

Navajo Area IHS Quarterly Report

Navajo Nation Council - Summer Session

Navajo Area Indian Health Service Quarterly Report

25th Navajo Nation Council – Summer Session July 15, 2024

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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 April, May, and June of 2024. The NAIHS appreciates its relationships with the Navajo Nation and the San Juan Southern Paiute Tribe. We look forward to our continued partnerships as we work together to improve the health status of American Indians and Alaska Natives.

IHS 2024 Agency Work Plan

In January 2024, IHS leadership implemented the new 2024 Agency Work Plan, which includes 15 priorities. The 2024 Agency Work Plan outlines critical actions the IHS has taken in the current year to address risk priorities. A workgroup has led each activity to identify root causes and work toward sustainable improvement to demonstrate a measurable impact on the agency. The goal is to complete the 2024 Agency Work Plan actions by December 31, 2024.

On June 4, 2024, the IHS held a training in Albuquerque, New Mexico for all Federal Chief Executive Officers regarding the Indian Self-Determination and Education Assistance Act. This was the first-of-its-kind training tailored for CEOs as part of the IHS 2024 Work Plan to improve ISDEAA operations. In addition, IHS has scheduled monthly trainings to build awareness and expand ISDEAA knowledge in carrying out Title I Contracting and Title V Compacting activities.

On June 13, 2024, the IHS Acquisition Policy Division staff met with staff at the Billings areas to conduct site visits on the challenges that remote facilities in procurement and contracting for supplies and services are faced with. The Navajo Area is scheduled for July 9-10, 2024.

2024 Agency Work Plan	PRIORITIES
	Patient Safety <ul style="list-style-type: none">• Facility Manager and Safety Officer Training Agency-Wide
	Human Capital <ul style="list-style-type: none">• Bipartisan Infrastructure Law: Sanitation Facilities Construction• Assess for the Most Effective Human Resources System• Employee Wellbeing and Resiliency
	Operational <ul style="list-style-type: none">• VA and IHS Memorandum of Understanding Performance Measures – Improve External Communication• Evaluate and Improve Internal Communications• Improve Indian Self-Determination and Education Assistance Act Operations• Design a Robust Care Management System to Help Patients Navigate the Healthcare System• Design a Policy Review Process – Policy Management System• Acquisition Procedures Standardization
	Financial <ul style="list-style-type: none">• Purchased/Referred Care (PRC) Authorization and Payment Process• PRC Carryover• Document Oversight of Facility Budgets
	Compliance/Regulatory <ul style="list-style-type: none">• Design Governing Board Standardization
	Strategic <ul style="list-style-type: none">• Assess Needs of Patient Populations

Navajo Area Office – New Appointment

Ms. Theresa Galvan has been selected as the Deputy Area Director for the Navajo Area Indian Health Service (NAIHS) in St. Michaels, Arizona. Ms. Galvan is an enrolled member of the Navajo Nation and is originally from Window Rock, Arizona. Her clans are Todíh'íí'nii (Bitter Water) born for Tł'ógí Dine'é (Zia Pueblo), maternal grandfather are T ł 'ízí lání (Many Goats) and paternal grandfather are Tł'ógí Dine'é (Zia Pueblo).

As the Deputy Area Director, Ms. Galvan is responsible for the overall administrative and financial management of the Area Office, the Area Operating Units (OU), and all Area human, fiscal and physical assets. Prior to this role, Ms. Galvan served as a Special Assistant to the Chief Executive Officer at the Gallup Service Unit.



Ms. Galvan began her professional career of more than 25 years in public health. She worked for the Navajo Department of Health as a former Health Service Administrator for the Division of Behavioral and Mental Health Services.

She has an in-depth of knowledge of Tribal and Federal intergovernmental relations and has a distinctive working relationship with the Navajo Nation, Tribal and Urban Indian Health Organizations, and Federal/State health agencies. Ms. Galvan attended Mesa Community College, Northern Arizona University, and the University of New Mexico. She has received notable awards of Outstanding Achievement from the IHS Direct Service Tribes Advisory Committee and the Local Impact Award for the Navajo Area from the National Indian Health Board.

Navajo Area Office - Office of Administration and Management

FINANCIAL MANAGEMENT

Accounts Payable

Navajo Area Finance resumed virtual Accounts Payable office hour meetings. The purpose of the calls is to resolve issues that obstruct the payment of invoices in the Invoice Processing Platform (IPP) and the Unified Financial Management System (UFMS). Any issues or questions that are not resolved on these calls are escalated to the IHS Headquarters Accounts Payable (AP) team for resolution. Attendees include Navajo Area Finance AP team, each Service Units' Finance AP team and Acquisitions staff.

Travel

Travel for Navajo Area and Service Units is critical to continue fulfilling the need to meet the mission of patient care. Navajo Area Finance hosts monthly travel virtual meetings with each Federal Administrative Travel Agent (FATA from each Service Unit. A FATA manages travel for their respective facility. The meeting gives attendees an opportunity to ask questions, offer comments or provide guidance. Some topics mentioned:

- Training related to travel for Navajo Area staff is in the planning stage and is set to be scheduled before FY 2024 concludes.
- Certain FATA roles in the travel system were revoked due to training recertification expiration. As of today, roles will not be restored. This will require a few of the FATAs that maintained active roles to expect additional requests to assist in performing operations in the travel system. The IHS Headquarters Travel Team will be requesting the Program Support Center to restore the roles.

- The next FATA meeting is set for July 9, 2024. Meetings have been very helpful and will continue monthly.

The Navajo Area Office (NAO) Travel program continues to work with Federal Service Units to fulfill the travel card requirement where civil service employees and commissioned officers are required to apply and obtain a government travel credit card before travel commences. The NAO Travel program is encouraging travelers to initiate the application process at least 30 days prior to any future travel. This will provide enough time for staff to complete the required training and application process. During the Third Quarter of FY 2024, NAO Finance processed 146 travel credit card applications. Below is the breakdown by month:

Citibank	APR	MAY	JUN	TOTAL
Travel Card Approvals	56	63	27	146

For the Third Quarter of FY 2024, the following travel authorizations and travel orders were approved for IHS employees in the CGE travel system and manual travel orders for relocation for new hires or transferring IHS employees.

Travel	APR	MAY	JUN	TOTAL
CGE Travel Authorizations	59	219	79	0
CGE Travel Vouchers	161	253	65	479
Relocation Travel Orders	5	6	3	14
Relocation Travel Vouchers	6	3	2	11

Accounts Receivable

During Navajo Area's Second and Third Quarters, the Third Party (TP) clearing house Change Healthcare encountered a cybersecurity incident. On February 21, 2024, the Office of Information Technology (OIT) notified all IHS Area Offices of the incident. To protect the IHS mission and the patients we serve, Change Healthcare communication tunnels were restricted to limit the risk of exposure significant to the incident. This impacted Navajo Area Service Units and the ability to bill pharmacy and patient visits that utilized the clearing house.

The cybersecurity incident was eventually resolved and on April 24, 2024 and service units began billing again for pharmacy and patient visits through Change Healthcare. Within two weeks, the NAIHS TP collections increased drastically and, in the month of May 2024, Navajo Area received \$75 million in TP revenue.

Each Service Units' Pharmacy, Information Technology Office, Business Office and Finance Department worked as a team to successfully bill, collect and post TP collections into the patient system, and ensured it reconciled with the financial system. By working as a team, NAIHS was able to close out May of 2024 with only \$25 million in our Accounts Receivable suspense. Navajo Area Finance and Service Unit key staff continue to monitor and ensure appropriate reconciliation of the Revenue and Accounts Management data

that resulted from the incident. By networking with one another and utilizing virtual means of communicating, the NAIHS accomplished the mission of the IHS.

