to major disasters and emergencies in an organized fashion using the NIMS (National Incident Management System) approved format. Kayenta is pleased to be part of this team.
- **Kayenta** – On August 1, 2018, the Kayenta HPDP School Health Program hosted the first Back-to-School Health Fair. Fifteen (15) departments/programs provided health information and school supplies to 179 students from the KSU. Planning has begun for the same event next fall. The Kayenta School Health Program also collaborated with the University of Arizona Cooperative Extension Service to host a School Wellness Policy training on August 27, 2018. Staff from four Kayenta Service Unit schools attended the training. The schools are now working on updating Wellness Policies and have more resources to succeed.
- **Shiprock** - Community engagement has taken on a new dimension at the Shiprock Service Unit (SRSU) and involves the Executive Management Team visiting Navajo Nation Chapter Houses to participate in community collaboration and consultation with tribal community members. The CEO and Executive Team met with community members at Newcomb Chapter, NM in May 2018 and Sweetwater Chapter, NM in August 2018 to understand and consider local tribal interests in the health care system. Four Corners Regional Health Center and Dzilth-Na-O-Dith-Hle Health Center also participated in Chapter House meetings in their areas. Community members shared demographics and other community information to provide greater transparency and awareness. In return, SRSU presented on healthcare services and healthcare-related activities. For example, at the Sweetwater Chapter meeting, the Health Promotion Disease Prevention Program (HPDP) and Public Health Nursing (PHN) employees presented on Community Wellness Plans, TeecNosPos Wellness Plan, Victory Circle (10-year visionary plan), Time Management, Just Move It, and Keep Moving It. The CEO and management team updated community members on IHS/SRSU leadership initiatives, SRSU 2016-2020 Strategic Plans and the impact of HPDP

and PHN on SRSU communities. In the end, attendees participated in a physical hike to Sweetwater Spring. As a result of these meetings, both the Chapters and SRSU have a better understanding of each other's purpose, successes and issues.

- **Shiprock** – The practice of patient engagement is critical to sustainable success in patient and family-centered care. Shiprock Service Unit (SRSU) has put an emphasis on patient engagement to understand patients' perspectives and, as a result, created the following programs: *Walk with a Doctor* and *Patient Advisory Committee*. The programs bring together clinicians, hospital employees and patients to exchange and reflect on healthcare services and identify problems and barriers. The patients are empowered to participate as partners to share their opinions. In August 2018, *Walk with a Doctor* was launched and every Wednesday, a doctor begins a healthcare-related discussion with participants and continues the dialogue with the participants during a walk around the hospital complex. In July 2018, the Shandiin Clinic Patient Advisory Committee held its first meeting and emphasized that the foundational structure ensures patients are engaged as partners and must be allowed to express their personal experiences with NNMC healthcare providers. The following are few examples of comments made at the meeting: "Navajo language is important, numbers should be in Navajo," "Use pictures and analogies, and *bring it down to my level*," "Patients do not know that they can change the date of their appointments." These comments will be considered in providing information to patients and communities.

## Quality

### Excellence in everything we do to assure a high-performing Indian health system

- **Chinle** – The CSU Public Health Nursing Department scheduled a Flu Vaccination clinic for the Pinon community and surrounding areas in early October. Last year, 53% of active clinical users in CSU communities were fully immunized for flu by March 31, 2018 compared to 51% the year before. This year's goal is to meet or exceed 55% of active clinical users per the CSU Director of Public Health.
- **Chinle** – Pinon Health Center (PHC) has initiated a Leadership Patient Rounding program. This initiative started at Chinle Hospital to improve customer relationships and patient services. With the support of the PHC Health Systems Administrator, the PHC Patient Advocate developed a monthly schedule for all supervisors to actively participate in patient rounding. As an example, the Pinon Chief Medical Officer and the Pinon Health Systems Administrator participated in the leadership patient rounding with the Pinon Patient Advocate. Three patients were selected and interviewed in Navajo and English. Overall, the participating patients indicated good experiences with their appointment with a provider and their treatment



and follow-up. One patient indicated a long wait time for their appointment, but the patient had arrived more than an hour early with hopes of securing an earlier appointment. One patient indicated fast service with Pharmacy while another patient indicated long wait times and impractical hours. The collected information will be used for performance improvement efforts.

- **Crownpoint** – In July and August of 2018, CPSU supervisory staff participated in training by Joint Commission Resources (JCR) consultants for Hospital Accreditation Essentials. The training covered National Patient Safety Goals, Infection Control, Patient Safety, Leadership, Performance Improvement, Medical Staff, Human Resources and other important information.
- **Crownpoint** – Since April 2018, the Crownpoint Service Unit, including Pueblo Pintado Health Center and Thoreau Health Station, has collaborated with the Crownpoint Hospital Emergency Department (ED) on the Emergency Department/Emergency Medical Treatment and Active Labor Act (ED/EMTALA) Consortium Action Plan. The three identified priorities include: 1) Staffing, 2) Quality Assurance/Performance Improvement, and 3) Data collection and management. The following are examples of accomplishments: a) Staffing priority - development of Patient Surge Plan, b) enhancing provider triage; and c) establishing a nurse case manager. There is a Quality Assurance/Performance Improvement priority in collaboration with the other four Federal Service Units to complete “Strike Team/Stress Tests” at all Federal Navajo Area IHS Service Units. Strike Team visits have been completed at Kayenta and Northern Navajo Medical Center. The third Strike Team visit will be at Crownpoint on November 6, 2018. An ED dashboard has been maintained on a monthly basis to track metrics that outline benchmarks. Staff are proactive in accreditation readiness. The Supervisory Clinical Nurses and Nurse Educator consistently conduct patient tracer activities in the Emergency Department.
- **Gallup** – Gallup Indian Medical Center (GIMC) ongoing activities for quality and excellence include Case Manager positions that are being filled with a combination of permanent and contract staff to provide services that enhance the continuity of care for GIMC patients as we pursue the Patient Centered Medical Home (PCMH) model. There is also on-going training to improve knowledge, skills and abilities for Nursing and Clinical Divisions including New Zoll monitor training provided by the manufacturer representative, Preceptor Development Workshops, Code Management for Nurses, Advanced Cardiac Life Support (ACLS), ACLS Heart Code for providers, and Nursing Division Orientation with the ABCs of Pressure Injuries. GIMC continues work on the following performance improvement (PI) projects: Medication errors; hand hygiene; restraint use; Intensive Care Unit admission days; device days for ventilators, Foley catheters, central lines; blood culture/blood transfusions; Central Line Associated Bloodstream Infections

(CLABSI), Ventilator Associated Pneumonia (VAP) and Catheter Associated Urinary Tract Infection (CAUTI); wait times; NET promoter scores; Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS); monthly time studies that include, but are not limited to, ambulatory and ED patient visits (such as check-in to room, room to doctor visit, check-in to exit to determine areas that need improvement). GIMC met the National Patient Safety Goal for handwashing with a score greater than 90%.

