

QUARTERLY REPORT

JANUARY-MARCH 2025



Navajo Area Indian Health Service



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AREA DIRECTOR'S MESSAGE

Dear Navajo Nation Leadership,

I am honored to share our quarterly report from the Navajo Area Indian Health Service (NAIHS) with you. This publication highlights our second-quarter activities throughout the Navajo Area, and we hope you find the material valuable.

Central to our approach is the Navajo Wellness Model, which emphasizes Sha'bek'ehgo As'ah Ooda'a'l, or the "Journey of the Sun." This teaching focuses on four essential domains of health and wellness: self-identity, self-respect, self-care, and the protection of self. As we engage in this cyclical process, we also embrace the principles of thinking (Ni'tsa'ha'ke'e's), planning (Nahat'a'), action (lina'), and reflection/evaluation (Sihasin).

Understanding the importance of these teachings, NAIHS diligently addresses the critical healthcare needs of our patients. We are committed to thorough planning, intervention, and evaluation to ensure we provide the very best care for our patients and staff. In alignment with the Indian Health Service Strategic Plan, NAIHS is dedicated to its mission and objectives and strives to deliver optimal direct patient care.

On behalf of NAIHS, I want to express our gratitude for this partnership and our appreciation for your ongoing advocacy and support. Thank you.

Respectfully,

DuWayne Begay,
Area Director
Navajo Area Indian Health Service

OUR MISSION

IHS Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level

IHS Vision: A health system that embraces traditional knowledge and practices to foster thriving communities for seven generations.

IHS Values: Honor Tribal Sovereignty; Recognize and Integrate Indigenous knowledge; and Strengthen Government to Government relationships.

2025-2029 IHS STRATEGIC PLAN

<p style="text-align: center;"><u>Strategic Goal 1</u> Be a leading healthcare organization</p> <p>1.1 Produce workplace learning through practice. 1.2 Enhance the total system safety strategy to build on workplace safety. 1.3 Standardize measurements and outcome goals.</p>	<p style="text-align: center;"><u>Strategic Goal 2</u> Ensure comprehensive, culturally respectful health care services.</p> <p>2.1 Recruit and retain a highly skilled workforce 2.2 Promote employee engagement and IHS mission alignment 2.3 Increase access to health care services.</p>	<p style="text-align: center;"><u>Strategic Goal 3</u> Optimize operations through effective stewardship</p> <p>3.1 Ensure transparent, accountable, and effective use of resources. 3.2 Expand and improve environmental, public health, and facility infrastructure 3.3 Advanced data-driven/evidence-based decision-making</p>	<p style="text-align: center;"><u>Strategic Goal 4</u> Promote proactive intergovernmental and external relationships</p> <p>4.1 Foster external relationships 4.2 Respect Self-Determination</p>
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1. Major Accomplishments

The agency-wide accomplishments from January 1, 2025, to March 31, 2025, are significant. On December 5, 2025, the Indian Health Service (IHS) unveiled its Strategic Plan for Fiscal Years 2025-2029. This plan explicitly addresses the agency's top priorities for the next five years, underscoring our unwavering commitment to enhancing healthcare service delivery and strengthening vital public health services throughout the health system. Our goal is clear: to elevate the health status of our Tribal communities.

The Strategic Plan features a revised vision statement and establishes four strategic goals, reflecting our transformation into a One IHS culture. This approach ensures that we integrate efforts, resources, and expertise from across the agency, enabling us to achieve more comprehensive and impactful outcomes.

Our accomplishments are structured around the four goals of the IHS Strategic Plan:

- 1) Be a Leading Health Care Organization
- 2) Ensure Access to Culturally Respectful Health Care Services
- 3) Optimize Operations Through Effective Stewardship
- 4) Promote Proactive Intergovernmental and External Relationships.

We are committed to driving these initiatives forward and delivering exceptional outcomes for our communities.

Goal 1- Be a Leading Healthcare Organization

Goal 1 – Objective 1.1: Produce workplace learning through practice.

