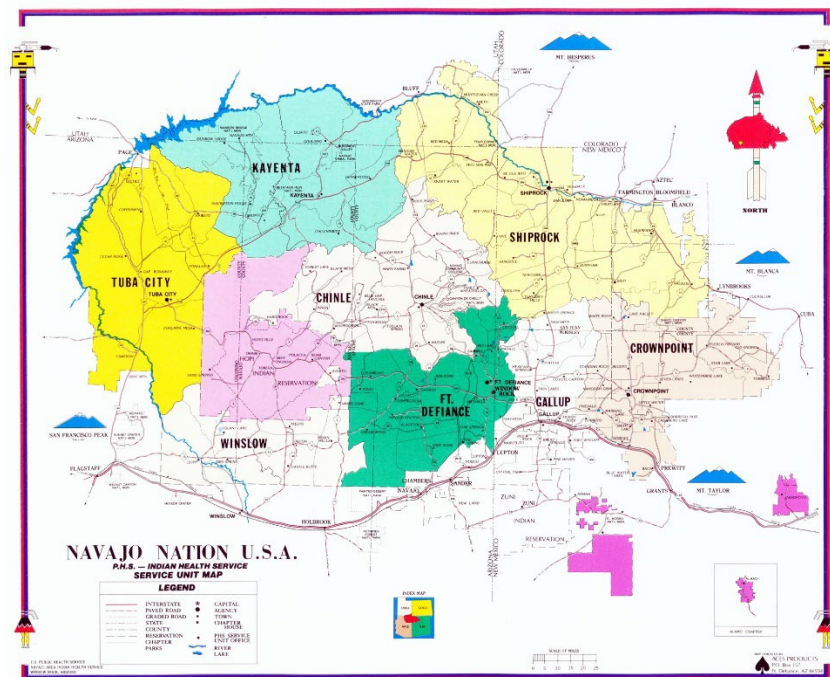




Navajo Area Indian Health Service Quarterly Report



25th Navajo Nation Council
Fall Session
October 2023

**Navajo Area Indian Health Service
25th Navajo Nation Council – Fall Session**

October 16, 2023

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This report provides general Indian health information, updates, and summarizes significant activities of the Navajo Area Indian Health Service (NAIHS) for the months July, August, and September of 2023. The NAIHS truly appreciates the continued relationships with Navajo Nation and San Juan Southern Paiute leaders and looks forward to our continued partnerships in improving the health status of the Native Americans and Alaska Natives served.

IHS 2023 Agency Work Plan

The Indian Health Service (IHS) has developed and is implementing a work plan to identify, assess, report, and manage enterprise-level risks that impact the IHS environment. In support of the agency's enterprise risk management efforts, the goal of the 2023 Agency Work Plan is to make an immediate impact on the Indian health system in alignment with the IHS mission and Strategic Plan.

2023 Agency Work Plan	PRIORITIES
	Patient Safety <ul style="list-style-type: none"> Standardize patient safety and adverse event policies. Enhance standardization of the credentialing system. Enhance facility manager and safety officer training agency-wide.
	Human Capital <ul style="list-style-type: none"> Further develop the Diversity, Equity, Inclusion, and Accessibility program. Improve personnel security operations. Implement a workforce development plan. Implement a workforce wellness plan that aligns with retention efforts.
	Operational <ul style="list-style-type: none"> Improve the acquisition planning process. Expand Indian Self-Determination and Education Assistance Act training. Improve internal and external communication. Improve the policy clearance process. Assess for the most effective human resources structure.
	Financial <ul style="list-style-type: none"> Further develop a national 105(I) lease program. Improve the Purchased/Referred Care financial process.
	Compliance/Regulatory <ul style="list-style-type: none"> Implement governance standardization across the agency. Ensure a foundation of enterprise risk management.
	Strategic <ul style="list-style-type: none"> Manage an adaptable strategy and long term plan. Enhance partnerships with tribes and urban Indian organizations Enhance the sharing of data across the Indian health system.

The Agency Work Plan outlines critical actions the IHS is taking during 2023 to address risk priorities identified by IHS leadership. A workgroup is leading each activity to identify root causes and design an implementation and monitoring plan to demonstrate measurable impacts on the agency. The IHS remains committed to mitigating programmatic and operational risks before they arise. IHS Leadership is focused on increased and effective communication with Tribal and Urban Indian Organization (UIO) partners on this work while developing sustainable actions.



In January, IHS leadership implemented the [2023 Agency Work Plan](#), which outlines critical actions the IHS is taking during 2023 to address risk priorities. The goal is to complete these actions by Dec. 31, 2023. Communications about the 2023 Agency Work Plan include progress, barriers encountered, resources needed, next steps, specific timelines, and accomplishments. The IHS tracks progress for each activity and looks for sustained progress over time. Results of the work are made public for our partners and stakeholders' awareness. Read more in our [second quarter update](#).

The Agency Work Plan details critical actions that address priorities that directly impact IHS operations, improve communication, and ensure safe, quality, patient-centered care. To address agency priorities, the IHS will provide rigorous management and oversight of resources to ensure the health care needs of American Indians and Alaska Natives are met.

The work plan outlines critical priorities that will guide agency improvements over the next year and complements ongoing activities to improve patient safety and provide critical oversight of our programs.

The IHS has instituted effective systems and processes to mitigate risk by increased IHS leadership awareness and input for organizational change and improvement. The IHS aims to fully implement processes to monitor and validate the effectiveness and sustainability of corrective measures. The IHS actions in the 2023 Agency Work Plan will continue to develop and demonstrate sustainable improvements through clearly defined monitoring functions.

Agency actions to address priority areas included in the 2023 Agency Work Plan will be led by workgroups. Each Work Group is responsible for identifying the problem and its root cause, developing an action plan to address the problem that includes identifying resources needed, identifying measures to show improvement and impact, and monitoring efforts over time for sustained progress.