- **Gallup** – On August 30, 2018, GIMC was the recipient of 21 trauma patients from a tractor-trailer and Greyhound Bus collision that received national attention. This mass casualty incident was handled very efficiently by GIMC staff. All received patients were triaged, treated and disposition plans were in place if not already dispositioned in less than 2.5 hours. Five patients were transferred to other facilities for higher level of care, four others were admitted to GIMC for on-going care of their injuries, and 12 were discharged home after being seen in the Emergency Department or Walk-In Primary Care Clinic.
- **Kayenta** – Kayenta Health Center continues preparations to become a short-stay hospital. One mandated requirement by the Centers for Medicare and Medicaid Services (CMS) is that all hospitals use an electronic format for documentation, medication administration, and daily operations. This mandate is being carried out by a dedicated team known as the HIT / BCMA Team (Health Information Team / Bar Code Medication Administration). This team is working diligently on configuring the system for patient care. The work of the Kayenta HIT/BCMA team has been outstanding and was asked to present their work at the 2018 National IHS Partnership Conference. The workshop was well received and Kayenta was commended for its outstanding work. It was noted that Kayenta is the first IHS facility nationally to embark upon this kind of initiative and will pave the way for other new and upcoming IHS Hospitals. The projected opening date for the Inpatient Unit is early 2019.
- **Shiprock** - Northern Navajo Medical Center (NNMC) is one of five Indian Health Service healthcare facilities participating in the Centers for Disease Control and Prevention (CDC) Opioid Collaborative. The NNMC CDC Opioid Collaborative and Chronic Pain Management Committee has a comprehensive policy to prevent abuse and misuse of opioid pain medications through the following approaches: (1) patients are treated with respect and dignity to enhance relationships to discuss treatment options; (2) prescriptions renewed every 30 days and patients reassessed every 90 days; (3) the Emergency Department prescribes no more than 4 days of narcotic therapy in accordance with CDC guidelines; (4) Naloxone is co-prescribed for patients on 50 or more morphine equivalents per day as a patient safety measure; (5) opioid addiction education and training are provided to clinicians to ensure safe and effective pain treatment (6) the

prescriber or pharmacist habits are reviewed in accordance with procedures; (7) quality management ensures pain management and opioid prescription services comply with regulatory agencies; and (8) prevention of drug diversion is monitored through video surveillance, inventory, audit and reconciliation systems and (9) management of chronic pain may include medical acupuncture.

- **Shiprock** - The NNMC management and clinical team understand that injuries do cause death and disability among community members across the Shiprock Service Unit. The NNMC Emergency Room Team placed the pursuit of a level IV trauma ER care designation or certification as a high priority because of the limited access to trauma care in a rural setting. Although it was a complicated process, the ER Trauma Committee implemented a study to see if it was feasible to achieve a level IV trauma center at NNMC and increase and ensure optimal care to those who are seriously injured. The Trauma Committee reviewed emergency room registry data (admitted/transferred), accreditation standards and process, discussion from regional and state-wide trauma forums, and education requirements, such as Trauma Nurse Core Courses. From the confirmed study results and through collaboration with the State of New Mexico and NAIHS, NNMC is a certified level IV trauma system. The State of New Mexico has released funding in support of a trauma care system and NAIHS is in the final stages of reviewing the transfer agreements.

## Resources

### Secure and effectively manage the assets needed to promote the IHS mission

- **Chinle** – Pinon Health Center assisted the CSU's goal of exceeding the 2017 Third Party Collections goal of \$90,500,000 by collecting \$91,541,867 in 2018. An outstanding accomplishment that exceeded the Service Unit goal by \$1M.
- **Chinle** – The Chinle Patient Accounts staff are working with Pinon Health Center Patient Accounts staff to set up the Arizona Health Care Cost Containment System (AHCCCS) Behavioral Health provider numbers to enable claims submissions for non-professional Behavioral Health providers. The next step will be to set up training for staff on claims submission processes within the next month.
- **Crownpoint** – A Crownpoint Hospital "Information Technology Datacenter Project" was implemented in January of 2017 with the Navajo Area IHS and Crownpoint Service Unit (CPSU) Facility Management teams. The goal of the project was to create an efficient, safe, and clean environment to safeguard sensitive data and information technology systems. The Crownpoint IT Datacenter had a number of issues with high temperatures causing the Service Unit IT systems and servers to shut down. The CPSU Chief

Information Officer spearheaded this project and completed it in August of 2018. No further issues with overheating have been experienced and the new datacenter is organized with redundant services and adequate space. The project provided an opportunity for new technologies that enable automation, reduction of power consumption and less IT management by the CPSU IT team.