- The Crownpoint Service Unit launched its first Leadership Academy for Supervisors, Managers, and Executive Leaders. This Academy focuses on developing and refining soft skills for leaders in supervisory and managerial positions. During the first quarter session, participants learned about Emotional Intelligence and Conflict Styles, along with strategies for recognizing and effectively applying different leadership styles in various situations.
- The Shiprock Service Unit's Purchased Referred Care (PRC) office implemented Key Performance Indicators (KPIs) and metrics to monitor and enhance patient referrals to non-IHS healthcare facilities. These KPI measurements enable the PRC team to understand and adjust operational processes, thereby improving patient referral payments, medical transports, and other aspects of the PRC program.

Goal 1 - Objective 1.2: Enhance the total system safety strategy to improve workplace safety.

- The Navajo Area Deputy Quality Manager, in collaboration with the Gallup, Crownpoint, and Zuni Service Units, organized a presentation on the Emergency Medical Treatment and Active Labor Act (EMTALA) in the context of Obstetrics. This presentation featured a panel of subject matter experts who focused on strategies for healthcare system improvements.
- The Navajo Area Clinical Application Coordinator conducted SAFER (Safety Assurance Factors for Electronic Health Record Resilience) calls with the Federal Service Units. The 2025 SAFER Guides have been updated to address the highest risks and most common issues that can be mitigated through technological or practice changes to enhance system resilience. Additionally, self-assessment tools for healthcare organizations are available to evaluate electronic health record (EHR) safety practices and identify and mitigate potential risks. The Centers for Medicare & Medicaid Services (CMS) have incorporated objectives from these guides into their Medicare Promoting Interoperability Program and the Merit-based Incentive Payment System Program.

Goal 1 - Objective 1.3: Standardize measurements and outcome goals.

- The Navajo Area Performance Improvement Coordinator participated in the weekly IHS Fall Prevention Work Group, which focused on strategies to reduce fall-related injuries in healthcare settings. A key activity included developing a driver diagram and identifying primary drivers to guide the implementation of evidence-based fall prevention strategies to enhance patient safety and reduce fall incidents.
- The Shiprock Service Unit has incorporated Ohmni UV Lighting as an effective tool for eliminating harmful bacteria in the Operating Room and Pharmacy Departments. The use of ultraviolet light is one of the most effective methods for preventing the spread of infection and minimizing Healthcare-Associated Infections. This strategy successfully contributes to infection prevention and helps keep NNMC patients safe.

GOAL 2 – Ensure Access to Comprehensive, Culturally Respectful Health Care Services

Goal 2 - Objective 2.1: Recruit and retain a highly skilled workforce.

- The Kayenta Alternative Rural Hospital hired two permanent medical providers and one mid-level provider. Additionally, the facility is in the process of onboarding an audiologist, an audiology health technician, an optometrist, and optometry health technicians. Through diligent service unit recruitment efforts, the following positions have also been added to the Kayenta Service Unit staffing roster: two certified nurse midwives, one

physician assistant, one family nurse practitioner, one podiatrist/foot and ankle surgeon, and two podiatry health technicians. .

- The Inscription House Health Center hired two permanent nurse practitioners, one supervisory physician (Chief Medical Officer), and two optometry health technicians. Furthermore, two contract physicians were onboarded for the outpatient clinic.
- The Navajo Area Indian Health Service is actively facilitating a return to in-person office work based on Executive Orders from the U.S. President. By April 28, 2025, most IHS staff will have returned to in-person work. Each area is continually searching for office space for employees who are transitioning from remote work back to in-person work.

Goal 2 - Objective 2.2: Promote employee engagement and IHS mission alignment.

- On February 26, 2025, the Crownpoint Service Unit conducted a Navajo Wellness Model (NWM) conference for seventeen Division of Public Health staff members and two Dine College staff members. The conference aligns with the service unit's 2025 strategic goal to improve the workplace environment and serves as the first of four planned wellness initiatives for 2025.