Communications about the 2023 Agency Work Plan will include progress, barriers encountered, resources needed, next steps, specific timelines, and accomplishments. The IHS leadership will track progress for each activity and look for sustained progress over time. Results of the work will be made public for our partners and stakeholders' awareness. The goal is to complete the actions in the 2023 Agency Work Plan by December 31, 2023.

Navajo Area Office – New Appointments

CDR Lyle Setwyn is the Director for the Division of Sanitation Facilities Construction (SFC), Office of Environmental Health and Engineering, as he begins this important Area position. CDR Setwyn has served 18 years as a USPHS Engineer Officer in multiple assignments with the Indian Health Service and Environmental Protection Agency (EPA).

CDR Setwyn began his career as a Field Engineer with the SFC program in Yuma, Arizona. Following that assignment, CDR Setwyn worked as Regulatory Engineer with the EPA in American Samoa. More recently, CDR Setwyn has served as a Supervisory Engineer, District Utility Consultant, and Operations & Maintenance Coordinator in the Oklahoma and Phoenix Areas.

Ms. Audra Diswood has been selected as the Executive Officer for the Navajo Area Indian Health Service (NAIHS) in St. Michaels, Arizona. Ms. Diswood is an enrolled member of the Navajo Nation. Her clans are Nóóda'í dine'é (The Ute clan) born for the Tsin sikaadnii (Clamp Tree clan).

As the Executive Officer, Ms. Diswood is responsible for providing leadership in the administration of operations for Acquisitions, Finance, Gallup Regional Supply Service Center, Human Resources, Information Technology, and Property. Prior to this role, Ms. Diswood served as the Health Professions Recruitment Manager for NAIHS.

Ms. Diswood has over 17 years with the federal government subsequently serving in various capacities as the Supervisory Program Specialist with the Veterans Health Administration, Clinical Service Administrator within the Great Plains and Billings Area, the Director of Professional Services at Hopi Health Care Center, Deputy Chief Executive Officer at Gallup Indian Medical Center, and the Learning and Development Manager at San Juan Regional Medical Center. Her experience in healthcare administration with the IHS brings a deep commitment to and understanding of quality patient care, staff development, and excellence in healthcare administration.

Ms. Diswood holds a Bachelors of Human and Community Services, as well as, a Masters of Health Administration.



Dr. Paula Mora was appointed as the new Director of Public Health for the NAIHS in St. Michaels, Arizona. Dr. Mora is an enrolled member of the Navajo Nation. She started her career in the Indian Health Service in June 2002 at Gallup Service Unit. She is a Board Certified Family Practice Physician. Her career has included performing direct patient care in the Walk-in-Clinic and Diabetes program and served in various leadership positions within Gallup Service Unit (Clinical Service Chief, Clinical Director, and Chief Medical Officer). Prior to this role, Dr. Mora served as the Chief Medical Officer for the Tucson Area.

As the Public Health Director, Dr. Mora is responsible for planning, development, organization, integration and evaluation of public health services for NAIHS. In collaboration with other IHS,

federal, state, local and Tribal public health entities, the Division of Public Health program is responsible for the following:

- Provides oversight and direction for on-going, systematic evaluation of Navajo Area public health practices
- Serves as technical and clinical consultant to public health programs and community groups on public health and health-related issues affecting the Navajo Area population.
- Coordinates and collaborates with a variety of services and programs within the Navajo Area clinics, and community to assure optimal public health service delivery.
- Serves as a liaison to other IHS programs operating within the Navajo Area boundaries, such as Environmental Health and Engineering, and non-IHS programs including community organizations, tribal programs, county, state, and other federal agencies.
- Works closely with Navajo Nation programs providing public health services in the NAIHS.

Dr. Mora completed her undergraduate studies at the University of Oklahoma with a Bachelor's degree in Science, Petroleum Engineering. She received her Master in Science, Engineering Management at New Mexico State University. Dr. Mora received her Doctorate of Medicine from the Stanford School of Medicine and completed her family medical residency at the University of Arizona

Dr. Jerome Alford, DDS has been selected to serve as the Navajo Area Dental Consultant. In this position Dr. Alford will provide support to the Federal Dental programs serving the Navajo Nation, including support for recruitment, education, training, accreditation preparation and program management activities.

Dr. Jerome Alford graduated from Oral Roberts University School of Dentistry in 1984. He was commissioned as a Dental Officer in the United States Public Health Service (USPHS) after graduation, and began his career as a dental officer for the Muskogee Creek Nation in Oklahoma. He then accepted assignments as a dental chief with the Mescalero Apache tribe in New Mexico and the Makah Tribe in Washington State. He transferred to W.W. Hastings Indian Hospital in Tahlequah, Oklahoma and completed a two-year hospital-based Advanced General Practice Residency (AGPR). After completion of the residency, Dr. Alford moved to Gallup to serve as the Director of the AGPR program at Gallup Indian Medical Center (GIMC). During his tenure at GIMC, Dr. Alford also had the opportunity to serve as the Chief of the Medical Staff, as the Acting Ambulatory Care Coordinator and as the Deputy Clinical Director. Dr. Alford then transferred to Navajo Area Office to serve as the Navajo Region Commissioned Corps Liaison.



Dr. Alford retired from the USPHS Commissioned Corps in 2016 after 31 years of active-duty service. He was then hired by Fort Defiance Indian Hospital Board (FDIHB) where he served as the Chief of Quality Services and as the Executive Vice President of Medical Services. Dr. Alford retired from FDIHB in September 2022.