- Crownpoint** - The replacement of the Pueblo Pintado Health Center has been on the national IHS Healthcare Facilities Construction Priority List for several years. The U.S. Congress finally approved planning funding in FY 2018 and all stakeholders are now beginning to work on the plan. To date, a number of steps have been completed including \$300,000 of the \$10.2 million appropriated in FY 2018 was made available for planning via a Notice of Funding Availability (NOFA) to the Navajo Nation. In May 2018, the IHS Engineering Services Contracting Office notified the Navajo Nation and President Begaye accepted the \$300,000 in July 2018 to complete the planning documents for the health center and staff quarters. Project No. NA18CP146C7 will be managed via the Federal acquisition process with the assistance of a contractor. The contractor will work on completing the Site Selection Evaluation Report (Phases I and II) by late 2018 or early 2019 and this will involve a number of tasks such as: a land survey; soil assessment; environmental assessment; review for flood plain; geological study and other technical reports. At this point, the first priority is to select the construction site in Pueblo Pintado, NM. The Steering Committee for the Replacement of Pueblo Pintado Health Center works with all stakeholders on the preparation of justification documents, planning, advocacy, funding, site selection and design work. The Steering Committee met at Pueblo Pintado Chapter House on April 19, June 21 and August 16, 2018. Three members of the Steering Committee also attended an orientation session on Navajo Nation Land Leasing and Land Withdrawal Processes in Window Rock on May 15, 2018. The committee is tentatively scheduled to meet again in October of 2018.
- Gallup** – The GIMC FY 2018 Business Office Billed and Collected Office of Resource Access and Partnerships (ORAP) Goal was successfully met. GIMC’s total billed for services rendered in the 1st, 2nd, 3rd and 4th quarters was \$160,663,528.03. Actual third party collections for the 1st, 2nd, 3rd, 4th quarters was \$102,241,784.74 = 64% Collection Efficiency rate.

Fiscal Year	1st Qtr Collection	2nd Qtr Collection	3rd Qtr Collection	4th Qtr Collection
FY-18	\$ 18,677,855.51	\$ 28,067,687.15	\$ 27,145,845.12	\$ 28,350,396.96

- Gallup** – The GIMC Emergency Department Expansion Project is in the construction phase with a budget of \$13 million, (\$10 million from Department of Health and Human Services/Non-Recurring Expense Fund

and an additional \$3 million from Gallup Service Unit third party collections). Construction is following a two-year schedule in phases which are subject to change depending on construction progress:

- Phase 1 (Urgent Care Clinic) = Dec. 14, 2016 – Sept. 30, 2018
  - Phase 2 (Emergency Dept.) = unknown at this time until contractor is selected
  - Phase 3 (ED Offices) = unknown at this time until contractor is selected
- **Kayenta** – The Inscription House Health Center (IHHC) is working with the Navajo Area Office to revive the previously planned expansion and renovation project for the Health Center. The POR (Program of Requirements) was approved in April of 2007. This project was delayed during the construction of the Kayenta Alternative Rural Hospital. Now that the Kayenta facility has been completed, the IHHC Project is being pursued. Funding has been set aside for this critical project and the Navajo Area Office plans to secure an architect to review previous completed designs of the expansion project. Kayenta Service Unit administration will make this project a priority.
  - **Kayenta** - The Kayenta Service Unit (KSU) is required by its Governing Body and the Executive Committee to maintain a positive fund balance for each budget activity program. The Service Unit is also required to produce a reduced or balanced FY 2018 Operating Budget. Furthermore, it is the policy of IHS to ensure financial operations comply with applicable laws, regulations and government-wide financial management requirements and standards. For FY 2018, the KSU budget is balanced and is projecting a carry-forward. Current third party collections will exceed what was collected in FY 2017 by 20%. The Accounts Payable Staff received the policy for Accounts Payable and was implemented by staff. A major accomplishment for the KSU was closing out undelivered orders for FY 2010 through FY 2015.
  - **Shiprock** - At Northern Navajo Medical Center (NNMC), the Information Technology (IT) equipment is a valuable resource and plays an integral role in healthcare delivery. The NNMC IT Department supports quality and sustainable health delivery through a Four Year Life Cycle Plan (4YLCP). The 4YLCP is a proactive and effective management plan of information technology equipment by identifying equipment life cycles, maximizing equipment utilization and replacing equipment as needed. Life cycle planning states that all equipment has a life cycle of use and must be proactively replaced before compatibility issues occur, the vendor no longer supports the equipment, parts are no longer available or catastrophic failure occurs due to use beyond End of Life (EOL). The 4YLCP also assists in transparency and accountability by showing budget planning and costs and identification of information technology equipment requiring replacement. For FY 2018, the SRSU spent \$3.1 million for IT equipment and projects at NNMC, Four Corners Regional Health Center and Dzilth-Na-O-Dith-Hle Health Center.

- **Shiprock** - Northern Navajo Medical Center (NNMC) recently received an inpatient screening tool called MCG. This tool provides guidance to a healthcare team in determining a patient's medical necessity, appropriate level of care and extended stay. At NNMC, the Utilization Review (UR) Nurse, along with other clinical team members, will use this tool in determining the appropriateness and progression of care from admission to discharge. The MCG care guideline is a tool intended to be used with clinical judgement of a qualified health care provider. The UR Nurse will continue to work with providers and the clinical team to ensure optimal patient outcomes. The benefits of MCG are improvement in the patient care process and management of limited resources. The UR Nurse is the administrator of this program and has provided MCG access and training to clinical and support staff.

### **Navajo Area IHS Finance Report**

A Continuing Resolution has been approved for IHS which provides funding at the FY 2018 rate of operations/funding through December 7, 2018. The NAIHS Federal Service Unit FY 2018 Third Party collections from Medicare, Medicaid, Private Insurance and the Veterans Administration increased by 8.9% when compared to FY 2017 (see Collections Report under Attachment B).

### **Navajo Area Budget Formulation Process**

The FY 2021 Navajo Area IHS Budget Formulation Work Session is planned for November 14-16, 2018 in Flagstaff, Arizona at the Double Tree by Hilton Hotel and Conference Center. Tribal and consumer participation in the federal budget development process is very important for several reasons:

- (1) Consumer participation and tribal support helps justify the need for more health funding for Indian health care as well as clarifying priority tribal health issues;
- (2) Greater participation by tribal members and urban organizations creates an increased awareness of the federal budget process, which will make participants better informed advocates for Indian health issues;
- (3) Tribal consultation is a federal policy, which is essential in strengthening a partnership between federal and tribal governments.

The Navajo Area IHS invites all Navajo Nation leaders to participate in the Budget Formulation Work Session.

### **Opioid Roundtable with Congressional Representative Ben Ray Lujan**

On August 1, 2018, Dr. Loretta Christensen, Chief Medical Officer, Navajo Area IHS, participated in an opioid roundtable discussion in Shiprock, NM sponsored by Congressman Ben Ray Lujan. Participants included Mr.