Goal 2 – Objective 2.3: Increase access to health care services.

- The Chinle Service Unit implemented measures to prepare for possible measles transmission in the service delivery area. Efforts include reaching out to families of children who are behind on their immunizations to ensure they receive updated vaccinations. This proactive clinical activity is essential for safeguarding our community members. Additionally, a tabletop exercise was conducted with key stakeholders to review and activate policies and procedures in the event of a measles epidemic.
- Between March 10 and March 12, 2025, the Dzilth-Na-O-Dith-Hle Health Center (DZHC) Dental Clinic provided dental health education, exams, sealants, and topical fluoride services to thirty-four students at the Dzilth-Na-O-Dith-Hle Community School (DCS). Many school-aged children living in remote areas may not have access to dental services for the prevention and treatment of dental caries and other dental diseases.
- The Office of Tribal Partnership (OTP) participated on a call with the State of New Mexico regarding Traditional Healing. This is part of the Centers for Medicare and Medicaid Services' approval to bill patients and reimburse tribal providers for specific traditional healing services. In addition, the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency, is collaborating with Tribes to cover traditional healing services provided through the Indian Health Service (IHS) and Tribally-operated health facilities. Both state initiatives are part of an approved CMS demonstration project on traditional healing services.

Goal 3 – Optimize Operations Through Effective Stewardship

Goal 3 - Objective 3.1: Ensure transparent, accountable, and effective use of resources.

- On March 25-26, 2025, the Navajo Area conducted a Governing Body Orientation for staff to provide insights into the background of standardization, review internal and A-123 audits, and familiarize participants with Governing Body functions.
- The Chinle Service Unit is actively addressing budget spending levels and data requests. The Revenue Cycle Team is focused on maximizing the collection of revenue for patient care services. Each department is reviewing purchase requisitions and has developed a prioritized list to guide spending.
- The Chinle Service Unit is collaborating with coders, billers, nurses, and medical providers to identify gaps in billing procedures to ensure appropriate billing to payors for eligible medical services.
- In March 2025, the Shiprock Service Unit conducted training for the Medical Records Department, emphasizing the importance of maintaining comprehensive records of patients' health histories and treatments. An annual privacy training was also held to provide updates on patient privacy and ensure quality patient care.

Goal 3 - Objective 3.2: Expand and improve environmental, public health, and facility infrastructure.

- On February 13, 2025, the Navajo Area Division of Quality Management participated in a Service Unit Quality Program Review, which included the Bemidji Area Deputy Director of Quality Healthcare and the Navajo Area Chief Medical Officer. The purpose of the review was to gain insights into the quality management structure and reporting processes.
- The Chinle Service Unit has developed an interim contingency plan to address issues in its Sterile Processing Department (SPD) due to mold contamination. The service unit is currently partnering with Sage Memorial Hospital and Gallup Indian Medical Center to ensure appropriate sterile processing practices.
- On February 12 and 19, 2025, the Office of Environmental Health and Engineering (OEHE) provided two presentations to Tribal Health Organizations on the IHS Joint Venture Construction Program for Long-Term Care. This initiative enables Tribes to build Tribal-owned Long-Term Care, Skilled Nursing Facilities, or Long-Term Home facilities (using non-IHS funds) that comply with IHS design criteria and receive approval.

Goal 3 - Objective 3.3: Advance data-driven/evidence-based decision-making.

- The Crownpoint Service Unit is implementing patient Motivational Interviews, an evidence-based tool designed to enhance personal motivation for change in a supportive and accepting environment. In collaboration with the University of New Mexico Health Science, this communication method has proven effective in reducing customer complaints, increasing provider satisfaction, and improving positive patient health outcomes.
- On February 19, 2025, the Crownpoint Service Unit completed an upgrade of the Pueblo Pintado Health Center's Verizon network services to support IT broadband delivery through scalable wireless media for the remote IHS facility. This upgrade significantly improved data access and enhanced network security features.
- On February 26, 2025, TeamSTEPPS and Just Culture training sessions were conducted to improve teamwork, communication, and patient safety. These sessions, developed by the Navajo Area Performance Improvement Coordinator, Risk Management Coordinator, and Deputy Quality Manager, aim to strengthen collaboration in the health care environment, reduce errors, and promote a supportive work environment.