Intra-Governmental Payment And Collection System (IPAC)

One of the goals of the NAO Finance office is to ensure all transactions received within the month are reconciled and do not show up on the following month's suspense listing. One area of payment and collection is the IPAC system, which is an electronic Internet-based collection and payment system that provides an automated, standardized, interagency funds expenditure transfer mechanism for Federal Program Agencies (FPAs). It facilitates intra-governmental federal e-commerce by transferring funds, with related descriptive data, from one FPA to another on a real-time basis. IPAC federal transferring of funds are accounted either by disbursements or collections. For each IPAC a schedule # is used to record the transaction and reconciled with Treasury. For the Third Quarter of FY 2024 the following transfers occurred:

OUTGOING	# of IPACs	Amount
APR	12	(86,344.16)
MAY	9	(141,937.09)
JUN	11	177,646.26

INCOMING	# of IPACs	Amount
APR	27	1,713,965.20
MAY	27	1,762,636.16
JUN	23	9,854,175.10

(June is still in process)

Government Invoicing (also known as G-Invoicing) is a long-term, sustainable solution for Federal Program Agencies (FPA) to effectively manage intragovernmental buy/sell transactions between two federal agencies. This solution is necessary since the intragovernmental debt totals \$6.8 trillion, which is up from \$4.8 trillion a decade ago. In FY 2021, HHS IGTs totaled \$41 billion, with unreconciled differences for HHS totaling \$589 million. Therefore, the unreconciled differences created a long-standing government wide material weakness. G-Invoicing will replace manually entering IPACs so all the work will be done with approvals from the buyer and seller before any funds are exchanged. In the IPAC system, agencies use the Treasury's Financial Management Services (FMS) procedures to process Intragovernmental Governmental Transactions (IGT). The Agency Location Codes (ALC) are assigned to the agencies by the U.S. Department of Treasury. This code is important and is what drives where the transactions are delivered to as a collection or payment. Hence, if there are IPACs that used incorrect ALCs, incorrect BETC/TAS information, these would be rejected and returned to sender. This gets to be a burden of rejecting and reissuing IPACs, and it causes more work with the CARS reports of requesting for manual offsets. With G-Invoicing it will take care of this issue because all information will be correct. Both IPAC and G-Invoicing were improved to support the government-wide approach for reporting performance (exchange of data which indicates that the IGT buy/sell activity previously agreed upon between the buyer and seller agencies has been completed) and settlement of IGT Buy/Sell transactions.

As of today, some Federal Program Agencies are in the process of utilizing G-Invoicing while others are preparing to on board. Effective October 1, 2025 (FY 2026), Fiscal Service will be removing the ability to use IPAC directly for IGT Buy/Sell settlements. All agencies will be required to work through G-Invoicing

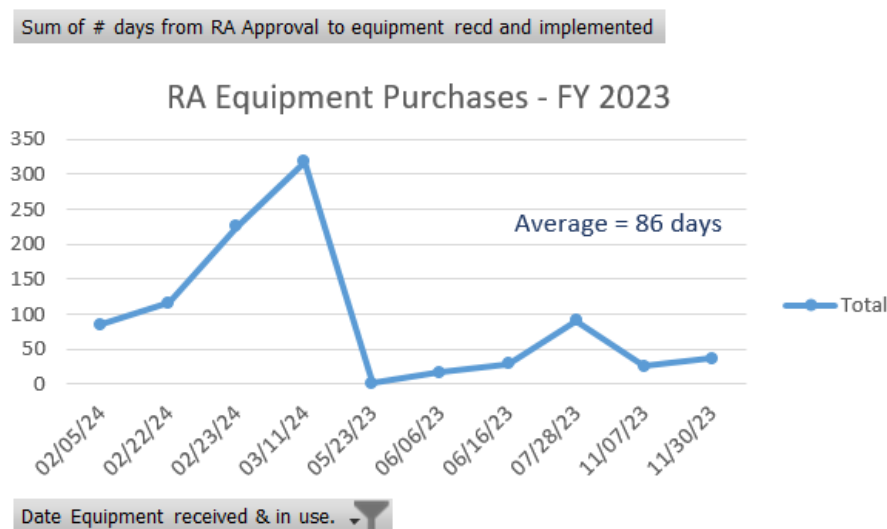
for settlement of IGT (Intragovernmental) Buy/Sell transactions. IPAC will continue to provide settlement of funds between federal agencies for non-intragovernmental Buy/Sell activity.

As of September 2025, all Intragency (within 2 IHS agencies) and Interagency (between 2 federal agencies) transactions will begin using a new G-Invoicing. The IPAC system itself is not going away, therefore, we are in the process of optimizing prior year transactions in anticipation of the move to the G-Invoicing platform.

HUMAN RESOURCE

The Navajo Regional Human Resources Office, Division of Workforce Relations, emphasizes a safe and healthy work environment. Employee Relations Specialists are currently working through 39 misconduct cases, 21 cases of misconducts yet to be determined, and 7 cases of unfavorable employee background checks. Employee benefits staff continue to provide in person assistance in processing employee benefits changes. For example, 103 of 122 employees used HR staff to process their health insurance changes in person while only 19 used the electronic applications.

The Reasonable Accommodation (RA) program began monitoring the acquisition of assisted technology, devices, and equipment for approved applicants. The process is averaging 86 days to receive requested equipment. A temporary process has been put in place to reduce the number of days to receive appropriate equipment.



The Navajo Regional Human Resources Office, Division of Personnel Security, has a deadline date of June 30, 2024 to update the V7 to V8 Personnel Identity Verification (PIV) card for all staff. Since January 2024, Navajo Area had 869 PIV cards that needed to be upgraded from Version 7 to Version 8. To update the PIV card, each employee's background check had to be scheduled for investigation or completed in the last five years. Staff worked with stakeholders to complete all PIV card updates and issue them to employees. As of July 1, 2024 Navajo Area's requirement to update the PIV cards from V7 to V8 PIV was complete.

The Navajo Regional Human Resources Office monitors mandatory employee training which focuses on Equal Employment Opportunity and HR topics. In the Third Quarter of FY 2024, 3 of 7 required HHS mandatory trainings were assigned to appropriate staff. The trainings included: 1.) 2024 Supervisors and Managers - What You Need to Know about Whistleblower Protection, Prohibited Personnel Practices, and Retaliation; 2.) 2024 Uniformed Services Employment and Reemployment Rights Act (USERRA); and

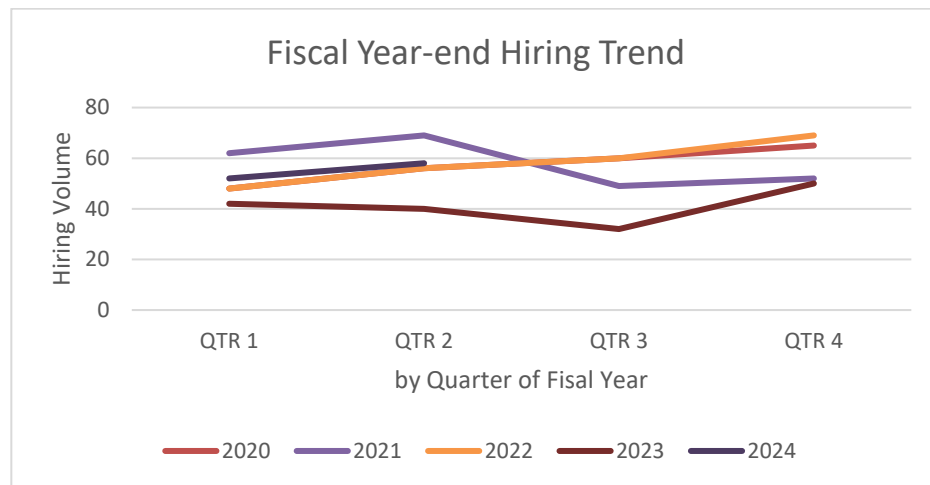
3.) 2024 Veteran Employment Training. The completion rate for the trainings was approximately 70%, +/- 5%. The challenge of attaining an 85% or better completion rate occurred due to some supervisors not receiving a training notification by email from IHS/HHS about the mandatory trainings.