Navajo Area Office – Office of Public Health

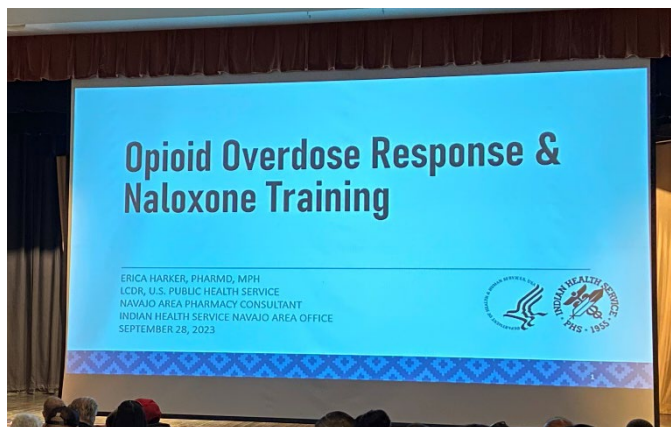
1. Basic Tobacco Intervention Skills Training - In 2023, the Navajo Area Office (NAO) – Office of Public Health – Health Promotion Disease Prevention Program formed the Basic Tobacco Intervention Skills Training Team to support the Indian Health Service Health Promotion Disease Prevention Strategic Plan goal: Reduce commercial tobacco use among youth & adults.

The team delivers virtual trainings to NAIHS, Tribal and community health care professionals to certify them in brief tobacco cessation intervention skills, so they can more effectively provide this service to reduce commercial tobacco use among their patients and clients.

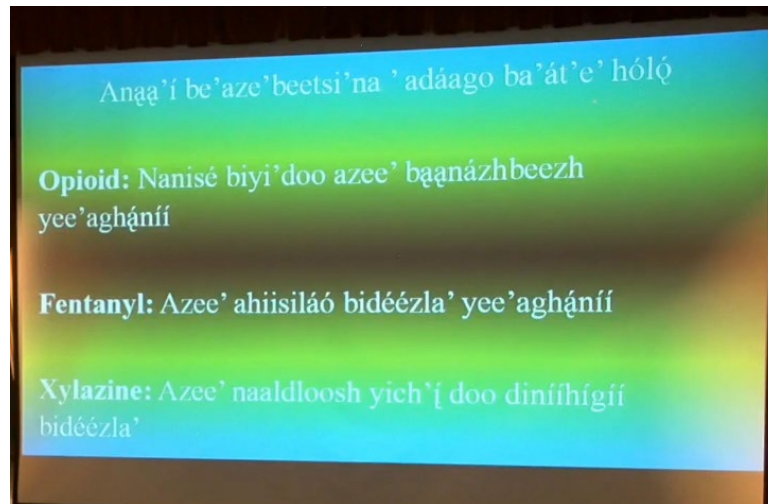
In this past year of 2023, the team has provided: four Basic Tobacco Intervention Skills for Native Communities certification trainings, and one Basic Tobacco Intervention Skills for Native Communities Instructor certification training. The team has also added, three Basic Tobacco Intervention skills for Maternal & Child Health certification training.

2. First Annual Navajo Nation Opioid Summit

The NAO – Office of Public Health partnered with the Navajo Nation Behavioral and Mental Health Service—Center of Harmony and Recovery to host the first Opioid Summit on the Navajo Nation. The two-day event had an average of 150 attendees each day. Each participant received an introduction on Opioids, Data Overview, Prevention Practices, Medicated Assisted Therapy and Naloxone Training. The second day of the Opioid Summit incorporated Navajo traditional wellness and traditional treatment of drug addiction.



The team delivered information to in-person and virtual participants including patients, employees, community members, first responders and school employees. Each in-person attendee received one box of Naloxone to deploy in the event of an emergency.



The event successfully incorporated traditional and modern approaches to educate and prevent Opioid use on the Navajo Nation.

3. NAO Health Communications - At the start of FY 2023, the NAO Office of Public Health created the Health Communications Team to commit to the development and creation of health messaging on a myriad of public health concerns to be delivered in digital (PDF flyers, videos, social media posts), oral (radio partnerships), and printed (newspaper, email, etc.) formats. To support the mission and vision of the Indian Health Service the Health Communications Team provided clinically accurate, up-to-date, and timely messaging in both the English and Navajo languages for the community. Over the past year, this team has circulated over 200 public health messaging campaigns relating to communicable/infectious diseases, chronic illnesses, vaccination clinics, hotline information, and more within a culturally significant context. In addition to making in-person appearances and providing public health interventions at notable events like LGBTQ festivals, substance use awareness events, Navajo Nation Fairs, and other community gatherings; the team has gained traction in its efforts and collaborated with the Navajo Epidemiology Center and a health center to create messaging for the public. Most notably, this team has assisted a local hospital in obtaining a National grant for \$40K to fund an upcoming vaccine hesitancy campaign.
4. Navajo Area I Want the Kit - The NAO Office of Public Health partnered with Johns Hopkins University to launch free at home Sexually Transmitted Infection (STI) testing. Patients can conveniently order a test kit to screen for Chlamydia, Gonorrhea and Trichomonas directly to their home or post office box. Patients self-swab and return the test kit by mail for processing. Each kit includes condoms and education material including Pre-Exposure Prophylaxis (PrEP), Post-exposure Prophylaxis (PEP) and Syphilis. In the event a patient returns as positive for Chlamydia, Gonorrhea and/or Trichomonas, the patient is connected to care to complete treatment. Free at-home STI expands testing options for Navajo Nation patients and their partners. Increased screening options allows public health teams to enhance Case Management of positive STI cases.