Goal 4 – Promote Proactive Intergovernmental and External Relationships

Goal 4 – Objective 4.1: Foster external partnerships.

- The Crownpoint Service Unit has established an H5NI Multi-Disciplinary Workgroup to conduct influenza surveillance among patients who experience severe symptoms related to influenza. The New Mexico Department of Health (NMDOH) has recommended that all hospitals enhance their surveillance efforts by subtyping Influenza A cases for hospitalized patients.
- The Navajo Area Finance Department is currently utilizing G-Invoicing, a new electronic system that facilitates the transfer of funds between federal programs through Internet-based collections and payments. So far, the Navajo Area has established ten interagency agreements totaling \$11 million. These agreements involve the Office of General Counsel, the Department of Veterans Affairs, the Defense Counterintelligence and Security Agency, and the Federal Records Centers Program.

Goal 4 – Objective 4.2: Respect Self-Determination.

- The Navajoland Nursing Home, Inc. (NLNH) has expressed interest in applying for a Title I Tribal Management Grant. On March 31, 2025, the Office of Tribal Partnership (OTP) provided NLNH with orientation regarding the Indian Self-Determination and Education

Assistance Act (ISDEAA) Title I, aimed at securing a long-anticipated contract. NLNH has proposed a tentative contract and annual funding agreement with a start date of October 1, 2025.

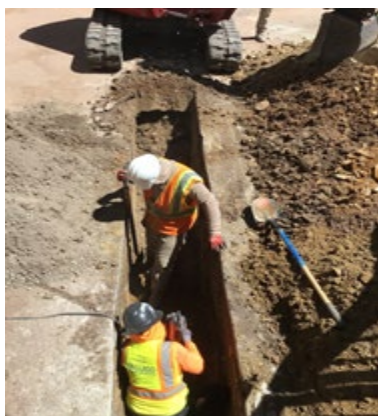
- On March 18, 2025, the Indian Health Service (IHS), in collaboration with Navajo Nation Health Management Services (HMS) and the Navajo Treatment Center for Children and Their Families (NTCCF), successfully executed a Title I ISDEAA Contract and Annual Funding Agreements. Pre-negotiations with the Navajo Health Foundation/Sage Memorial Hospital, Inc. and the Fort Defiance Indian Hospital Board, Inc. will commence in the coming months.

Office of Environmental Health & Engineering

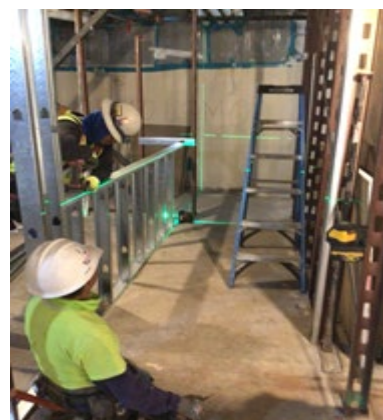
Division of Facilities Planning & Engineering

- **The Gallup Indian Medical Center (GIMC) Emergency Department Expansion and Renovation:** The construction contract for the expansion and renovation of the Gallup Indian Medical Center (GIMC) Emergency Department was awarded to LAM Corporation, based in Gallup, NM, on March 14, 2024. The project is being executed in phases: 2A, 2B, 2C, and 3. Phases 2A, 2B and 2C are expected to be completed by October 3, 2025. The overall project schedule currently anticipates a completion date of June 2026, and the project is on track to meet this timeline.

