



NAVAJO AREA INDIAN HEALTH SERVICE

2026 FALL SESSION REPORT TO THE NAVAJO NATION COUNCIL



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NAVAJO AREA DIRECTOR MESSAGE

Yá'át'ééh Honorable Navajo Nation President, Honorable Speaker, and Honorable Delegates of the 25th Navajo Nation Council,

On behalf of the Navajo Area Indian Health Service, I am pleased to present our 2026 Fall Session Report to the Navajo Nation Council. Our continued partnership with the Navajo Nation is essential to improving the health and well-being of the Diné people. I thank the Council, Navajo Nation leadership, Chapter officials, Tribal health organizations, and community partners for your guidance and collaboration in advancing high-quality patient care that reflects the needs and priorities of the communities we serve.



Our work is guided by the national Indian Health Service Strategic Plan for Fiscal Years 2025–2029 and its four goals: Be a Leading Health Care Organization; Ensure Comprehensive, Culturally Respectful Health Care Services; Optimize Operations Through Effective Stewardship; and Promote Proactive Intergovernmental and External Relationships. Across these goals, our responsibility is to translate planning into safer care, better access, and accountable service, while honoring Navajo culture and Tribal self-determination.

This reporting period demonstrates progress toward the cited priorities. The October 2 grand opening of the Echo Cliffs Health Center marks an important investment in access to care. Construction of the Pueblo Pintado Health Center and staff quarters continues, while the turnover of expanded emergency department space at Gallup Indian Medical Center supports improved patient care and privacy. Staff housing projects and medical equipment upgrades further support the workforce and reliable clinical services our communities need.

Quality and safe patient care remain central to every improvement. Our teams continue strengthening infection prevention, staff education, safety reporting, and the use of performance data to identify concerns and guide corrective actions. Community outreach, preventive services, and wellness activities also demonstrate the value of working with Chapters, schools, and Tribal programs to bring services closer to patients and families. I recognize our employees and partners for the care and dedication behind this work.

Continued partnership will shape the decisions ahead. The Navajo Area Health Services Master Plan and planning Gallup Indian Medical Center replacement facility requires ongoing coordination with Navajo Nation leadership, the Navajo Department of Health, and Public Law 93-638 tribal health organizations. Meaningful consultation, community input, and shared planning are essential to defining future health care and public health services and associated facilities. Responsible financial management and timely funding to Tribal partners must support that work.

As we enter Fiscal Year 2027, I remain committed to listening, sharing progress, addressing challenges openly, and working alongside the Navajo Nation to strengthen our health care system. Your continued partnership helps ensure that our priorities remain grounded in the people we serve. Together, we can advance the IHS mission and support the physical, mental, social, and spiritual well-being of the Diné people for generations to come.

Ahéhee' for your continued leadership, partnership, and support.

Respectfully,

DuWayne Begay, Ph.D.

Area Director

Navajo Area Indian Health Service

DIRECTOR OF THE INDIAN HEALTH SERVICE



Mark Cruz, a citizen of the Klamath Tribes, currently serves as the 12th director of the Indian Health Service (IHS), an agency within the U.S. Department of Health and Human Services (HHS). The IHS operates as the 18th largest health care system in the nation and serves as the principal federal health care advocate and provider of health care services for American Indians and Alaska Natives.

In his role as director, Cruz oversees a nationwide health care delivery program that is responsible for providing preventive, curative, and community health care to approximately 2.8 million American Indians and Alaska Natives in hospitals, clinics, and other settings throughout the United States.

He assumed his role with IHS in August 2026 and continues to serve as the senior advisor to HHS Secretary Robert F. Kennedy, Jr. on the department's Tribal programs. Director Cruz has a well-established career in Indian Country, starting as a high school English teacher on the Rosebud Indian Reservation in South Dakota and holding several key positions in the State of Oregon and the U.S. House of Representatives.

He worked extensively on Tribal policy issues as chief of staff to U.S. Rep. Todd Rokita and legislative fellow in the office of U.S. Rep Tom Cole. During the first Trump Administration, Director Cruz served as deputy assistant secretary Indian Affairs for Policy and Economic Development at the U.S. Department of the Interior. Director Cruz holds a Bachelor of Arts in political science from Pepperdine University and earned a master's degree in urban education policy from Brown University.



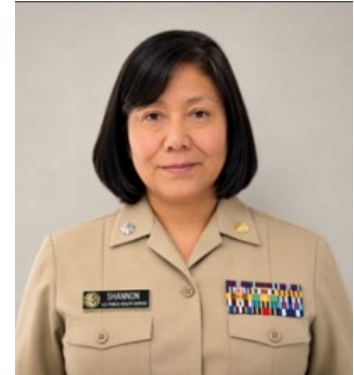
Photo credit: NAIHS, NDOH & NNOPVP

APPOINTMENTS

CDR Helena Shannon, Division of Sanitation Facilities Construction (SFC)

Effective September 7, 2026, CDR Helena Shannon is the permanent appointment as the Director, Division of Sanitation Facilities Construction (SFC), Office of Environmental Health & Engineering (OEHE). CDR Shannon is a member of the Navajo Nation. She is Tábaqahá (Water's Edge Clan), born for Tó' Dích'íi'nii (Bitter Water Clan).