Mark Freeland, Office of the President/Vice President, Navajo Nation, Dr. Glorinda Segay, Executive Director, Navajo Department of Health, Ms. Heidi Todacheenie, Navajo Nation Washington Office, Dale West, Criminal Investigator, Navajo Nation Department of Criminal Investigations, Mr. Randy John, local constituent and Congressional Aides.

Dr. Christensen shared information concerning safe opioid use and opioid abuse prevention activities that IHS Headquarters and Navajo Area IHS have implemented, including, but not limited to: patient medication assisted therapy, access to unused opioid/drug disposal, and the relatively low amount of prescribed opiates at Federal (Direct) healthcare facilities. Dr. Glorinda Segay, Executive Director, Navajo Department of Health, discussed the Navajo Nation Opioid Task Force and efforts of the Navajo Nation Behavioral Health Services programs concerning addiction services.

Dr. Segay also spoke about the present focus of informing the Navajo People on what opiates are, how they affect individuals and signs that a family member is using drugs. Mr. Dale West discussed challenges associated with prosecuting the sale of illicit drugs and also commented on human trafficking issues. The roundtable event was successful in articulating successes and challenges on the Navajo Nation concerning opioids, illicit drug use, human trafficking, IHS healthcare services and other related topics.

### **Senator Martin Heinrich Staff Visit GIMC**

On August 30, 2018, several staff from Senator Martin Heinrich's office visited the Gallup Indian Medical Center (GIMC) to meet with Navajo Area Office and GIMC Leadership to provide an orientation to GIMC and discuss the facility's history, successes, current issues and needs. The visitors included Mr. Jim Dumont, Field Representative, Mr. Virgilio Barrera, Legislative Director, Mr. Felipe Galvis-Delgado, Legislative Correspondent and Ms. Andrea Mares, Healthcare Legislative Aide. Major points of discussion included, but were not limited to: issues affecting recruitment and retention of health professionals, unique health conditions seen in the local region, substance abuse and behavioral health challenges, national and local nursing shortages, staff to patient staffing ratios, the high quality nurses and physicians at GIMC, patient care space limitations within GIMC, the need for additional land for health program expansion(s), GIMC's aging infrastructure and challenges with plumbing, electrical, Operating Room temperature and humidity controls and other critical building systems, expanded primary care hours of operation and other topics. The site visit concluded with a tour of the main hospital facility.

### **DHHS and Office of Management & Budget Visit at GIMC**

On August 21, 2018, representatives with the Office of Management and Budget (OMB) and the HHS Office of the Assistant Secretary for Financial Resources (ASFR) visited GIMC to receive a presentation concerning successes and challenges at GIMC and participated in a brief tour of the facility. The site visit provided an opportunity for GIMC staff and leadership to share information on successful programs and services and the challenges associated with providing health services in a facility approximately 60 years old with a large volume of patients. The information was very well received by the visitors.

### **Strengthening of the New Navajo Area Office IHS Quality Management Division**

In FY 2018, the Navajo Area IHS established a new Quality Management (QM) Division at Navajo Area Office (NAO). The QM Division was established to improve the quality of patient care through the provision of technical assistance and oversight of federally managed healthcare facilities. To support these efforts, the NAIHS is pleased to announce increased staffing for the QM Division. In December of 2017, Ms. Kimberlyn Tom was selected as the Deputy Quality Manager at Navajo Area Office. Ms. Tom comes to the NAO from GIMC where she served as an Improvement Specialist and Data Analyst.

In August of 2018, Ms. Rachel Akins was selected as the Navajo Area Quality Management Director and Ms. Valarie Tenequer was selected as the Navajo Area Infection Control Nurse Specialist. Ms. Akins comes to us from the Bemidji Area IHS where she worked as a Compliance Officer with the Cass Lake Hospital in Cass Lake, MN. Ms. Tenequer previously served as an Infection Control Specialist at the Chinle Comprehensive Healthcare Facility. In addition, Ms. Sherri Helton, Emergency Management Coordinator, NAIHS recently transferred from the Office of Environmental Health and Engineering into the QM Division where she will continue to serve as the NAIHS Emergency Management Coordinator and her work will expand to include Quality Management. The Navajo Area is pleased to have Ms. Akins, Ms. Tom, Ms. Tenequer and Ms. Helton in the Navajo Area Office QM Division and looks forward to continuing efforts toward strengthening the quality of patient care in the Navajo Area IHS.

### **NAIHS Health Facility Mock Accreditation Survey Update**

On April 3, 2018, the Indian Health Service established a national contract with Joint Commission Resources (JCR) to provide accreditation mock review services at federally-operated (Direct Services) healthcare facilities. The purpose of mock reviews is to assess accreditation compliance of healthcare facilities as related to The



Joint Commission (TJC) accreditation standards. Mock review findings are used by healthcare facilities to address accreditation gaps or weaknesses prior to the next TJC unannounced accreditation survey. To date, several JCR mock accreditation surveys have been performed at NAIHS service units, including: Gallup Service Unit (May 1-3, 2018), Crownpoint Service Unit (Aug 7-9, 2018), Shiprock Service Unit (Aug 14-17, 2018), and Chinle Service Unit (Sep 11-13, 2018 and Sep 25-28, 2018). Service unit staff are presently using the findings of the mock surveys to improve compliance with TJC standards and the improvement activities are being followed by each service unit's Governing Body.

### **Gallup Indian Medical Center CMS Certification and TJC Accreditation**

Surveyors with the Centers for Medicare and Medicaid Services visited GIMC on August 21 – 24, 2018 to conduct several surveys, including a full hospital survey, an Emergency Medical Treatment and Active Labor Act (EMTALA) survey and a full Clinical Laboratory Improvement Act (CLIA) survey. GIMC was found to be in substantial compliance with full hospital and EMTALA requirements with no deficiencies cited by the surveyors. The full CLIA survey resulted in findings; however, as of October 12, 2018, GIMC has yet to receive a survey report (CMS 2567). As a result of the full hospital and EMTALA survey results (i.e., no deficiencies), CMS restored the deemed accreditation status of GIMC and transferred the survey jurisdiction back to The Joint Commission on August 28, 2018. In regards to the CLIA survey findings, GIMC Laboratory staff and Leadership immediately began instituting corrective actions at the conclusion of the August 21-24 survey. Once GIMC receives the official CMS 2567 survey report, a plan of correction will be submitted and CMS will ultimately return to GIMC to verify appropriate corrections have been executed.