2024 HHS-LMS Mandatory Supervisory Trainings				(FY 2024 3rd Quarter Report)	
Source	Course Name	% Complete	% Incomplete	Due Date	Frequency
HHS/LMS	2024 Supervisors and Managers: What You Need to Know about Whistleblower Protection, Prohibited Personnel Practices, and Retaliation	75%	25%	4/30/2024	Supervisor
HHS/LMS	2024 Veteran Employment Training	70%	30%	5/31/2024	HR profess
HHS/LMS	2024 Uniformed Services Employment and Reemployment Rights Act (USERRA)	66%	34%	5/31/2024	HR profess
					For all super also be tak Supervisor supervisor training in 2024.
HHS/LMS	IHS Prevention of Workplace Harassment Training for Supervisors and Managers	1%	99%	9/30/2024	
HHS/LMS	IHS Recognizing and Preventing Retaliation/Reprisal	0%	100%	12/31/2024	Supervisor
HHS/LMS	IHS Reasonable Accommodation and Disability Discrimination	0%	100%	12/31/2024	Supervisor
HHS/LMS	IHS Hostile Work Environment with a Focus on Race and Sex Discrimination	0%	100%	12/31/2024	Supervisor

The Navajo Regional Human Resources Office, Division of Client Services, has reviewed prior employee paper personnel folders and since October 2022, began transitioning to 100% electronic files. HR staff are actively sending inactive paper Official Personnel Folders (OPF) to the National Records Center. Approximately 87 boxes have been shipped with three boxes remaining to be sent by the end of this week. A total of 657 paper OPFs will be sent.

The Navajo Regional Human Resources Office, Division of Client Services, held a Direct Hire Authority (DHA) training for clinical and nursing hiring managers, and recruiters on May 13-14, 2024. Forty-one were in attendance on day one and twenty-nine in attendance on day two. NAIHS has seen an increase in creation of nurse, advanced nurse, and physician positions. Comparing the February 2024 vacancy report to the May 2024 report, positions in the 0610-Nurse series had total 849 positions in February and increased to 895 in May, showing a 5.14% increase in positions. There is a similar trend with the 0602-Physician series, February 2024 there were 352 positions and in May 2024, 0602 positions increased to 373 with a total increase of 5.63%. With the creation of new positions, the DHA training is a necessary component to improve the hiring process.

The Navajo Regional Human Resources Office at Gallup Service Unit has hired a several new HR staff to replace those that retired or otherwise separated from federal service. The Navajo Regional HR Office has added HR Specialist (Quality Assurance) positions to assist service units in working with new HR specialists and auditing work processes. For Gallup Service Unit, this model of hiring staff resulted in a 2024 hiring trend pacing higher than the volume of hiring for 2022 and 2023.



Navajo Area Office - Office of Clinical Services

One of the biggest requests for support from IHS physician leaders has been for leadership training. The NAIHS Physician Leadership Curriculum Development Team took feedback from our October 2023 training to further develop and refine its curriculum, and provided a second training program in Gallup on April 23 - 24, 2024. There were over 24 provider participants (including three attendees from the Billings Area). The training was very much appreciated by those who attended and provided critical feedback on how to further refine and develop the curriculum for the next edition. There is tremendous interest from other IHS Areas to attend the training. Future training session will likely be open to physician leaders from other IHS Areas to support continued professional development and, ultimately, improved patient care .

On April 3, 2024, Director DuWayne Begay and Dr. Kevin Gaines attended the Health Design Summit with the Northern Arizona University to provide input on the development of a new Medical School which will aim to train providers for rural settings in Arizona and our Native population. This was a great opportunity to network with other healthcare programs to maximize input on programs that may benefit our patients in the future.

On April 18, 2024, Dr. Kevin Gaines attended and provided opening remarks for the first Navajo Area Acquisitions Symposium at the El Morro Theatre in Gallup. This event provided the opportunity for Navajo Area staff to learn about vendors and their capabilities as well as for vendors to learn more about NAIHS needs and requirements.

On Friday May 3, 2024, Gallup Indian Medical Center (GIMC) staff replaced critical water valves for their plumbing system. This upgrade required the closure of inpatient units--- no water for nearly 12 hours. GIMC staff planned for several weeks ahead of this project and developed agreements with Rehoboth McKinley County Health Care System, and Chinle and Crownpoint Service Units to transfer patients prior to shutting off the water. The project went as smoothly as could be and patient care services were back in place before the weekend was over. GIMC staff did a tremendous job of planning this repair to minimize effects on the patients they serve – Job Well Done!!

Syphilis Epidemiology Updates

Navajo Nation President Buu Nygren and Vice President Richelle Montoya proclaimed June 27th as “Navajo Nation Syphilis Aware: Protect Yourself, Protect Navajo” Day to address the alarming rise in syphilis cases across the Navajo Nation. According to the Centers for Disease Control and Prevention, in New Mexico and Arizona between 2015 and 2022, the Navajo Nation saw a 2,114% increase in syphilis cases.



Rates for syphilis have continued to rise across the United States since 2021, with a 17.3% increase from 2021 to 2022. American Indian and Alaska Natives (AI/AN) have the highest rate of syphilis of any ethnic group in the United States at 67 cases per 100,000 population. Incidence of congenital syphilis is also significantly increasing in the United States. The Navajo Area has been actively responding to the rising syphilis rates.

The need for more timely and local surveillance is still an urgent priority for service units. As such, NAO has proposed a syphilis case tracking form to the Public Health Nursing team for feedback and potential implementation. NAO has also been offering epidemiology support for the Navajo Epidemiology Center Sexually Transmitted Infections (STI) dashboard currently in development as a result of cross collaboration with Arizona Department of Health, New Mexico Department of Health, Tuba City Regional Health Care Corporation, and Utah Navajo Health System.

Opioid Epidemiology Updates

Over the past three years, substance use and overdoses have increased significantly; synthetic opioids have become a major threat to the health and well-being of Native Americans. The opioid epidemic has had profound effects on tribal communities. Since 1999, deaths due to drugs among American Indian and Alaska Native (AI/AN) people have quadrupled, and in 2017, Native people had the second-highest opioid death rate of any group in America. Across Indian Country, we have seen families torn apart, jobs lost, rising homelessness, the spread of disease, and impacts on community members’ ability to participate in aspects of their culture.

NAO continues to track overdose events attributed to opioids utilizing Electronic Health Records (EHR) data and is working towards finalizing a quarterly status report. The report aims to summarize visits attributed to overdoses and substance use treatment to inform public health action. Additions to the report include a demographic breakdown by age, gender and service unit paired with visuals. Next steps will involve extracting data on buprenorphine and suboxone to inform our understanding of patients seeking treatment.

Colorectal Cancer Prevention Awareness Project

According to the Navajo Epidemiology “Cancer Among the Navajo 2005-2013 Report”, the ten most commonly diagnosed cancers among Navajos were female breast, colorectal, prostate, kidney, uterine, stomach, non-Hodgkin lymphoma, pancreas, thyroid, liver, and lung. Prostate cancer was the most commonly diagnosed cancer among Navajo males (85.0 per 100,000 males, 226 total number of cases), followed by colorectal cancer and kidney cancer. Among Navajo females, breast cancer was the most commonly diagnosed cancer (282 new cases, 64.4 per 100,000 females), followed by colorectal cancer and uterine cancer. Compared to the non-Hispanic white (NHW) population in Arizona and New Mexico,

Navajo had a lower incidence of prostate, female breast, non-Hodgkin lymphoma, thyroid, and lung cancers, but higher incidence and mortality of liver, kidney, stomach, and gallbladder cancers. Navajos are diagnosed in later stages compared to NHW. Cancer screening among the Navajos is low, particularly for colorectal cancer. The most common causes of cancer mortality among Navajo males were prostate (23.3 deaths per 100,000 males), colorectal, and stomach cancers, and among Navajo females breast (13.1 deaths per 100,000 female), colorectal and ovarian cancers. This is a jarring difference from NHW, for whom the leading cause of cancer death was lung cancer, at rates 6.6 times higher than the Navajo.