Navajo Area Office – Office of Quality & Patient Safety

1. Navajo Area Office - Office of Quality supports quality efforts by overseeing all federally managed NAIHS service unit requirements of accreditation, compliance and improvement efforts. The Office of Quality has six professional positions that include the Quality Management Director, Deputy Quality Director, Risk Management Coordinator, Infection Prevention & Control Coordinator, Performance Improvement Coordinator, and Clinical Applications Coordinator. In Quarter 4, this team, provided consultation, coaching, and education for service unit Quality Management departments and their staff.
2. The Infection Prevention (IP) Consultant obtained a subscription to the online Association for Professionals in Infection Control (APIC) Text for all IPs to use for policy guidance. The first ever Infection Prevention Chapter was added to the Indian Health Service Manual which helps provide a roadmap for continual development of the Area Office infection prevention program. The Infection Preventionist coordinated monthly education and discussion forums with the service unit IPs to standardize infection prevention practices at each service unit and health centers.
3. The Navajo Area Risk Management Coordinator collects data on incidents that occur at the service units and arranges reviews at the Area-level with the Area Director, Chief Medical Officer, and the Risk Manager Coordinator for awareness, correction and to plan for future prevention. This report is shared with Headquarter Risk Management. The new Risk Management review and case management process are working very well to ensure incidents are identified and followed through to completion. Additionally, the Risk Manager is providing education to NAIHS staff on identifying risks of harm and harm prevention methods, such as Just Culture and Patient Safety using nationally recognized companies.
4. The Performance Improvement Coordinator provided multiple education sessions on Quality Improvement definitions for standardizing a method that all service units can use for documenting performance improvement (PI) activities. A monthly newsletter is provided to all service unit staff on PI topics, and a monthly education session is provided to staff to learn how to perform a PI activity. Data from a PI activity help staff, clinicians and leadership decide on operational or patient care changes and for continual improvements in patient care delivery.
5. The Clinical Application Coordinator has provided workload, population and GPRA (Government Performance and Results Act) data to service units to plan and activate performance improvement projects.
6. The current work of the Quality and Patient Safety professionals support patient safety, delivery of quality care, patient satisfaction and employee satisfaction. The work will be evaluated at least semi-annually with adjustment of the efforts as needed.

Navajo Area Office – Office of Tribal Partnership

1. *Contract Support Costs*: The Office of Tribal Partnership (OTP) continues to collaborate with our Title I and Title V partners to reconcile prior-year contract support costs (CSC) funding amounts. CSC comprises a significant portion of each 638 organizations' total budget, and there are many intersecting variables to consider when finalizing CSC awards, including indirect cost rate

updates, increases to base program funding amounts, and pass-through and exclusion expenditures. OTP would like to thank all who participated in CSC closeout reconciliations during the past year. Your hard work made it possible for all remaining fiscal year (FY) 2018 CSC balances to be paid in full well ahead of the 6-year appropriations expiration date. In the coming year, OTP looks forward finalizing CSC for FY 2019 and beyond.

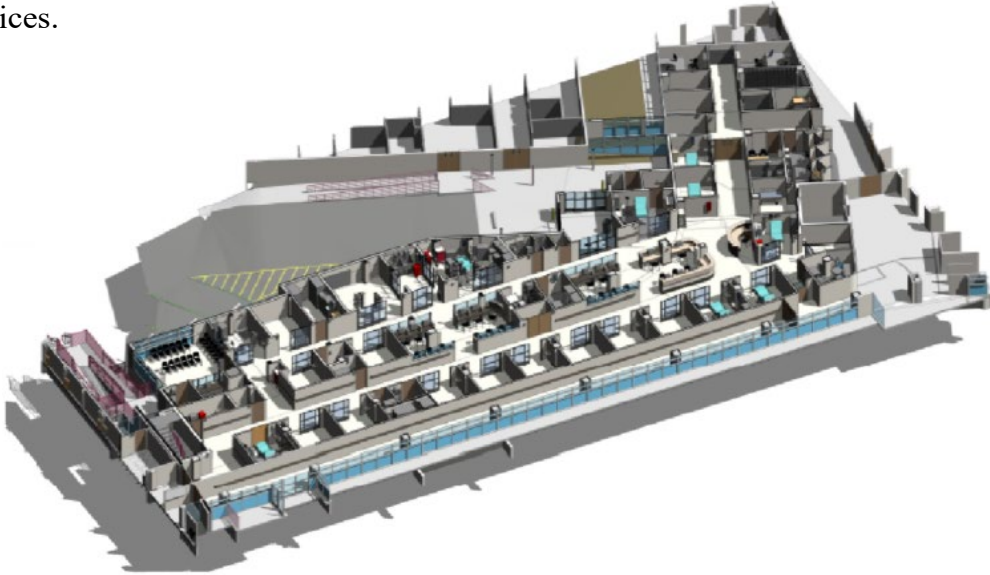
2. *Dilkon Medical Center:* The Office of Tribal Partnership (OTP) extends its congratulations to Winslow Indian Health Care Center, Inc. (WIHCC) for the grand opening of the new Dilkon Medical Center (DMC). As is the case with the 638 assumption of any new healthcare activities, the Indian Health Service (IHS) must negotiate a number of updates to WIHCC's Multi-Year Funding Agreement. OTP is communicating frequently with IHS Headquarters and WIHCC to determine dollar amounts for DMC fiscal year 2024 base funding, pre-award CSC, startup CSC, direct CSC, and indirect-type CSC as soon as possible. Other outstanding issues include whether or not WIHCC would like to enter into a 105(l) Lease for the new facility, as well as other possible changes to WIHCC's Scope of Work. OTP stands ready to provide any technical assistance that WIHCC requires.
3. *Navajo Nation P.L.93-638:* Calendar Year (CY) 2024 negotiations with the Navajo Nation's three 638 contracted programs – Health Management Services (HMS), Emergency Medical Service (EMS) and Navajo Treatment Center for Children and their Families (NTCCTF) are underway. The Office of Tribal Partnership (OTP) sent notice to all three programs on August 17, 2023 that CY 2023 Annual Funding Agreements (AFA) are set to conclude on December 31, 2023 and that updated CY 2024 AFAs will need to be established. While Tribal Authorization for HMS and NTCCTF extends through the end of CY 2024, EMS's authorization expires at the end of CY 2024.