On Tuesday, October 2, a surveyor with The Joint Commission (TJC) visited GIMC to perform a focused follow-up survey concerning two findings previously identified in a May 21, 2018 TJC survey. The surveyor ultimately found that appropriate corrective actions were instituted and sustained and reported no additional findings. The surveyor found that no follow-up action(s) would be required by GIMC.

### **Gallup Indian Medical Center Improvements**

The GIMC was designed and constructed in 1960. As a result of the facility's age and design, there are significant deficiencies in existing building space and building systems. The current improvements are for existing Emergency and Urgent Care (now called Walk-In Primary Care Clinic) Departments situated along the first floor of the hospital's east wing. The first phase of this undertaking is for the Walk-in Patient Care Clinic

(WIPCC), that will now occupy the east annex portion of this floor with the interior space totally renovated and now completed. Presently, additional work to design and construct a separate new WIPCC entry and an ADA compliant ramp along with replacement of the main GIMC hospital roof is underway through a separate contract. The total amount of this action is approximately \$2,071,821.00 with all items scheduled to be completed by October 2018. WIPCC is anticipated to open soon thereafter and will provide 14 new exam rooms, one treatment room and three screening rooms along with space for radiology, waiting area, physician offices and team room, benefit coordinators, patient registration, housekeeping, IT space, Medicine room, Utility soil and clean rooms, equipment storage and staff and patient restrooms.

### **Healthcare Improvement and Safety Training for NAIHS Staff**

During the 4th quarter of FY 2018, the NAIHS held special healthcare accreditation training focused on patient safety and performance improvement. More specifically, on July 12 – 13, 2018, over 40 Area Office and Service Unit staff participated in Emergency Medical Treatment and Active Labor Act (EMTALA) training and Quality Assurance/Performance Improvement training in Gallup, NM. Also, on September 20-21, 2018, approximately 45 Area Office and Service Unit staff participated in an Environment of Care and Life Safety Boot Camp Training in Farmington, NM. The trainings were provided to increase patient safety and quality improvement technical knowledge among staff.

### **Chinle Comprehensive Healthcare Facility – Apartment Building Update**

A 19-unit Staff Apartment Building was completed in Chinle, AZ and a Blessing Ceremony was held on May 24, 2018. The apartment building was built to support the Chinle Service Unit in meeting the housing needs for health professionals consisting of both short term contractors and permanent employees. The apartment building includes eight (8) efficiency units and 1 one-bedroom ADA compliant unit that are fully furnished and will be used to house short term contract employees. The furniture and accessories have arrived and are being installed this week. The remaining ten units include 8 one-bedroom units and 2 two-bedroom units which are unfurnished and are being used for permanent employees. The photo below provides an illustration of the apartment building.



### **Pueblo Pintado Health Center and Bodaway/Gap Health Center**

The Navajo Nation responded to an Indian Health Service issued Notice of Funds Availability (NOFA) letter and indicated that required planning activities for the future Pueblo Pintado and Bodaway/Gap health facilities was to be carried out by the Federal (IHS) acquisition process. The funding available for each site is \$300,000.00 for planning activities. The Request for Contract (RFC) package for planning was submitted to The INNOVA Group of Tucson, AZ. The scope of work for The INNOVA Group is to complete the Site Selection Evaluation Reports (SSER) Phases I and II for both projects. The INNOVA Group has submitted questions related to the scope of work and responses have been provided. INNOVA's cost proposal and schedule response is due in early October of 2018.

### **Dilkon Alternative Rural Health Center (DARHC) Construction**

On June 25, 2018, the Navajo Area IHS received a response from President Russell Begaye concerning an IHS issued Notice of Funding Availability for the construction phase of the DARHC in the amount of \$122,313,279. The letter notified Navajo Area IHS that the construction phase will be completed by the Winslow Indian Health Care Center, Inc. (WIHCC) under a Title V P.L. 93-638 Construction Project Agreement (CPA). Upon receiving the response from President Begaye, the NAIHS started working with WIHCC leadership to start the CPA negotiation process with the first in-person meeting being held on August 14, 2018 in Albuquerque, NM. The

CPA is still under negotiation; however, the process is moving forward and will ultimately result in the construction of a 154,000 square feet health center with 109 staff quarters in Dilkon, AZ.

### **Shiprock Service Unit Report**

The Shiprock Service Unit (SRSU) continues its strong support for community health and health promotion and supports Navajo Nation, regional and national initiatives. The SRSU Community Health Division (CHD) is the main SRSU Division that supports many of the community health initiatives, accomplishments and partnerships through Health Promotion Disease Prevention (HPDP) and Public Health Nursing (PHN).

For example, the CHD and HPDP staff provide training and mentorship to community, Navajo Nation, and IHS groups on Community Wellness Planning, Digital Storytelling, Results Based Accountability, Group Facilitation and other Public Health tools. SRSU supports the Regional Creating Community Circles for Change network, Community Health Surveillance, and Health Communications with SRSU and the Diabetes Programs.

Shiprock Service Unit HPDP core programs and initiatives include:

- Data team
- Community Nutrition Education
- School Health
- Women's Health
- Community Fitness
- Public Health Nursing
- Partners for Wellness
- Community Advocacy & Wellness Planning
- Substance Abuse Program
- Health Education Center for Wellness
- Four Directions Health Communications
- Teen Life/School Based Health Care
- Community Uranium Exposure – Journey to Health
- Red Eagle Challenge – Experiential Learning/Counseling - Ropes Course/River Rafting
- Key Partnerships – Office of Diné Youth; NN Department of Health; NN Community Health Representatives; NN Health Ed; NN Women Infants and Children; NN Department of Behavioral Health Services; NN Social Hygiene; Johns Hopkins Native Vision; local schools; University of New Mexico; Bureau of Indian Education; and local Chapters

The 4 Directions Health Communications efforts can be observed through their roadside signs/billboards, posters, IHS news releases, Four Directions of Wellness show, Community newsletters, social media Facebook

posts, YouTube, and employee newsletters. Some recent topics include a Prediabetes Awareness Campaign, the Love Your Life suicide prevention campaign, Healing Begins, Domestic Violence Awareness, and the Native Lifestyle Balance Video series on YouTube, and the new Electronic Patient Health Records Education/Promotion.