Cancer among the Navajo remains a substantial public health challenge on the Navajo Nation. The most common cancers remain prostate, breast, and colorectal cancers, with higher incidence rates in 2005-2013 compared to 1995-2004. Although, the incidence and mortality of the most common cancers (prostate, breast, colorectal) remain lower than NHW population, the Navajos suffer from comparatively high rates of kidney, liver, stomach and gallbladder cancers. Navajos continue to be diagnosed at relatively advanced disease stages, although improvement (7 percent increase) is noted in patients being diagnosed in the localized stage of colorectal cancer (males and females combined) compared to 1995-2004. Cancer screening (particularly for breast cancer) was higher than in the report from 1995-2004. Recommendations to reduce the mortality and morbidity related to cancer is to improve appropriate approaches to promote screening, early detection, and treatment.

Early in 2022, the U.S. President and First Lady issued a call to action to “close the screening gap”—rallying the community to jumpstart progress on the 10 million screenings that people missed as a result of the pandemic. Since then, the Biden–Harris Administration has taken actions to close equity gaps and facilitate access to cancer screenings, including connecting Federally Qualified Health Centers to National Cancer Institute -Designated Health Centers with a total of \$15 million to facilitate access to life-saving cancer screenings and early detection services for underserved communities. In addition, the Centers for Disease Control and Prevention (CDC) issued more than \$200 million in grants, as part of a commitment of more than \$1 billion to advance cancer-screening programs in every state, many U.S. territories, and Tribal nations. Navajo Area was one of the recipients of the Biden/Harris Initiative. Our goal is to Increase cancer awareness and screenings within Navajo Area. Our goal is to increase cancer awareness and screenings through health education, and using interactive health promotion products.

Our objectives are (1) To collaborate with key partners and programs to provide cancer prevention efforts and screenings in FY 2024 -2029; and (2) To support activities and efforts of the NAIHS Service Units by purchasing a large inflatable colon tunnels for SUs who will be using the health education tool to use in their cancer prevention efforts. We have developed an evaluation to help us determine the community impact; data collected will include testimonials and anecdotal evidence; number of participants; and a satisfaction survey.

Navajo Area Office – Office of Quality & Patient Safety

The NAO Performance Improvement Coordinator presents the "Teamwork and Communication—Understanding Working Styles" during the NAIHS Office of Quality and Patient Safety education session on April 25, 2024. The success of this session relies on active participation of the audience. The participants who attended the session learned to describe four working styles, apply this knowledge to their roles and the improvement teams, and determine changes they can make in their style to be more effective, feeling important and integral to the session's success.

The NAO Infection Prevention Nurse initiated a work group with the NAIHS Area Dental Consultant to create standard definitions for Dental Infection Prevention and Control and schedule visits to all dental clinics before the end of 2024. It's crucial to remember that without proper infection control techniques,

many elements in a dental clinic, including people, instruments, and even computer components, can become carriers for cross contamination. This can lead to the spread of germs and disease, underscoring the importance of our mission.

SAFER Guides discussions and training, led by the NAIHS Area Clinical Application Coordinator, are designed to be highly practical and applicable to the unique needs of NAIHS. The SAFER Guides, consisting of nine guides organized into three broad groups, provide a roadmap for healthcare organizations to address the safety of electronic health Records (EHR) in various areas. They help us identify recommended practices that can be easily implemented to optimize EHR safety and ensure safe use within NAIHS hospitals.

The NAO Quality team is ready to meet with Service Unit Quality teams on accreditation readiness by prioritizing focused tracers. The focused tracers will primarily target high-risk areas and previous survey findings. Tracer selection is achieved through collaboration between Area and Service Unit staff. The teams will utilize Joint Commission Resources (JCR) Tracers with AMP software, a reliable tool, to create tracers.

The NAIHS is unwavering in its commitment to achieve Patient Safety compliance. Indian Health Service implements a Patient Safety policy to ensure our facilities exceed the best practices for providing high quality patient safety services. The NAO Quality team uses audit tools developed by the IHS Headquarters Office of Quality team to ensure all facilities achieve a 100% compliance rate.

Navajo Area Office – Office of Tribal Partnership (OTP)

With the end of Fiscal Year (FY) 2024 on the horizon, the Office of Tribal Partnership (OTP) has initiated pre-negotiations with Title I contractors whose Annual Funding Agreements expire in September. These contractors are Fort Defiance Indian Hospital Board, Inc., Sage Memorial Hospital and the San Juan Southern Paiute Tribe. OTP looks forward to working with each organization on updating their Indian Self Determination and Education Assistance Act (ISDEAA) annual funding agreements.

OTP is pleased to announce that IHS and the Winslow Indian Health Care Center, Inc. (WIHCC) have come to agreement on the amount of pre-award contract support costs that WIHCC will be reimbursed related to preparatory activities ahead of commencing services at the Dilkon Medical Center (DMC). WIHCC is also eligible for startup contract support costs reimbursement and plans to submit invoices to IHS for these expenditures as well. WIHCC overcame many challenges to complete construction of the DMC. OTP congratulates the organization for a job well done.

Navajo Area ISDEAA contractors and compactors continue to expand their use of 105(l) leases, which provide facilities-related funding for ISDEAA contractors that operate out of tribally-owned or tribally-leased buildings. To date, Tuba City Regional Health Care Corporation, Utah Navajo health System, Inc. and Sage Memorial Hospital have entered into 105(l) leases with the IHS. In May, the IHS provided a 105(l) lease overview presentation to WIHCC, providing information on how to submit a proposal to the Agency. Navajo Area ISDEAA contractors that have not availed themselves of 105(l) leasing should not hesitate to contact OTP for more information about this significant funding stream.

On June 6, 2024, the United States Supreme Court issued a ruling on two cases pertaining to Federal Contract Support Costs (CSC) policy. Based on the Court's decision, the IHS must now reimburse ISDEAA contractors for CSC related to the expenditure of third-party revenues. Previously, the IHS's policy was to only reimburse for CSC related to the expenditure of contracted IHS dollars. To prepare for the full implementation of this significant decision, the IHS plans to convene the CSC Advisory Group in July of 2024 and engage in full Tribal Consultation by August 2024. OTP will be coordinating closely with

IHS Headquarters, as CSC policy undergoes significant revision. Please refer to the June 13, 2024 Dear Tribal Leader Letter for additional information.

Navajo Area – Office of Environmental Health & Engineering (OEHE)

Sanitation Facilities and Construction (SFC)

With the Bipartisan Infrastructure Law (BIL), the Navajo Area Sanitation Facilities Construction (SFC) Program is receiving an average of three times its annual average appropriation (approximately \$120 million per year) at a time when we have historically been able to get \$20 to \$40 million in water and sewer infrastructure constructed annually. With the lack of civil engineers and the recent retirements of senior staff is impeding SFC's mission to construct water, sewer, and solid infrastructure in the Navajo Area. The funding from the BIL is helping the SFC Program address critical water and sewer projects funded for the Navajo Nation.

Future reliance on third party engineering firms such as NECA, will be utilized to keep projects moving. Within the next funding cycle, the SFC Program will be hiring third party engineering firms to complete the work for all of our Districts and are looking forward drastically reducing design times.

The SFC Program is working with the NECA to develop a Job Cost Analysis that is jointly created to estimate future engineering projects. Historically, the SFC Program has requested funding for projects with limited inflation anticipated. With our increased partnership with NECA on unifying our Job Cost Analysis, we will be better able to estimate inflation, have available funding for projects, and make the estimated construction costs uniform across Navajo Nation.

The SFC Program is in the process of creating an additional Deputy Director position. The duties of the Deputy Director will be to focus on keeping projects moving forward, increased emphasis on construction inspection, and increased contracting including numerous staff trainings for the aforementioned items.

Division of Facilities Planning and Engineering (DFPE)

The new Pueblo Pintado Health Care Center design was awarded on April 20, 2021 to the Health Facilities Group, LLC, Wichita, Kansas. The Pueblo Pintado Health Center Project design was completed August 9, 2023. The construction phase request for proposals is in the early stages and it is anticipated that a construction contract will be awarded within six months, with a contract awarded January 2025. This delay is due to the delayed approval of the Acquisition Strategy by IHS Headquarters Division of Acquisition Policy (DAP). This is a requirement change and this is the first project to go through this process. The health center construction is projected to be complete by January 2027.