So far, key construction milestones have been achieved, including the installation of structural steel and the completion of two out of three concrete pours. Work on the interior renovations is also underway, including framing, installation of medical gas piping, electrical conduits, and fire piping .



Excavation of the water line from Bldg.



Framing S wall of nurse's station 1E110

- **The Gallup Indian Medical Center (GIMC) Replacement Facility Site Selection Evaluation Process (SSER) for Phase II is nearing completion.** According to the Title I Construction Project Agreement (CPS), the final SSER Phase II report for the Rehoboth site was due to be submitted to the Indian Health Service (IHS) by October 31, 2024, with a 30-day review period. The IHS ultimately received the final SSER Phase II report on February 12, 2025, and will provide comments to the Navajo Nation by April 18, 2025.

Once the IHS receives the completed Gamerco SSER Phase II report, it will complete a comparative review of the Rehoboth and Gamerco sites to determine the most suitable location for construction. Phase II encompasses a comprehensive assessment of the top-rated site, including a legal land survey, floodplain analysis, soil reports, archaeological and historical data collection, and environmental assessments. The Navajo Nation is particularly interested in selecting a site that will facilitate future expansion and economic development.

Both SSER Phase II reports must be finalized before this project can progress. The Notice of Funds Availability (NOFA) for planning purposes for the new GIMC Replacement Facility was issued to the Navajo Nation on October 3, 2024. Navajo Nation President Buu Nygren responded on November 4, 2024, confirming the Nation's interest in completing the planning through a Tribal Acquisition under a Title I Construction Project Agreement.

On November 14, 2024, a draft of the Title I contract for the GIMC Master Plan Planning Phase was sent to the Navajo Nation for review and negotiations. However, on March 10, 2025, the Navajo Nation notified the IHS that it no longer wished to enter into a Title I contract for the planning phase of the new GIMC. Consequently, the Navajo Area Indian Health Service (NAIHS) submitted a Request for Contract Action package to headquarters for the planning phase to be completed under an Interagency Agreement with the Department of the Interior (DOI). As part of this contract, the Navajo Area Master Plan, the Program of Requirements (POR), and the Program Justification Document (PJD) will be updated and finalized.

The Crownpoint South Quarters Repair-by-Replacement Design was awarded in August 2021. The Project Design for the replacement of 33 staff quarters units has been completed. The construction contract was awarded to LAM Corporation, Gallup, NM. The Notice to Proceed (NTP) was issued on October 18, 2024. The old modular Long-Mark units were demolished on January 2, 2025. Currently, the contractor is installing plumbing and pouring footings and foundation for the new buildings. The project completion date is scheduled for October 18, 2026. The team encountered project delays related to the land status and ownership. The current IHS South quarters are on land designated by a 1911 Executive Order. The Continental Divide Electric Coop (CDEC) and Navajo Tribal Utility Authority (NTUA) requested clarification of the land documents.

- The **Tsaile Quarters Project** for Architect/Engineer (A/E) Design was awarded on January 13, 2024, with a completion timeline of 180 days. By the end of April 2025, the design is expected to be 65% complete. The final design is anticipated to be finished by July 10, 2025, and the contract will conclude on July 31, 2025. Design funding is currently available; however, construction funding will need to be identified in Fiscal Year 2025.
- The design for the new **Pueblo Pintado Health Care Center** was completed on August 9, 2023. The project was open for bidding, which closed on March 31, 2025. Unfortunately, The Indian Health Service (IHS) did not receive enough interest in the facility's construction to award a contract. Currently, IHS is exploring options to move the project forward. The health center and staff quarters project is fully funded, totaling \$231,400,000. The expected completion date for both projects is being re-evaluated.

The Navajo Nation Resource and Development Committee (RDC) approved the leases for the health center, staff quarters, and sewer lagoon on December 9, 2024. The Navajo Area Indian Health Service received fully executed land leases on January 15, 2025.