Public Health Nursing works with partners including the San Juan Community Care Transitions Collaboration, New Mexico Immunization Coalition, New Mexico Breastfeeding Task Force, COPE Advisory Group, Arizona Public Service- respiratory project, and the Navajo Mine Coal Dump Safety Annual Meeting with chapter coordinators. Public Health Nursing uses community education, radio PSA, and NNMC videos to share their messages.

The Native Lifestyle Balance Diabetes Prevention is now available online. The 4 Directions Health Communications partnered with the Shiprock Diabetes Prevention Program (DPP) to create an interactive online video series based on the successful in-person



Native Lifestyle Balance (NLB) curriculum. NLB consists of 16 weekly sessions of skills and tools one can use to reach a healthy balance of weight and physical activity. Each session includes a coaching video with participant handouts. To find out more – or to sign up to participate – visit [ihs.gov/NLB](http://ihs.gov/NLB).

As students prepared for the 2018-2019 school year, the SRSU Teen Life program organized mass sports physical clinics at various high schools during the summer months. Sports physicals were a huge success this year serving 465 students at the following locations: Shiprock High School, Kirtland High School, Navajo



Preparatory School, Newcomb High School, Four Corners Regional Health Center, and Northern Navajo Medical Center HPDP. There was a collaboration of 64 physicians, physical therapists, public health nurses, pharmacists, administrative staff, counselors, dental staff, and prevention educators.

Northern Navajo Medical Center staff started a free fruit stand for kids at City Market to promote healthy eating in the community. Children can take a free piece of fruit to enjoy while shopping with their family. The stand was designed and built by local artist Hilary Mockewich, and finished by Thomas Quattlebaum, Family Medicine, and Michelle Hyman, Family Therapist. The art on the stand was donated by artist Lucie Guyard. The stand is part of the team's collaboration with City Market to make healthy eating easier for Shiprock families. City Market also participates in the FVRx (Fruit and Vegetable Voucher) Program, which offers vouchers to families of pregnant women or young children so they can receive fruits and vegetables.



The Camp Dibé Nitsaa 2018 annual adolescent wellness camp was a great success this year! The camp invited 50 youth ages 9-13 years old for a week of fun activities, including Zumba, the Strong Warrior obstacle course, swimming, hiking and more. Kids also received education on nutrition, resiliency, staying drug-free and cultural teachings. The camp has been in operation over 20 years and celebrated its 10th year at its location in Mancos, Colorado.



SRSU continues to support the top suggestions made by the community. Earlier in the year, hospital staff and community members discussed the effect of historical trauma on wellness and how SRSU can improve care at NNMC by incorporating the Navajo Wellness Model and focusing on healing and resilience. This session was facilitated by Health Promotion staff and held in collaboration with the Trauma Informed Care Steering Committee from NNMC and Brigham and Women's Hospital, Boston, MA. The top 10 suggestions on how NNMC can be a resource for healing and resilience included:

1. Make sure staff empathize with patients and empower patients.
2. Be compassionate. Don't blame or shame.
3. Re-educate k'é or kinship to establish trust in self, relatives, community, and environment.
4. Be more visible in the local community.
5. Be viewed as a safe and supportive space where patients can disclose as much or as little as they want.
6. Reduce stigma about trauma and getting treatment.
7. Foster communication and collaboration among medical and mental health providers, social services, and the community.



8. Have the hospital compile resources for healing trauma, preventing trauma, and educating about trauma.
9. Teach the youth about culture, ceremony, and the Navajo Wellness Model.
10. Have parenting classes for new parents. Host exercise challenges. Provide mindfulness classes. Support a resilient community.

The Trauma Informed Care Steering Committee plan to continue the discussion in the Fall of 2018.

In support of partnerships, a Ropes Rescue Training held by the Red Eagle Challenge instructors during the summer included staff from Four Corners Regional Health Center, and the Shiprock District Police Department. The training was held at the NNMC ropes course and the Kirtland Fire Station and offered basic rescue techniques including river rescue, ropes rescue skills in ascending and descending when rescuing individuals. The curriculum was administered through Rescue 3 International, and facilitated through Arroyo Rescue & Recreational Training.



To plan for community wellness at the Chapter level, the Community Health Division meets monthly with Chapter Coordinators/Leaders/Managers to plan and work together for wellness. These leaders share with Health Promotion and Public Health Nursing staff from NNMC, and Dziłth-Na-O-Dith-Hle Health Center about their local priority health and wellness issues.



Chapters have learned about each other's successes and challenges, developed ways to collaborate with each other, and identified resources to support their wellness efforts. Shiprock IHS staff have provided skill-building trainings and learned about how they can support local wellness initiatives. Service Unit Executive Leadership members



attend these forums to hear directly from the local communities they serve. As a result of these regular meetings, several Chapters are developing formal Community Wellness Plans, facilitated by local leaders, Shiprock Health Promotion, and the non-profit Healthy Native Communities Partnership.

**Concluding Comments**

Navajo Area Indian Health Service staff remain committed to supporting Tribal leaders of the Navajo Nation and the San Juan Southern Paiute Tribe in their efforts to address Indian health policy issues, improve the health of individual Native beneficiaries, and in development of healthy communities. Please contact the office of the Navajo Area IHS Director regarding additional information or questions.