The Furniture, Fixtures, and Equipment (FFE) package was developed and completed September 15, 2023. The FFE will be procured by the Navajo Area Division of Acquisitions.

The Staff Quarters is fully funded, as of May 2024. The request for a design-build contract is being prepared. Design of the Staff Quarters and the quarter's construction are expected to be completed by January 2027, the same time the Health Center is completed.

The Land Withdrawal and Land Lease were submitted to the Navajo Nation General Land Development Department (NNGLDD) on February 21, 2024 and March 21, 2024, respectively, and remain in process. The process is being supported by the Pueblo Pintado Steering Committee. The Pueblo Pintado Health Center will require a land lease for two land parcels. The two parcels will house the new Health Center and the Sewer Lagoon. A right-of-way for the land needed for the offsite electrical distribution line to the Health Center will be completed by Jemez Electric. The Real Property team from the NAO Division of Facilities Planning, and Engineering (NAIHS-DFPE) and Division of Engineering Services (DES) will work with the NNGLDD and the Navajo Nation Resource Committee for review and approval.

The NAIHS has included the Pueblo Pintado Steering Committee, the Navajo Nation Department of Health, and the Navajo Nation Health Programs in the design development. The Pueblo Pintado Steering Committee includes members from the communities of Counselor, Whitehorse Lake, Torreon, Ojo Encino, and Pueblo Pintado. The NAIHS, the Navajo Department of Health Programs, and community members participated in the design of this state of the art health center that is both functional and respectful of the community and local cultural beliefs.

The Gallup Indian Medical Center (GIMC) Replacement Facility Site Selection: Phase II of the site selection process for the GIMC Replacement Facility is near completion. Modification number 002 addresses the newly incorporated 500 Year Floodplain Guidance from IHS/HQE to the Title I Construction Project Agreement and was approved and executed November 14, 2023. The new completion date has been extended to December 31, 2024. Phase II includes an in-depth assessment of the top-rated site (i.e., Rehoboth site), a legal land survey, flood plain analysis, soils reports, archaeological and historical data collection, and an environmental assessment. 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. The scope of work (SOW) is in process and expected to be completed July 2024. The NAO and GIMC team will continue to meet to discuss the new facility planning process.

On June 27, 2024, the Navajo Nation Naabikiyati Committee took formal action to rescind Resolution NABUY-30-20 supporting the Rehoboth site as the location for the new GIMC and approved Legislation No. 0129-24 approving the Gamerco Site for the new GIMC. Future meetings between the IHS and the Navajo Nation will be planned to discuss this new development and continuing moving this project forward.



Approval on Legislation No. 0129-24 at the Navajo Nation Council Chambers

Sponsor: Honorable George H. Tolth
Co-Sponsors: Honorable Danny Simpson
and Honorable Lester Yazzie

The Gallup Indian Medical Center (GIMC) Emergency Department Expansion and Renovation project design was awarded September 10, 2021 with a notice to proceed issued on October 4, 2021. A kick off on-site workshop was held on October 7, 2021. The project is being designed to incorporate the new Emergency Department Modular building and ensure both buildings function well together. The updated design will meet current codes and suggested changes to the layout per the GIMC Emergency Department (ED) staff. The GIMC ED final design was received October 11, 2022.

The project was out for solicitation three times without receiving a viable vendor proposal. On the fourth solicitation construction was finally able to be awarded on March 14, 2024 to LAM Corporation. A pre-construction meeting was held on April 16, 2024 with a Notice-to-Proceed issued on June 17, 2024. The updated project schedule has a completion date of May 2026.

The project design includes renovating approximately 8,317 building gross square feet (BGSF) and the expansion of 2,282 BGSF of new space. The new ED will be approximately 10,600 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.



The GIMC new ED Modular Unit (Building 3000) is continuing to be brought into compliance required safety measures prior to opening. It does have a state-of-the-art CT scanner that is being used to provide care to our patients. Once opened it will provide improved ED trauma bays and exam rooms for our patients and staff.

The Crownpoint South Quarters Repair-by-Replacement Design was awarded in August 2021. The design kickoff meeting was held on September 23, 2021. The scope of work for this project is to complete a design for the replacement of 33 quarter units. The current modular Longmark units were built in the 1950's and are well beyond their useful life. The new quarters will be energy efficient and significantly modernize overall staff housing on the south campus. These new units will help with recruitment and retention of staff for Crownpoint Hospital. The design discussions included 1-2 Bedroom units that could be designed as high-density housing community. 33 Units will be replaced in 2/3 of the existing footprint. This will allow CPSU a planning period to fund a design-bid-build future project to add 9 units on the remaining 1/3 portion of the existing footprint.

The project has reached the 100% Construction Documents milestone. In conjunction with the IHS A/E Design Guideline, the review of design has highlighted the energy efficiency and long-term sustainability of the updated Government Quarters subdivision. As part of the design investigation a breached berm located at the south end of the Longmark quarters has become a discussion point.

The initial Government estimate was \$19,641,000.00, and all funding was available for this project to solicit for bids. The project was awarded on April 2024 for \$20,927,534.07. The pre-construction meeting was held on June 5, 2024. There has been confusion from the contractor on the solicitation bid schedule and IHS is negotiating and working with the contractor to clarify the confusion. Engineering Services Contracting Officer Representative (COR) has reported that the team is striving for a July 15, 2024 Notice-to-Proceed. Presently, it is unknown if the modification concerning the current discussion will increase the cost if the project.



Non-Recurring Expense Fund (NEF): The following projects were awarded NEF funds. In May 2024 the IHS was notified all NEF funds not awarded in a contract by September 30, 2024 would be recaptured per a line item in the FY2024 budget. The Navajo Area Division of Facilities Planning and Engineering is in the process of completing Request for Contract Action packages to award all design contracts for all projects.

The Tsaille Quarters Project was selected to receive \$21,500,000.00 in non-recurring expense funds (NEF) to construct approximately 30 new quarters and all required infrastructure. The Program Justification Document for Quarters (PJDQ) and the Program of Requirements for Quarters (PORQ) show a total need of 98 new quarters needed to house Tsaille Health Center staff. This first phase of the project will design and construct approximately 30 new quarters. This project will help with recruitment and retention of Tsaille Health Center health professionals.

The Engineering Services project manager, Tom Plummer, has updated the PJDQ/PORQ and approved to reflect the current mixture of quarters to be built; from single-family homes to apartment buildings and multiplex homes. The project is currently estimated \$28,917,969.00, a difference of \$7,417,968.00. The Chinle Service Unit has agreed to provide additional required funding and has transferred the funds. The project is currently waiting on approval of the Acquisition Strategy once approved the Request for Contract (RFC) package will be submitted to ES. The RFC package will be for a bridging document and will go out for bid for a Design-Build contract for the Tsaille Quarters project. These bridging documents are estimated at \$1,200,000.00. The project will need \$20,300,001.00 to proceed with award.

The Kayenta Alternative Rural Health Center and the Inscription House Health Center (IHHC) were each recently awarded \$8,200,000.00 of Non-expensed Funding (NEF) to construct a 19-unit quarters building. All funds were received at the Navajo Area therefore an RFC package will be submitted for a design-build contract for the two quarters buildings. This project will help in the recruitment and retention of health professionals for the Kayenta Service Unit. Project Managers from the Division of Facilities Planning and Engineering/NAIHS have been assigned to manage this project with future meeting with Kayenta and Inscription House leadership to discuss proposed locations at each site.

In May 2024 the Navajo Area was notified by IHS HQ all NEF funding not awarded in a contract by September 30, 2024 would be recalled to the Department of Health and Human Services (DHHS).

The IHHC project RFC design package was submitted to the Division of Engineering Services on October 28, 2023. The design contract was awarded on February 29, 2024 to Johnson Smithipong & Rosamond Associates, Inc. in the amount of \$714,253.08. Pre-con was held the week of April 15, 2024. The estimated completion date of the design is August 22, 2024. The delivery method for this project is design-bid-build.