The development of the health center's design involved collaboration among the Pueblo Pintado Steering Committee, the Navajo Nation Department of Health, and various health programs. The Steering Committee includes members from the communities of Counselor, Whitehorse Lake, Torreon, Ojo Encino, and Pueblo Pintado. This collaborative effort ensured that the new health center is both functional and respectful of the community and its cultural beliefs.

- The Kayenta Alternative Rural Hospital and Inscription House Health Center (IHHC) project involves the construction of a 19-unit quarters building at each location. The design package was submitted to the IHS Division of Engineering Services on October 28, 2023. Johnson Smitthipong & Rosamond Associates, Inc. completed the design in August 2024. This project will be delivered using the design-bid-build method. The Kayenta Project A/E design project has been awarded and is currently underway, and is nearing the 95% design phase. The estimated completion date for the design is the end of April 2025. Funding for construction will be identified in FY 2025. This project aims to support the recruitment and retention of health professionals for the Kayenta Service Unit.
- The Chinle Comprehensive Health Facility project is progressing with the design of Track 1. The master plan involves the construction of the Emergency Department (ED) and urgent care facility. This design includes adding to the Emergency Department and Urgent Care (UC), renovating the existing Urgent Care area for the Billing Office, Purchased Referred Care (PRC) Office, and a coffee shop, as well as renovating the

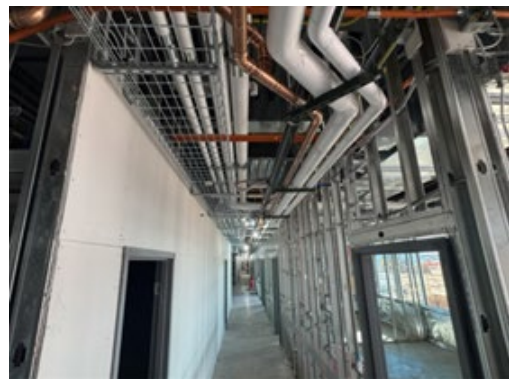
former Emergency Department for the Physical Medicine and Rehabilitation (PM&R) departments. Additionally, the vacated PM&R area will be renovated for a property and supply expansion.

The project will utilize the design-bid-build acquisition method. The design contract has been awarded to Johnson, Smithipong & Rosamond Associates, Inc. (JSRa) for a total of \$1,641,580.59. The contract's period of performance is 277 days, and it has been extended to address additional utility infrastructure issues. The conceptual design phase was completed on March 12, 2025, with the goal for 100% design completion by September 2025.

- The design phase for the Bodaway Gap Health Center (BGHC) and the 92 staff quarters project was awarded in July 2022 to the Tuba City Regional Health Care Corporation (TCRHCC). The total award amount is \$11,042,000.00, provided through a P.L. 93-638, Title V Construction Project Agreement (TV-CPA). The architect responsible for the project is Dekker Perich & Sabatini, based in Phoenix, Arizona. The IHS completed the 100% design review on December 12, 2023. Arviso-Oakland has been contracted for the construction.
- On September 12, 2024, the Navajo Naabik'iyati' (NABI) committee approved the Tuba City Regional Health Care Corporation (TCRHCC) to take ownership of the Bodaway Gap Health Center, along with its associated facilities, staff quarters, and related infrastructure. NABI also approved a name change for the health center to "Echo Cliffs Health Center." The IHS Division of Facilities, Planning, and Construction, issued a letter of concurrence on December 19, 2024. The Echo Cliffs Health Center (EHC) construction is currently 55% complete, with an anticipated completion date of January 2026.



Area C – Glazing Curtain Wall (left wing). March 11, 2025.



Cable tray in corridor. March 11, 2025.

Concluding Comments

The Navajo Area Indian Health Service is dedicated to supporting the Navajo Nation and the San Juan Southern Paiute tribal leaders in their efforts to address Indian health policy issues, enhance the health status of Native American beneficiaries, and develop healthy communities.

For additional information or questions, please contact the Office of the Navajo Area IHS Director.

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