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ATTACHMENT A

### Crownpoint Service Unit Division of Public Health Nursing Activities:

<b>What</b>	<b>When in 2018</b>	<b>Who</b>	<b>Where</b>
Community Resource meetings-at least 17 resources attend to share information and plan events	August 3 & 31, 2018	NN Health Education, Division of Behavioral & Mental Health, United Healthcare, Dine College, ToHajiilee District Court, CHR, NTU, Office of Dine Youth, Workforce Program & Others	Dine College
Meeting NN Special DM program to collaborate on prevention activities	August 31, 2018	CPSU DM program, NN Special DM program	NN Special Diabetes Office
Collaborating with HealthInsight/PATH to identify a health area that the community resources can start to address	August 17 & September 17, 2018	8 Community programs	Dine College
Thoreau Resource Group-meeting to provide info, support and referrals to offer immediate, compassionate, and resources in traumatic events.	August 21 & Sept 04, 2018	Thoreau Mid School, Thoreau High School, Crownpoint MSPI, NN Behavioral & Mental Services, Thoreau Community Center	Thoreau Community Center
Implement Active Parenting program-g geared for parents of 5-12 year old children	Sept 21, 2018	Clients from the Parole & Probation Program	NN Parole & Probation Office
Red Ribbon Campaign Planning Meeting-to bring awareness regarding alcohol and drug prevention	Sept 24, 2018	Five community resources-NN DBMHS, Parole Office, Heath Education, Office of Dine Youth, NTU	NN Behavioral Heath Office
DVPI Information Booth in collaboration with NN Strengthening Families Program to bring awareness on DV & resources available	Sept 25, 2018	MSP, DVPI, NN Strengthening Family Program	Hospital Conference room
School Based Health Clinics-provide health care services to address the unmet health needs of students attending these targeted schools	August 6, 8, 9, 20, 21, 27, 28, 29  Sept 4, 5, 11, 12, 13, 24, 25, 26	Crownpoint Mid & High school, Thoreau Mid & High School, TseYiGai HS	Crownpoint Mid & High school, Thoreau Mid & High School, TseYiGai HS
Immunization review at St. Bonaventure School in Thoreau, NM. Administrated vaccine as needed to eliminate the spread of preventable diseases.	August 14, 16, 23, 2018	Students at St. Bonaventure School	St. Bonaventure School
Youth Mental Health First Aid training was conducted for resources working with youth to identify signs of suicide, how to talk to these youth, and nearby referral centers.	Aug 23, 2018	Staff at Dine college and Gallup McKinley schools	Dine College
Torreon Chapter Community Health Fair-several DoPH programs set up information booths on various health topics at this event	Aug 30, 2018	Torreon Community members, CHR, Local resources	Torreon Chapter House