Navajo Area – Office of Environmental Health & Engineering

1. *Division of Facilities Planning and Engineering:* Gallup Indian Medical Center (GIMC) Replacement Facility Site Selection: Phase II of the site selection process for the GIMC Replacement Facility is near completion. A modification to address newly incorporated 500 Year Floodplain Guidance from IHS/HQE to the Title I Construction Project Agreement is in process and the new completion date will be updated from the initial proposed August 31, 2023 completion date. Phase II includes an in-depth assessment of the top-rated site, a legal land survey, flood plain analysis, soils reports, archaeological and historical data collection, and an environmental assessment. Navajo Nation is highly interested in choosing a site that will support future expansion and economic development. The IHS continues to collaborate with the Navajo Nation to support future phases of the GIMC Replacement project. The Program of Requirements (POR) and the Program Justification Document (PJD) will be updated once a contract is awarded with the Headquarters (HQ) Planning contract. Navajo Area Indian Health Service will need to hire an interim planner to assist with the POR and PJD.
2. *Division of Facilities Planning and Engineering:* The Gallup Indian Medical Center (GIMC) Emergency Department Expansion and Renovation project design was awarded September 10, 2021. Notice to proceed was issued on October 4. A kick off on-site workshop was held on October 7. The project is being designed to incorporate this project with the new Emergency Department Modular building to ensure both buildings function well together. The updated design will meet current codes and meet suggested changes to the layout per

GIMC Emergency Department (ED) staff. The GIMC ED is in final design. The project is at Engineering Services who is preparing the Request for Proposal package.

The project design includes renovating approximately 6,060 building gross square feet (BGSF) and the expansion of 2,282 BGSF of new space. The new ED will be approximately 8,342 BGSF. This new renovated and expanded space will help alleviate the space deficiencies, as they exist today with the ED, Observation Unit, and the Urgent Care Clinic. The renovation /expansion project will increase patient capacity and enhance patient care services.



3. *Division of Sanitation Facilities Construction:* Continued support of the Transitional Watering Points and Potable Water Delivery projects, which increases access to safe drinking water and the safe water storage program, and initiatives to lessen COVID-19 occurrences. The Potable Water Delivery Project Memorandum of Agreement was fully executed on June 15, 2023 and tribal procurement contract activities are underway to outsource the project to an Architecture and Engineering (A/E) firm. The NAIHS OEHE Staff continues to support activities with the Navajo Nation, federal partners, universities, and others through Water Access Coordination Group (WACG) meetings. The NAIHS OEHE triages inquiries and respond to WACG mission activities and HQ IHS continues to engage in managing this effort, although, the long term plan is to transition this effort entirely to the NAHS OEHE.
4. *Division of Facilities Planning and Engineering:* The new Bodaway Gap Health Center and 92 Staff Quarters Project Design Phase in the amount of \$11,042,000.00 is underway with the Tuba City Regional Health Care Corporation (TCRHCC) managing all phases of Design under a Title V Construction Project Agreement (TV-CPA) dated July 2022 under P.L. 93-638. IHS will have limited design reviews only at the 35% stage with a projected design completion schedule, established by TCRHCC, for November 2023.
5. *Division of Sanitation Facilities Construction (DSFC):* The Sanitation Deficiency System (SDS) listing of projects are reported to the Navajo Nation annually. Currently, 241 SDS Projects were reviewed by the DSFC and submitted to HQ, IHS for review and funding determination for FY2024. The final SDS listing for FY2024 is anticipated in December 2023.

6. The DSFC staff are in the process of completing project documents for Fiscal Year 2023 Housing Support and Regular Enacted (Public Law 86-121) Programs. The budgets for projects funded under these programs are \$10.2 million and \$10.4 million, respectively. Project documents are also being completed for projects eligible for funding through the Infrastructure Investment and Jobs Act (IIJA). The budget for these projects is approximately \$56.5 million. The total FY 2023 combined budget for Public Law 86-121 and IIJA is \$77.2 million.

Chinle Service Unit

1. The Chinle Service Unit (CSU) continues to encounter challenges when seeking to transfer patients to other facilities with resources not available locally. Our region (Arizona, New Mexico) faces shortages of “hospital beds” at larger, better resourced hospitals in cities, resulting in patients needing to travel farther from home for critical, life-saving care. Our region similarly has limited resources to bring the patients to these other hospitals. CSU has established a temporary helipad on our staff parking lot and works to develop a hospital-run Patient Transportation Team to make this easier. All Navajo Nation airports should have a safe runway and an Automated Weather Observing System (AWOS) to make transportation safer and faster. Regional coordination of patient transportation would reduce the burden on CSU staff seeking to get patients where they need to be.
2. The 2023-2024 respiratory infection season already started; the Chinle Service Unit (CSU) Emergency Department (ED) is seeing a fairly steady increase in the daily number of visits for respiratory infection symptoms and the Division of Public Health is seeing an increase in COVID cases, but not COVID hospitalizations, across the service unit. In order to mitigate the adverse effects of this respiratory infection season the Nursing, Clinical, Pharmacy, and Public Health divisions collaborated to updated procedures for ensuring eligible patients are treated for COVID infections within 24 hours of diagnosis, even when they are diagnosed by a home test over the weekend. Vaccination is a very effective way to prevent illness so the CSU Division of Public Health is conducting 49 community vaccination events to bring the 2023-2024 influenza and COVID vaccines closer to where people live and work. Nursing and Clinical services are providing vaccines in outpatient and acute care settings while actively planning the annual CSU drive thru vaccination event, and Employee Health is organizing special days for employee vaccinations. We know that getting the highly effective vaccines in as many arms as possible will reduce the burden of respiratory illness across the service unit which will ultimately decrease mortality and increase the volume of care that our health facilities can provide for other illnesses and injuries.
3. Tsaile Health Center’s biggest challenge is recruiting permanent staff. We have a shortage and turn over in Medical Providers, Nursing, and Pharmacy. One challenges Tsaile Health Center has is with the hiring process, it is time consuming waiting on the process of classification, advertisement, and back ground clearance. Another challenge is housing; we have limited housing for all housing eligible permanent positions. We are in the planning phase of our 18-apartment complex project, but it may take years before it will be available to staff. We have also reached out to Dine College and Lukachukai Community School, however they have no housing available for our staff. We would like to hire more local staff however; these professionals are limited in our community. Tsaile Health Center is very remote so it is harder to get permanent staff but we will continue to find ways to address these issues.