The Kayenta Project RFC design package was submitted to DES March 6, 2023 and a DES Contracting Officer was assigned on April 3, 2024 to move this project forward to design award contract. The design contract was awarded on June 21, 2024 to JSRA in the amount of \$702,058.24. The post award meeting was held on June 25, 2024. The estimated design completion is December 2024.

The Chinle Comprehensive Health Center was awarded \$18,638,000.00 of NEF for the construction of Track 1: Emergency Department/Urgent Care Addition of their Master Plan consists for the following phases.

Phase 1 – Building addition for ED/Urgent Care (UC)

Phase 2 – Renovate UC for BO/PRC/Coffee Shop

Phase 3 – Renovate vacate ED for PM&R

Phase 4 – Renovate vacated PM&R for Property & Supply Expansion

The project will be a design-bid-build acquisition method. The RFC package is currently being developed for design and estimated at \$1,500,000.00.

The new Bodaway Gap Health Center (BGHC) and 92 Staff Quarters project Design Phase was awarded in the amount of \$11,042,000.00 to the Tuba City Regional Health Care Corporation (TCRHCC) under a Title V Construction Project Agreement (TV-CPA) dated July 2022 under P.L. 93-638. The architect of record is Dekker Perich Sabatini out of Phoenix, Arizona. IHS completed its 100% design review and back checks on December 12, 2023. Per TV CPA Modification number 1, authorizes the TCRHCC to complete the design and construction of the BGHC. The construction funds for the BGHC in the amount of \$158,849,300.00 were paid out to TCRHCC on December 18, 2023. The TCRHCC has secured Navajo Nation Land Lease Packages for the Health Center, sewer Lagoon and Staff Quarters parcels on March 20, 2024.

A pre-construction meeting was held on Monday, January 8, 2024 with the Groundbreaking on February 16, 2024 and BGHC start of construction on February 19, 2024. The construction contractor is Arviso-Oakland. BGHC construction completion is anticipated for January 2026.

The BGHC TCRHCC Title V Construction Project Agreement (TV CPA) for the Bodaway Gap Health Center Staff Quarters for Phase I of the quarters, has been executed on July 8, 2024, in the amount of \$62,174,500.00 to complete the full design for all 92 staff quarters units, and construct as many of the total 92 staff quarters as funding permits. Phase II for the construction of remaining staff quarters units, will be funded in the amount of \$24,798,026.93, for a total staff quarters cost of \$86,972,526.93, with an amendment to this TVCPA completed when IHS receives this appropriation.



Arviso Oakland Construction JV held a Job Fair at the Bodaway Chapter House on March 26, 2024.



Bodaway/Gap Health Center bottom center and sewer lagoon top earth work taken April 2, 2024.



Bodaway/Gap Health Center rendering.

Environmental Health Service (DEHS)

The Navajo Area Indian Health Service, Division of Environmental Health Services (DEHS) staff, attended a program workshop at the Navajo Area Office in Saint Michaels, Arizona, on June 25-27. The workshop was held to work on current goals and objectives, share information, and address programmatic challenges. The DEHS also created a leadership charter that will help guide efforts to advance the program. CAPT Mike Reed, IHS Headquarters, and Jeff Dickson, from the Environmental Health Support Center, were in attendance to support efforts at the workshop.





The Navajo Area Indian Health Service, Division of Environmental Health Services recognized staff member Woody Begay for 45+ years of service to the program.

Hantavirus 2024

This year we have had a slight increase in the number of hantavirus case (six confirmed as of the end of June). We are working to have a Southwest special Project ECHO session in early July for providers across the Southwest to increase their awareness and vigilance in assessing for this frequently deadly virus.

[Chinle Service Unit \(CSU\)](#)

Chinle Comprehensive Health Care Facility

The Chinle Service Unit has begun the 2024 Just Move It. Although we have experienced some weather delays and postponement throughout our region we are anticipating the rescheduled dates will bring the community together to enhance their wellness and fitness.

The Chinle Service Unit had to reduce some services due to staff shortages or facility remodeling, i.e., Dental offices. Appropriate public service announcements to inform the public of these closures or decrease services was provided along with reopening dates. Due to this temporary adjustment, we coordinate several patient care with our neighboring service units or rescheduled patients.

The Chinle Service Unit experiences staff changes for those whom have retired or transferred to other locations. In collaboration with our Human Resource, we are classifying positions and advertising in USA jobs for vacant positions. Currently, we have some employees working additional days to accommodate areas where we are short staffed.

The Chinle Service Unit is pleased we to announce we have filled the Division of Public Health's (DPH) Director position that has been vacated since August 2022. The new director will begin on June 30, 2024.

The Chinle Service Unit partially stood up the Incident Command Team on ALERT STATUS due to patient transport challenges. This was a result of the airport improvements that began March 25, 2024. In the meanwhile, all fixed winged transports continue to be taken by Chinle Patient Transport Team consisting of a Nurse, Paramedic, and MVO by ground ambulance to Kayenta, AZ or Window Rock, AZ. On June 24, 2024, NNDOT has informed CSU that the Chinle Airport will be open to landing fixed wings. Preparations have been made to communicate to all medical flight teams of this update.

The Chinle Service Unit is assessing the need for an Automatic Weather Station (AWS) that will be used for Helicopter Medical Transport companies. This specialized equipment can determine the safeness to transport from our Temporary Landing Zone (TLZ) and the ability to relay weather forecast. The hinderance is the flight transport companies refusing to transport patient during inclement weather.

Crownpoint Service Unit (CPSU)

The Crownpoint Service Unit (CPSU) has implemented a gardening program with a number of workshops scheduled in April and June. The gardening team installed, planted, and maintained the watering of 16 raised garden beds at five sites. These sites include: Crownpoint IHS, Standing Rock Wellness Center, White Rock Chapter House, Becenti Chapter House, and Pueblo Pintado Health Center. We received gardening consultation and guidance from Hozho Center for Healing – Mr. Joshua Toddy, COPE Food System Specialist – Ms. Carole Palmer, and New Mexico State University Tribal Agriculture Extension Agent – Mr. Bud Lopez. On May 1, 2024, we held our first garden installation at CPSU, with 20 employees participating at the prayer blessing. The garden project is a major undertaking but well worth it as our communities are empowered and very excited to get their community members involved in learning about gardening so they can begin to start their own gardens.

The Crownpoint Service Unit (CPSU) has been assisting Northern Navajo Medical Center (NNMC) by allowing them to utilize the CPSU Central Sterile Processing (CSP) department. Washing/disinfection and sterilization of instruments is a process that thoroughly cleans and destroys microorganisms on hospital instruments used in the Emergency Department, Operating Rooms, and certain clinics. NNMC has been working on repairing their facility's utility issues which has not allowed them to use their own Central Sterile department. CPSU has allowed NNMC staff to complete training and competencies to come and use the Crownpoint CSP department equipment and supplies for 5 hours each morning at CPSU. CPSU has processed over 250 instruments so far, assisting NNMC to remain open and provide safe direct patient care to their communities. CPSU is very happy to assist our IHS facilities in any way needed.

The Crownpoint Service Unit Division of Nursing's Chief Nurse Executive (CNE) has been vacant since August 22, 2022. On June 16, 2024, we were pleased to welcome Ms. Alvina Rosales, MSN/MBA, RN, as our new CNE. Ms. Rosales has many years of nursing experience, including serving as Assistant Chief Nurse Executive at the Gallup Indian Medical Center for approximately 4 years before joining CPSU. She is a member of the Navajo Nation and currently resides in Gallup, NM.

The beginning of a new school year is an opportunity to provide sports physicals for our community. This year, we are proactively implementing a new process. We have created a weekend pediatric clinic for approximately 4-5 hours on scheduled Saturdays. On June 22, 2024, CPSU conducted a trial run, and 21 parents showed up with their children. Our new Women and Children's Clinic (WCC) Supervisory Nurse, Rochelle Begay; Nurse Practitioner, Allen Jones, and WCC staff coordinated the event. Collaboration between departments to prepare patient education packets with dental providing tooth paste, dental floss and tooth brushes was a hit. We will be planning for another sport's physical day in July 2024.