ATTACHMENT B

**FINAL Navajo Area - Service Unit Collections Report - FY 2018**  
as of 09/28/2018

SERVICE UNIT	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TOTAL	FY '17 Comparison
<b>CHINLE</b>	<b>\$90,500,000 Projected Collection</b>													<b>Oct'16 - Sep'17</b>
Medicare	807,727.21	731,953.75	1,476,044.25	1,071,880.69	992,992.70	1,956,794.03	1,100,225.26	1,282,281.31	1,642,933.08	1,049,570.34	1,400,264.12	1,951,743.79	15,464,410.53	85,914,917.53
Medicaid	4,985,867.81	5,171,869.56	6,925,993.04	6,238,019.50	7,005,874.72	7,768,107.92	5,845,931.25	5,446,950.12	5,391,575.49	6,120,031.01	6,604,911.08	6,080,036.72	73,585,168.22	
Private Insurance	275,861.26	221,770.08	223,117.71	292,550.62	188,176.00	281,187.53	226,848.40	211,252.04	239,949.93	197,883.35	265,739.04	285,311.37	2,909,647.33	
Veteran Affairs	55,320.21	8,201.35	21,844.80	26,996.25	19,457.92	58,063.63	48,822.06	39,099.45	42,152.72	30,640.23	19,033.34	17,766.91	387,398.87	
<b>TOTAL</b>	<b>6,124,776.49</b>	<b>6,133,794.74</b>	<b>8,646,999.80</b>	<b>7,629,447.06</b>	<b>8,206,501.34</b>	<b>10,064,153.11</b>	<b>7,221,826.97</b>	<b>6,979,582.92</b>	<b>7,316,611.22</b>	<b>7,398,124.93</b>	<b>8,289,947.58</b>	<b>8,334,858.79</b>	<b>92,346,624.95</b>	
% of Projected	6.8%	6.8%	9.6%	8.4%	9.1%	11.1%	8.0%	7.7%	8.1%	8.2%	9.2%	9.2%	102.0%	
<b>CROWNPOINT</b>	<b>\$21,000,000 Projected Collection</b>													
Medicare	364,926.72	251,035.18	659,859.78	458,270.81	313,312.24	475,114.71	498,625.21	444,518.21	388,439.85	493,263.66	275,662.96	441,195.24	5,064,224.57	22,348,144.40
Medicaid	1,484,044.27	1,536,949.88	1,350,366.12	1,390,323.35	1,714,643.26	2,213,730.64	1,300,225.53	1,695,798.75	1,243,952.77	1,464,422.58	1,470,331.14	1,450,226.08	18,315,014.37	
Private Insurance	61,584.06	67,099.19	62,111.70	61,385.24	72,992.63	86,479.12	71,977.68	109,512.80	82,943.14	86,069.86	78,617.54	88,015.15	928,788.11	
Veteran Affairs	6,874.49	18,862.51	10,969.32	18,502.30	13,171.72	35,980.99	4,234.37	11,832.78	28,510.50	4,230.67	10,604.90	15,074.94	178,849.49	
<b>TOTAL</b>	<b>1,917,429.54</b>	<b>1,873,946.76</b>	<b>2,083,306.92</b>	<b>1,928,481.70</b>	<b>2,114,119.85</b>	<b>2,811,305.46</b>	<b>1,875,062.79</b>	<b>2,261,662.54</b>	<b>1,743,846.26</b>	<b>2,047,986.77</b>	<b>1,835,216.54</b>	<b>1,994,511.41</b>	<b>24,486,876.54</b>	
% of Projected	9.1%	8.9%	9.9%	9.2%	10.1%	13.4%	8.9%	10.8%	8.3%	9.8%	8.7%	9.5%	116.6%	
<b>GALLUP</b>	<b>\$100,000,000 Projected Collection</b>													
Medicare	1,989,242.92	1,728,595.70	2,097,392.92	2,130,439.36	2,004,707.51	2,298,751.38	2,336,443.70	2,573,722.74	2,115,612.81	2,590,287.46	2,788,588.08	2,461,567.62	27,115,352.20	98,014,512.94
Medicaid	4,537,704.20	5,408,148.50	5,115,607.47	5,579,750.01	6,367,600.03	7,950,097.85	5,929,492.42	5,843,136.42	6,375,347.88	5,308,241.78	7,680,204.85	5,491,761.57	71,587,092.98	
Private Insurance	477,177.59	466,581.02	675,944.18	729,492.95	533,622.46	625,245.29	647,319.46	547,799.20	754,415.14	616,672.63	614,459.53	624,542.65	7,313,272.10	
Veteran Affairs	16,587.73	37,970.78	33,968.95	92,200.06	39,004.17	84,065.57	49,972.46	31,061.26	56,040.87	44,439.83	50,324.68	99,868.59	635,504.95	
<b>TOTAL</b>	<b>7,020,712.44</b>	<b>7,641,296.00</b>	<b>7,922,913.52</b>	<b>8,531,882.38</b>	<b>8,944,934.17</b>	<b>10,958,160.09</b>	<b>8,963,228.04</b>	<b>8,995,719.62</b>	<b>9,301,416.70</b>	<b>8,559,641.70</b>	<b>11,133,577.14</b>	<b>8,677,740.43</b>	<b>106,651,222.23</b>	
% of Projected	7.0%	7.6%	7.9%	8.5%	8.9%	11.0%	9.0%	9.0%	9.3%	8.6%	11.1%	8.7%	106.7%	
<b>KAYENTA</b>	<b>\$17,975,546 Projected Collection</b>													
Medicare	118,481.61	161,112.75	212,665.90	200,657.58	129,236.92	249,310.58	151,809.61	199,421.98	179,411.43	218,474.39	201,299.08	251,545.83	2,273,427.66	17,789,177.79
Medicaid	997,623.46	1,020,312.53	1,647,218.03	1,853,553.62	1,614,751.40	1,802,369.65	1,548,881.86	1,333,551.45	1,224,940.43	1,719,975.33	1,405,331.91	1,616,146.61	17,784,656.28	
Private Insurance	59,768.36	69,961.12	94,955.07	80,977.48	74,509.80	87,985.56	77,442.69	80,174.70	99,788.34	94,809.05	81,227.56	118,879.29	1,020,479.02	
Veteran Affairs	1,187.31	0.00	756.94	80.29	854.73	1,383.32	1,662.96	915.86	2,355.26	2,472.00	1,236.00	1,637.23	14,541.90	
<b>TOTAL</b>	<b>1,177,060.74</b>	<b>1,251,386.40</b>	<b>1,955,595.94</b>	<b>2,135,268.97</b>	<b>1,819,352.85</b>	<b>2,141,049.11</b>	<b>1,779,797.12</b>	<b>1,614,063.99</b>	<b>1,506,495.46</b>	<b>2,035,730.77</b>	<b>1,689,094.55</b>	<b>1,988,208.96</b>	<b>21,093,104.86</b>	
% of Projected	6.5%	7.0%	10.9%	11.9%	10.1%	11.9%	9.9%	9.0%	8.4%	11.3%	9.4%	11.1%	117.3%	
<b>SHIPROCK</b>	<b>\$70,000,000 Projected Collection</b>													
Medicare	1,143,923.56	1,300,593.49	1,538,090.79	1,830,650.42	1,375,682.69	2,180,794.00	2,427,322.27	1,922,336.35	2,551,721.29	2,034,631.39	2,307,012.28	2,067,291.97	22,680,050.50	77,708,660.43
Medicaid	3,875,377.82	4,176,485.51	4,749,897.97	4,533,883.02	4,144,689.04	6,229,398.39	4,222,637.77	3,975,438.06	4,544,588.92	3,548,389.32	5,453,413.44	5,573,664.75	55,027,864.01	
Private Insurance	364,873.12	310,963.45	485,733.81	495,544.47	474,611.37	604,474.94	424,038.63	485,680.13	579,123.61	534,470.67	481,504.07	635,356.56	5,876,374.83	
Veteran Affairs	30,290.65	35,355.58	17,020.18	23,354.18	7,596.87	17,357.70	110,494.22	45,182.19	58,146.09	37,318.57	45,741.34	51,370.21	479,227.78	
<b>TOTAL</b>	<b>5,414,465.15</b>	<b>5,823,398.03</b>	<b>6,790,742.75</b>	<b>6,883,432.09</b>	<b>6,002,579.97</b>	<b>9,032,025.03</b>	<b>7,184,492.89</b>	<b>6,428,636.73</b>	<b>7,733,579.91</b>	<b>6,154,809.95</b>	<b>8,287,671.13</b>	<b>8,327,683.49</b>	<b>84,063,517.12</b>	
% of Projected	7.7%	8.3%	9.7%	9.8%	8.6%	12.9%	10.3%	9.2%	11.0%	8.8%	11.8%	11.9%	120.1%	8.18%
<b>GRAND TOTAL</b>	<b>21,654,444.36</b>	<b>22,723,821.93</b>	<b>27,399,558.93</b>	<b>27,108,512.20</b>	<b>27,087,488.18</b>	<b>35,006,692.80</b>	<b>27,024,407.81</b>	<b>26,279,665.80</b>	<b>27,601,949.55</b>	<b>26,196,294.12</b>	<b>31,235,506.94</b>	<b>29,323,003.08</b>	<b>328,641,345.70</b>	<b>301,775,413.09</b>

Oct'17 - Sep'18	328,641,345.70
Monthly Average	27,386,778.81

	Oct'17 - Sep'18	Straight-line Projection for FY18 Collections	FY17 Final Collections	% change
NM collections	215,201,615.89	215,201,615.89	198,071,317.77	8.6%
AZ collections	113,439,729.81	113,439,729.81	103,704,095.32	9.4%
<b>TOTAL</b>	<b>328,641,345.70</b>	<b>328,641,345.70</b>	<b>301,775,413.09</b>	<b>8.9%</b>

Medicare	72,597,465.46
Medicaid	236,299,795.86
Private Insurance	18,048,561.39
Veteran Affairs	1,695,522.99
<b>TOTAL</b>	<b>328,641,345.70</b>