4. Pinon Health Center (PHC) continues to meet our Chinle Service Unit Vision: A prosperous journey of beauty and healthy living. It is important for our patients to feel supported and to achieve wellness. Therefore, our team needs to be at the top of their game to provide quality patient care. That means for our team to be working in a safe environment. PHC has proposed for an acquisition approval to use a panic button solution. The wearable panic button is a wireless, battery-powered device with real time tracking. It offers the ability of a staff member to summon 3rd party assistance discreetly and from anywhere in the facility. This device will help mitigate a work place violence issue and improve employee satisfaction, thus resulting in low turnover. PHC is to start with the following departments: Counseling Services, Patient Advocate and Patient Registration.

Crownpoint Service Unit

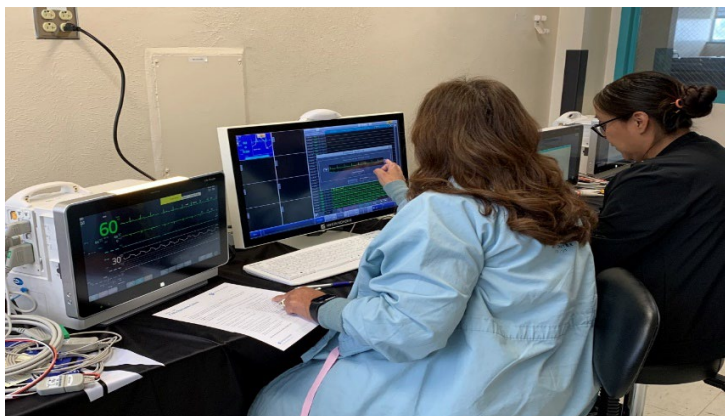
1. Crownpoint Service Unit (CPSU) has earned The Joint Commission (TJC) Gold Seal of Approval® for Hospital Accreditation and Patient Centered Medical Home (PCMH) Certification approved for three years 2023-2026. Crownpoint Service Unit underwent an unannounced onsite review on June 30, 2023. During the visit, a team of Joint Commission reviewers evaluated compliance with hospital standards spanning several areas including emergency management, environment of care, infection prevention and control, leadership, medication management, and rights and responsibilities of the individual. CPSU is proud of the staff in assisting with this award as the service unit continues to improve and strengthen the quality and safety of our patient care, treatment, and direct-care services.
2. For fiscal year 2023, Crownpoint Service Unit (CPSU) set a third-party collection goal of \$35 million. This goal was exceeded by \$9.7 million, with a total collection of \$44.7 million. Crownpoint Service Unit billed and collected for outpatient and inpatient patient visits. Third Party collections consist of Medicare, Medicaid, Private Insurance and Veteran Administration funds. Third-party funds are used to procure services, supplies, and pharmaceuticals needed for its operations to maintain daily operations of the Service Unit. The Service Unit will be starting the new FY 2024 in a healthy financial state. We appreciate the hard work and dedication our staff achieved with exceeding our third-party collection goal.
3. Crownpoint Service Unit (CPSU) Wellness Center is becoming a reality. A kick off meeting and ground-breaking ceremony occurred on October 5, 2023 at Crownpoint Healthcare Facility. The intent of the Crownpoint Wellness Center is to prevent and/or delay the onset of Type 2 diabetes by working with “high risk” community members to make lifelong, lifestyle changes to maintain a healthy quality of life. The Wellness Center will provide individual and group fitness and health classes on an on-going basis in a judgement-free environment. The plan to have a wellness center began in 2017 as there was no identified venue to “exercise” for our patients. Outdoor walking, running, and biking may not always be an option, recognizing stray and/or roaming dogs and motorists traveling in Crownpoint and surrounding communities. The new wellness center will provide individual and group physical activities and health classes for our patients and hospital staff. The center will be located on the service unit campus for easy access. Many thanks to Navajo Area IHS and Crownpoint Service Unit staff for tirelessly working to make this center come to life. We would also like to give thanks to Gallup Indian Medical Center, Kayenta Service Unit, Shiprock Service Unit and the Navajo Area Diabetes Program for their contribution of funds to support this \$4.3 million project.

4. Division of Nursing Update - Crownpoint is working to make several changes to improve nursing care including efforts to expand services, increasing community outreach, and improving patient satisfaction. LT Amber Willis, Emergency Department Supervisory Nurse; LCDR Cody Schneider, Acting Inpatient Supervisory Nurse; and Ms. Fern Detsoi, Acting Chief Nurse Executive are actively recruiting registered nurses and nursing support staff to provide patient care within the service unit and surrounding clinics. After years of hard work and dedication, Crownpoint Service has obtained The Joint Commission certification and designation of Patient Centered Medical Home for our Team Turquoise in Ambulatory Care. This was done the support and assistance of our nursing and nursing support staff along with our leadership team in Crownpoint and Navajo Area Office Nurse Consultant, Ms. Melissa Wyaco.
5. The Crownpoint Service Unit is seeing an increase in respiratory illnesses across all age groups. The COVID-19 positivity rate increased from 3% to 20% within the past six-weeks with one to two COVID-19 hospitalizations per week. The service unit continues to routinely track the COVID-19 positivity rate to ensure readiness in terms of preventive and therapeutic interventions. The service unit is planning COVID-19, Flu, and RSV vaccination drives targeting vulnerable population segments (older community members and those with significant co-morbidities) to reduce the morbidity and mortality linked to COVID-19, Flu, and RSV. The service unit has seen a downward trend in the incidence of syphilis, but continue to monitor the situation, and provide patient care and treatment when a diagnosis is made. Lastly, the ambulatory care multidisciplinary team continues to address chronic illnesses in our population including hypertension, diabetes, obesity, end stage renal diseases, and chronic liver disease.