Crownpoint Service Unit Division of Nursing: Nurse Education department is actively working to enhance the competency system for our nursing staff. Challenges identified in nursing education department was a continuous need to keep staff up to date, evidence-based and knowledgeable in their daily practice. The scope of nursing practice in a rural IHS unit is very large, spanning birth to death, and Nursing practice is usually divided into areas such as pediatrics, adult, OB/GYN, geriatrics, and hospice. To develop true clinical competency in our staff, the nursing education department recently expanded with the addition of the Clinical Coach, a new role in the HIS. Staff are receiving additional hands-on training that consists of a hybrid documentation system, HealthStream education, various HHS and IHS online programs, and paper competencies at the service unit.

The Crownpoint Service Unit Emergency Department (ED) have been focusing on our process flow and recruitment of providers. The ED staff have been working diligently to lower the percentage of patients that leave without being seen (LWBS). Our benchmark is at 2.4%. For May 2024, we had 28 patients LWBS out of 1170 patient visits. This is due mostly to inadequate providers and nursing staff coverage for our ED. For the month of April, a joint effort between nursing and providers was able to have our benchmark at 1.1%. CPSU ED is a hard place to recruit for staff due to our rural and remote area of the hospital. We are glad to see that we will have three additional providers hired that will help us with our outpatient department and, therefore decreasing the workload for our Emergency Department.

2024 Left Without Being Seen--Target: <2%												
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
TOTAL	26	43	40	12	28							
AVERAGE DAILY	1.2	1.5	1.3	0.4	1.1							
# of patients	1124	1157	1154	1114	1170							
percentage	2.3%	3.7%	3.5%	1.1%	2.4%							



The Crownpoint Service Unit Dental program recently replaced the Dental and Dental Assistant Chairs, Overhead Lighting, and Cabinets, nine (9) units in total. This project took place between April 25, 2024 to May 7, 2024. The Dental Equipment replacement project was essential for direct patient care services which upgraded our units to enhance user experience for patients and providers. Dental services for Crownpoint were limited, diverting services to Thoreau and Pueblo Pintado Health Center's Dental Program. On May 8, 2024, Crownpoint Dental resumed patient care services.

The Crownpoint Service Unit is providing outreach and education on Purchased Referred Care (PRC) and Patient Benefits Coordination (PBC) in the communities. Continued efforts to provide Outreach and Education at College Fairs, Health Fairs and the Community Resource meetings from Purchased Referred Care on our referral process and eligibility criteria. Also, Patient Benefits Coordinators share information on Alternate Resources for our patients. PRC and PBC staff are scheduled to setup a booth at upcoming events in the communities.

The Crownpoint Service Unit Division of Public Health (DoPH) met with the Navajo Division of Aging & Long-Term Care Support to co-sponsor the ElderFest day activities at the 2024 Eastern Navajo Fair on July 25, 2024. In partnership with Navajo Health Education, the Division of Public Health team will be sharing information regarding Dementia awareness/education to our Seniors and their care takers. DoPH is working with Ms. Sherry Brown, Crownpoint Health Education to conduct a presentation in the English and Navajo languages. This initiative has been funded by Navajo Area Health Promotion to support dementia focused education to communities on Navajo.

The Crownpoint Service Unit Division of Public Health is working with Schools within the local communities to provide the Just Move It – SCHOOL BASE walking program. These events were organized and implemented at the following schools:

- Tse'ii ahi Community School – 63 students & 20 staff participated
- Mariano Lake Community School – 91 students & 25 staff participated
- Crownpoint Community School – 232 students & 29 staff participated
- Baca Community School – 220 students & 27 staff participated
- Lake Valley School – 31 students and 8 staff participated

Gallup Service Unit (GSU)

On April 9, 2024, the Gallup Service Unit implemented full activation of the Incident Management Team (IMT) due to water disruption in building 2000. On May 3-5, 2024, a “Go Live Date” took place with contractual work on several water valves replacement was repaired on May 4, 2024. ED/Trauma Care downsized to level 3, patient care transfers commenced prior to the water shut off, and inpatient resumed with no limitations. Pre/Post water test results were compiled with result being positive with Legionella. Currently, the IMT is in recovery phase. The Gallup Indian Medical Center remains on limited water restriction and updates are provided to the GSU, Navajo Area, and IHS Headquarters. The service unit continues to navigate and address the challenges with the aging Building 2000 facility. Plans are reviewed and implemented on a continuous basis at the service unit to ensure that quality of care and safety is a top priority for patient care.

On April 17, 2024, the Gallup Service Unit Office of Native Medicine hosted a “Navajo Cake and Blue Corn Gruel Day”. A total of 145 staff were served traditional corn food. This was part of the once a month staff appreciation for their hard work. It is to increase staff morale and highlight the importance of traditional foods.

On April 24, 2024, the Gallup Service Unit welcomed Senior Staff to ADM Rachel L. Levine, Assistant Secretary for Health (ASH) and a delegation from the Navajo Nation. This visit was part of a weeklong visit to tribal and federal sites on the Navajo Nation. GIMC provided a presentation and tour of the facility.

On May 22 and 28, 2024, the Gallup Service Unit conducted a “Youth Summer Gardening” project for students and staff at Chee Dodge Elementary School. The project has students and staff to take ownership of preparing their garden and to maintain the garden beds. These efforts are part of the Health Promotion/Disease Prevention Special Diabetes Prevention Initiative (SDPI) School Health Program. (photos)



On June 4, 2024, the Gallup Service Unit Chief Executive Officer attended the ISDEAA Training for Federal Chief Executive Officers. The purpose of this training was to engage with subject matter experts on the process for transferring PFSAs, resources, and responsibilities. This training took place in Albuquerque, New Mexico.

On June 12, 2024, the Gallup Service Unit Division of Nursing presented a nursing recruitment and retention plan to the GSU Executive Leadership Team. This plan is to address three priorities on not only the recruitment but improve quality assurance/performance improvement and communication.

On June 12, 2024, the Gallup Service Unit Division of Community Health attended a two-day Public Health Nursing (PHN) grant management meeting. The purpose of this meeting was to share best practices, successful interventions and what is working in the communities as they address Sexually Transmitted Infections (STI). The outreach and education campaign this summer months will include awareness, identify effective interventions for reducing morbidity and response efforts.

On June 17, 2024, Gallup Service Unit Executive Leadership Team (ELT) conducted a work session on the next steps for the PJD (Program Justification Documents, Program of Requirement (POR, data analysis in the future, and the Navajo Area master plan process. A presentation by Pamela Conley, Health Planner from the Phoenix Indian Medical Center and Candace Tsingine with the Navajo Area Director of Health Facilities provided information on the proposed new and current projects on GIMC campus.

On June 24-28, 2024, the Gallup Service Unit Executive Leadership Team (ELT) attended the 2024 NUKA Core Concepts and General Conference. The purpose of this was to gain an insight to organizational strategies and processes to integrate NUKA system of care to model a healthcare redesign. In addition, this is part of the ELT path forward as a result of a site visit from IHS Field Operations.

The Gallup Service Unit was one of ten federal sites selected for the Indian Health Service Maternal Child Health (MCH) Program funding opportunity. A grant award in the amount of \$200,000 per year for up to five years will allow the MCH program to expand their services by addressing hypertension in pregnancy and diabetes. Innovative approaches using digital technologies will be implemented along with a designated Diabetes Coordinator for pregnant mothers.

The Gallup Service Unit received a health alert regarding Carbapenem-resistant Enterobacterales (CRE) that was reported on the rise in the Navajo Nation. As a result of this, the Infection Preventionist developed a screening guide for inpatient wards and began a CRE swab screening surveillance for patients being admitted to the hospital who may have been in a facility in Arizona, Nevada and Texas. From the surveillance, GSU did not detect any CRE cases and such efforts are being continually monitored through the New Mexico Department of Health.