Gallup Service Unit

1. On July 19, 2023, the Indian Health Service Headquarters Office of Information Technology Team visited the Gallup Indian Medical Center to review the Electronic Health Record (EHR) and identify challenges and opportunities that affect the modernization effort. In addition, several providers and other EHR users were able to demonstrate the use and provide insights for improvements as plans are being developed to update the system to make this more user friendly.
2. On August 10, 2023, the Gallup Service Unit Executive Leadership Team attended the Team STEPP training. The training offered discussions on ways to improve team collaboration and communication. The Executive Leadership Team anticipates more trainings in 2024 to build our capacity for leadership development.
3. On August 24, 2023, the Gallup Service Unit (GSU) hosted a Health Wellness conference that took place at the Gallup Hilton Garden Inn. The purpose of the conference was to provide information as the “new” normal as healthcare professionals presents ways for the community to begin addressing the long-term mental and behavioral impacts of COVID-19 pandemic, using western and traditional teachings.
4. On September 6-7, 2023, the Gallup Service Unit Public Health Nursing Department conducted a Chembio outreach at a local church and had the opportunity for the Indian Health Service Headquarter and Navajo Area Office to conduct a site review. The purpose of the site review was to discuss current policies and procedures along with competency and skill check.

5. On September 7, 2023, the Gallup Service Unit Emergency Department conducted a tabletop exercise on Active Threat Response. This exercise is in preparation for a full-scale exercise scheduled for October 12, 2023 with local resources including McKinley County and the City of Gallup. The purpose is to meet the criteria of conducting two exercises a year with readiness on any emergency alerts at the service unit.
6. On September 23, 2023, the Gallup Service Unit Public Health Nursing department conducted an Influenza Vaccine Clinic at the Gallup Indian Medical Center Outpatient Clinic. Approximately, 300 patients received their vaccinations. The department will be planning local vaccination drives at our service delivery Navajo Nation Chapters and organizations to provide this service at the community level.



Gallup Service Unit staff exploring new technology for Cardiac Arrest monitoring.



Gallup Service Unit staff providing outreach education as part of the National Breastfeeding month.



Gallup Service Unit staff assisting at the Influenza Vaccination.

Kayenta Service Unit

1. The HPDP School Health Program hosted the 2023 Back to School Health Fair on July 31, 2023 at the Kayenta Health Center.

The purpose of the Back to School Health Fair was to promote and share health education on a variety of health topics to school-aged children and their families to promote healthy living and to encourage individuals to be proactive in improving their health. This was also an opportunity to collaborate with other local agencies and entities to support ongoing school health initiatives. The KSU HPDP/School Health Program provided free school supplies and backpacks to all school-aged participants that attended the health education booths.

The Kayenta HPDP/School Health Program has and will continue to work with local service unit schools to identify opportunities for more school-based services, activities, and programs that will allow students, staff, and their families to have access to pertinent preventive health resources and education that will allow these individuals to obtain regular health care. We will continue to work toward connecting students, staff, and their families with resources and information to have improved healthy behaviors.

364 participants attended the Back to School Health Fair, with 18 local agencies/entities that set-up a health education booth. The Kayenta HPDP/School Health Program will disseminate a Service Request form to local service unit schools that will allow schools to request for services that can be requested. Thus far, school-based walking programs have been scheduled with local service unit schools to promote physical activity and living healthy lifestyles.



2. Kayenta Service Unit is expanding its care for our community by developing an Inpatient capability in a remote and resource limited environment.

As reported in last quarter's update, KSU has always been an Outpatient facility. Any patients requiring hospital level care were transferred to other locations usually at great costs, significant distances, and creating more cultural and family issues. By creating a medical inpatient ward here, we will reduce the number of transfers, increase the level of care provided locally and allow many more patients to stay with their families while they receive the care they need. However, modern hospitals are very complex and require a high level of resources and certifications which are challenging to achieve in this remote location especially during a national pandemic.

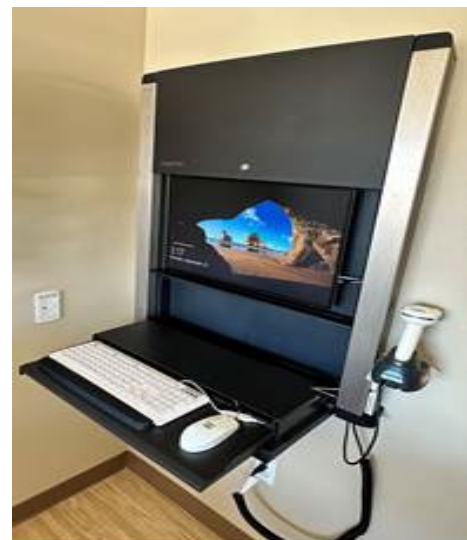
There is no single action or individual effort with this challenge but a slow steady push towards a common goal. It has been the combined work and will of hundreds of people each doing their part in a hundred different ways on a thousand different things to make this happen.

For KSU the process of becoming a modern hospital has been long, slow, and frustrating, but last quarter Kayenta Traditional Rural Hospital was approved by the Center for Medicare and Medicaid to begin admitting patients. Now, after five years of effort the last hurdle was overcome and for the first time ever Kayenta has begun to admit patients. As of this writing we have admitted ten patients and are well on our way to meeting the twenty-two patient requirement to undergo the Joint Commission survey and become an approved hospital. However, it will continue to take the combined efforts of thousands more people to keep, grow and develop this new capability so we can continue to better provide the care the community deserves.

3. In support of opening the inpatient services, the Information Technology Department installed computers and monitors in the patient rooms within the inpatient unit at Kayenta Health Center.

Prior to opening the Inpatient Department, Kayenta Information Technology Department and Facilities Management Department worked together to get Inpatient Department computers installed at the bedside in all the rooms. By installing wall mounted computers, healthcare professionals are able to work in a comfortable setting and the enclosures provide a low-profile workstation that saves space. The bedside computers have helped healthcare professionals with improving accessibility to Electronic Health Records (EHR) which has improved efficiency with documenting within EHR at bedside, instead of leaving the patient room to document.

The bedside computers have also helped with reducing errors with documentation deficiencies, medication prescribing deficiencies, or deficiencies with orders from the hospitalist. Most importantly, patients have a one-on-one interaction at the bedside and are part of their medical treatment plans with their healthcare teams while they are admitted.



4. New Hogan construction at Inscription House Health Center.

This year we received approval to have our own maintenance crew start the project and it has been a swift and well-managed project proving we have an excellent crew that is able to meet our facility's needs and more.

Inscription House had the material to build a traditional Hogan for years but had been unable to procure a builder, therefore the material sat and was in danger of deteriorating. The action(s) taken under new leadership, Darwin James, Maintenance Supervisor, initiated and supervised the construction from the foundation up. It will be ready for use by Christmas.

Now that Inscription House Health Center has a new Hogan we intend to change our mental health worker position, a position that has been vacant since 2019 with no applicants, to a traditional Medicine man/woman position which will be more culturally appropriate for our area.



Shiprock Service Unit

1. The Dziłth-Na-O-Dith-Hle Health Center's Public Health Nursing (PHN) Program has a strategy to build a strong relationship between the clinic and the community. The PHN program consists of registered nurses and health technicians who keep the community safe, conduct home visits, deliver medical care, and provide educational resources to improve community health. The PHN understands that rural communities are challenged by a lack of grocery stores, unpaved roads, and transportation issues that often prevent them from accessing healthy food and medical services. An innovative strategy was developed to collaborate with the local chapter houses and establish a vehicle drive-thru event to increase community participation. The goal was to identify high-risk patients, increase awareness of DZHC services, distribute fruits and vegetables, present health education, and provide supplies and other resources. These events served approximately 175 families and distributed 100 food boxes, 300 COVID test kits, and 300 health education flyers on hantavirus, COVID-19 prevention, hand hygiene, tuberculosis, and a list of community resources. The SRSU recognizes the outstanding contribution of PHN to the community of DZHC and SRSU.
2. Four Corners Regional Health Center (FCRHC) Mental Health Department collaborated with local community schools to provide training on Trauma-Informed Classrooms (TIC). The purpose of TIC training is to provide school employees with knowledge and strategies to support students affected by trauma. Students may struggle with emotional and behavioral difficulties that affect their academic concentration and education. Approximately 100 Red Mesa and Teec Nos Pos school employees participated in the training. The training gave the school employees practical methods to support students through trauma-informed situations. Also, the TIC training educated the school administrators on how trauma impacts learning and behavior and used the information to strengthen the school policies and practices. The FCRHC Mental Health Department is available to train other schools and can adapt the TIC curriculum for tribal and other local organizations.
3. The Nursing Division at Northern Navajo Medical Center (NNMC) has established two programs to train nurses in specialty fields that are critical to high-quality patient care. The Emergency Department (ED) Nursing Residency Program trains new ED nurses within six months to one year. The residents receive didactic education and hands-on training with a preceptor. The program is self-driven and each resident must complete the following: Trauma Nursing Core Course, Advanced Cardiovascular Life Support, Emergency Nursing Pediatric Course, Neonatal Resuscitation Program, and Pediatric advanced life support. After completion, the residents are to present an evidence-based practice project. The program has one student in week 47 and another student has completed the residency program both evidence-based practice projects.

Likewise, the NNMC 12-week Rural Obstetrical Nurse Residency (RONR) Training Program trains new obstetric nurses on a yearly basis. NNMC RONR includes IHS nurses within the Navajo Area Indian Health Services and uses virtual teaching and meetings. Residents receive didactic education and evidence-based training from NNMC but complete the orientation and clinical experience requirements in their respective Service Units. The physicians from the Obstetrics and Pediatrics assist with teaching and curriculum. The program has a large

response from the nurses in the Emergency Department who want to increase their nursing knowledge in obstetrics. Currently, the program has 13 students, and classes are held every Wednesday via Skype.



4. NNMC's Sih Hasin Street Medicine team provides medical services to our relatives who do not have stable housing by meeting them wherever they are – at multiple sites on the streets and under the bridges of Shiprock, Farmington, and Cortez. Initially, the team screened for sexually transmitted infection (STI) in a pop-up tent to collect urine and blood samples at the location where our relatives were found. But through our relationship-building and knowing where the people stay and congregate, the team is able to test and treat more people, namely the people with STIs.

In January 2023, the team offered a rapid test for HIV and Syphilis during street clinic visits. This test requires one drop of blood, similar to checking someone's blood sugar. When a person tests positive for syphilis, the team is able to immediately provide treatment such as penicillin shots.

For patients who test positive on the HIV screening test, we are able to collect additional blood and urine tests and arrange for them to begin care. Later, the Street Medicine team is able to deliver their medicines to them, to help them stay on their treatments.

This test has been well accepted by our patients who like to get their results right away. In August, the Farmington Street Medicine clinic treated more than 75 patients and tested more than 20 people for HIV and syphilis. The team is finding new cases each day, and begins treatment as needed.

The next step is to bring rapid testing for HIV and syphilis into our Emergency Department and outpatient clinics over the next several months.



5. In August 2023, Northern Navajo Medical Center, Four Corners Regional Health Center, and Dziłth-Na-O-Dith-Hle Health Center received the Clinical Laboratory Improvement Amendment (CLIA) Certification from The Joint Commission (TJC) Lab Survey Team. TJC requires high standards to maintain quality patient care and is an important process for laboratory accreditation and certification. Kudos to all the SRSU laboratory workers for their commitment and service to the community.

Concluding Comments

Navajo Area Indian Health Service staff remain committed to supporting the Navajo Nation and San Juan Southern Paiute tribal leaders in their efforts to address Indian Health policy issues, improve the health status of Native American beneficiaries, and development of healthy communities.

Please contact the Office of the Navajo Area IHS Director regarding additional information or questions.

Dr. DuWayne Begay, Area Director
Navajo Area Indian Health Service
P.O. Box 9020
Window Rock, Arizona 86515
Phone: (928) 871-5801
Email: DuWayne.Begay@ihs.gov