The Tohatchi Health Center has seen a rise in pediatric population that is a 271% increase from the past year. The health center is encouraging all new and current patients to be seen at the center for both walk-in and well-child visits.

The Gallup Service Unit Biomed department collaborates with the Environmental Care and the Risk Assessment teams to assist in eliminating potential patient and staff risks that could arise. Evaluating areas and correcting issues has been effective in preventing injuries or hazards. These care rounds have proven useful in improving patient care and ensuring departments are keeping up to date on current regulations.

The Gallup Service Unit Dietary Department is aware of the continuous change within the food service industry and the growing needs for patients and staff alike. The department is in constant collaboration with our dietitians and looking for ways to improve our inpatient menus to meet dietary needs, as well, making cafeteria services more enjoyable while promoting healthy diet choices.

Kayenta Service Unit (KSU)

The Kayenta Alternative Rural Hospital (previously KSU now KARH) was unable to expand its clinical capabilities this quarter due to issues beyond our control. After multiple quarters of progress and increasing clinical capabilities we had no alternative but to force a pause in Q2 of FY 2024. As a result of The Joint Commission (TJC) evaluations, we had to focus on correcting identified deficiencies. At the same time, our acquisition and human resources was reorganizing and under-staffed created a backlog in equipment purchases and hiring processes. We have already taken the first steps with the opening of an inpatient unit that has admitted over 150 patients to date. We continue to refine and improve its day-to-day operations and we will be re-evaluated by Joint Commission certification in July. We have started to lay the ground work for a same-day surgical capability with two operating rooms serving in-house and visiting specialist. We have also begun discussions on bringing back the idea of Obstetrical labor and delivery to Kayenta so expecting mother are not required to travel over an hour just to deliver. Of course, this all will take 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.

The Kayenta Service Unit and Inscription House Health Center officially launched the DAISY Award for Extraordinary Nurses. The award is part of the DAISY Foundation's mission to recognize the extraordinary and compassionate nursing care they provide to patients and families every day. The service unit celebrated their 2nd Annual DAISY Award Honorees and their first Being Extraordinary Everyday (BEE) Award honorees. On May 8, 2024, two nurses each were recipients of the DAISY and BEE award.



The Inscription House Health Center has made it our firm goal to meet our community's medical needs, not only to the level they were pre-pandemic but we are determined to excel that standard and to raise the bar to the highest level that our resources allow for. On June , 2024, we met via teleconference with Utah's Physician Assistant (PA) School to prepare to take their students as mentors under our providers. This school is dedicated to supplying PA's to rural communities like our own. The first students are expected to arrive in September 2024. In addition, two Nurse Practitioners (NP) were selected at our center and will begin on June 10, 2024.

Shiprock Service Unit (SSU)

Dzilth-Na-O-Dilth-Hle Health Center (DZHC) held a "Culture of Safety" training to promote work safety, safe employee and patient environment, and emergency preparedness. The Active Shooter Training is a comprehensive training providing safety and security responses in a healthcare environment in case of an active threat of violence or an active shooter in the workplace.

In a step toward improving the health and wellness of patients with chronic conditions, the Dziłth-Na-O-Dith-Hle Health Center added four more chronic care appointment slots while providing same-day appointments. Despite the limited number of providers, an efficient process facilitates appointments and follow-ups. This model of care is designed to improve the outcomes of patients with chronic conditions.

Dr. Laura DeWitt, Supervisory Optometrist at Four Corners Regional Health Center, provides an outreach optometry service to people who do not have access to optometry exams and glasses. She collaborates with Sih' Hasín Street Medicine, a street medicine program operated by the Community Health Program at Northern Navajo Medical Center. At a later date, they plan to visit the following Navajo Chapter Houses: Tólikan Chapter, Mexican Chapter, and Sweetwater Chapter.

Dr. Dewitt stated, *"We enjoyed going, and we got good feedback from the people, they were happy to have us come to them and take care of some of their issues and concerns right away".*

The Four Corners Regional Health Center lives up to its mission statement. The doctors provide medical services to the local community schools to fulfill the mission statement and realize the proverbial saying, "It takes a village to raise a child." The medical team often provides sports-related physical exams and treatment of minor sports injuries including rendering services at school sports events. The medical providers feel honored to be part of the community "village" to keep the middle and high school students safe and healthy.

On May 6, 2024, the Steris Education Educator began 12 weeks of onsite technical training for the Sterile Processing Staff (SPD) and Surgical Scrub Technicians. The sterile processing staff and surgical scrub technicians have unique skills and play important roles in preventing infection and providing patients with a safe hospital experience. The educator provides the appropriate training to ensure the employees are trained to meet the standards required in the sterilizing process of instruments for surgical procedures.

On April 24, 2024, the Shiprock Service Unit held a DAISY Award ceremony to recognize a hospital nurse for her dedication and superb nursing performance. The Daisy Award is a nationally-recognized awards program administered by the Daisy Foundation to recognize outstanding nurses. MaryGrace Dy, RN, is the awardee and was nominated by her peers for going above and beyond in providing compassionate care and upholding the mission and vision of the Indian Health Service. She is an exceptional nurse who gained the trust of patients, providers, and co-workers and a valuable member of NNMC. The employee that nominated MaryGrace had this to share: "I had a patient of mine on Med/Surg for over a month who had dementia and was prone to delirium and behavioral outbursts. Mary worked diligently to make the patient more comfortable, including bringing the patient a doll and making dough so the patient could make (play) "tortillas"/ "frybread" during the day. The patient was so much calmer and comfortable with these measures. Thanks for going above and beyond to take amazing care of patients, Mary!"



*Photo(l to r):
Carlene Tahe-Begay, Assistant Chief Nurse
Executive; MaryGrace Dy, DAISY Award Honoree;
and Kimberly Allen, DAISY Committee
Chairperson.*

Dzilth-Na-O-Dith-Hle Health Center (DZHC) Outpatient Nurses are united in their belief that everyone has something to contribute and all experiences are valuable. As a nursing team, we are educators and advocates, and a vital part of the patient care team. We are deeply honored to serve the DZHC Community and are committed, with unwavering dedication, in providing the highest standard of patient care.



*Back Row (L to R): Kristen Benally, Delinda Manygoats, Valerie Nells, Petrina McCabe, Brynn Dunkle.
Front Row (L to R): Frances Mariano, Bernice Badane, Michelle Martin.*

The Shiprock Service Unit Quality Division staff conducted training with Navajo Area staff on the Joint Commission Tracer AMP Software program. The software-based system is designed to assist in improving quality patient care and maintaining accreditation compliance. The system provides data based on internal reviews, audits, rounds, and surveys. The data is collected from a historical timeframe to provide an accurate data analysis. This system will provide accurate data with the status of compliance, sustainability, and corrective actions in real-time.

The Shiprock Service Unit celebrated National Nurses Week during May 6 – 12, 2024 to recognize the exceptional service of nurses. The theme was “Nurses Make the Difference.” The SRSU gives thanks to the wonderful nurses for all the work that is completed with compassion, commitment, dedication, and kindness. Their daily professionalism does make a difference to patients and families. The SRSU is appreciative and grateful for their service. The celebration events had each department showcase the nurses’ work achievements and recognition by employees, patients, and visitors. In addition, the celebration included a stew cook-off. – Ahéhee.



NNMC Medical-Surgical Nurses and Support Staff



RNs from left to right: Tanya Tohtsoni, Cynthia Montanez, and Eirin Ward



RNs from left to right: Cassandra Shorty, Brenda Palmer, Winifred Jumbo, and Laurie Eason.



Women's Health and Pediatric Clinics registered nurse team. From left to right: Raquel Ramal, Sangie Jim, Ariel Allee-Jumbo, Hayden Pruitt, Kenzey Peter, Alicia Sherman-Howe, Linda Flores, Shelly Nelson, and Zannah Chavers. (Laurie Eason is in the photo above on the right side.)

Concluding Comments

The Navajo Area Indian Health Service remains committed in 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.

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