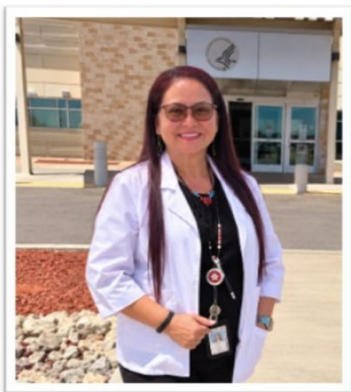
As the SFC Director, CDR Shannon will provide leadership and oversight for the Navajo Area Sanitation Facilities Construction Program, including program operations, engineering activities, and coordination with Tribal, Federal, State, and local partners to advance critical water, wastewater, and solid waste infrastructure projects throughout the Navajo Area.



Most recently, CDR Shannon served dual roles as the Acting SFC Director and Deputy Director of the Office of Environmental Health & Engineering Navajo Area IHS. Her previous leadership positions include Deputy Director of the Division of Sanitation Facilities Construction, District Engineer and Deputy District Engineer for the Gallup District, Senior Field Engineer for the Kayenta Service Unit, and Field Engineer with the San Carlos Service Unit in the Phoenix Area. She began her engineering career with the Alaska Native Tribal Health Consortium (ANTHC), where she served as an Associate Engineer from 2003 to 2008.

CDR Shannon is a registered Professional Engineer in the State of Arizona and holds a Bachelor of Science in Civil Engineering from Northern Arizona University and a Master of Engineering in Engineering Management from the University of Idaho. In addition, she is a Level II Certified Contracting Officer's Representative (COR).

Dr. Sandra Merino- Navarro, Kayenta Service Unit Clinical Director



Dr. Sandra Merino-Navarro assumed the role of Clinical Director for the Kayenta Service Unit on September 7, 2026. She brings more than a decade of experience with the Indian Health Service (IHS), strong ties to the communities served by the Service Unit, and a commitment to clinical excellence and patient-centered care.

Dr. Merino-Navarro earned her medical degree in Barranquilla, Colombia, in 1991. After relocating to the United States, she continued her medical career in Florida and Puerto Rico. She joined IHS in 2016 as an Outpatient Department provider with the Kayenta Service Unit and has since cared for patients at both Kayenta Health Center and Inscription House Health Center.

As Clinical Director, Dr. Merino-Navarro will work with healthcare professionals and administrative leaders to strengthen safe, accessible, high-quality, and culturally responsive care across the Service Unit. Her priorities include advancing clinical quality, supporting effective care delivery, fostering collaboration across disciplines, and improving patient outcomes and experiences.

RETIREMENTS

Dr. Jonathan Iralu, Chief Consultant for Infectious Disease

After more than three decades of dedicated service with the Indian Health Service (IHS), Dr. Jonathan Iralu is retiring, leaving behind an extraordinary legacy of compassion, leadership, and excellence in patient care. Since joining Gallup Indian Medical Center in 1994, Dr. Iralu has devoted his career to advancing the health and well-being of Native communities.

From 2012 to 2026, Dr. Iralu was the Chief Consultant for Infectious Disease, earning national recognition for his expertise, leadership, and unwavering commitment to protecting and improving public health. Throughout his distinguished career, Dr. Iralu has been a dedicated advocate for patients affected by tuberculosis (TB), sexually transmitted infections (STIs), and Hantavirus.

Working in close partnership with the Navajo Nation and surrounding communities, he championed innovative approaches to expand access to high-quality care and improve health outcomes for countless patients.



Marjorie Werito, CPSU Director of Public Health

Marjorie Werito, Director of Public Health at the Crownpoint Service Unit and a member of the Executive Leadership Team, will retire following an extraordinary 41 years of dedicated service, including 20 years with the Crownpoint Service Unit.

Throughout her career, Ms. Werito has demonstrated a strong commitment to public service and the health and well-being of our communities. Her leadership, extensive institutional knowledge, and collaborative approach have strengthened public health programs and services, supported staff development, and positively impacted the patients, families, and communities we serve.

The Crownpoint Service Unit extends its sincere appreciation to Ms. Werito for her many years of dedicated service and leadership and wishes her good health, happiness, and fulfillment in retirement.

2026 NAVAJO AREA DIRECTOR AWARD RECIPIENTS

On September 22, 2026, the Navajo Area Director Awards Ceremony was held in Farmington, New Mexico, recognizing employees and teams for their outstanding contributions, accomplishments, and service. Dr. DuWayne Begay, Navajo Area Director, and Dr. Beverly Cotton, Deputy Director for Field Operations, presented awards to individuals and groups across several award categories.

Outstanding Practitioner Award

- Dr. Mia Lozada - Gallup Service Unit
- Dr. Kimberly Suk - Gallup Service Unit
- Debralee Johnson - Kayenta Service Unit

Outstanding Health Care Provider Award

- Renae Hepfner - Shiprock Service Unit
- Dr. Kristin D'Silva - Gallup Service Unit
- Shawna Lewis - Shiprock Service Unit

Outstanding Patient Advocate Award

- Georgianna Piestewa - Gallup Service Unit
- CDR Robbin Tanner - Shiprock Service Unit
- Tamera Holyan - Shiprock Service Unit

Outstanding Volunteer Award

- Dr. Jason Frangos - Gallup Service Unit
- Dr. Ariel Langer - Gallup Service Unit
- Dr. Ellen Green - Gallup Service Unit

Outstanding Community Outreach Award

- Dr. Jennie Wei - Gallup Service Unit
- Nathaniel Pine - Shiprock Service Unit

Excellence in Customer/Patient Service Award

- Guinevere Jim - Gallup Service Unit
- Berlinda McKinley - Shiprock Service Unit
- Bertina Yazzie - Shiprock Service Unit

Special Act or Service Award

- Rodney Brown - Gallup Service Unit
- LCDR Antoine Bondima - Crownpoint Service Unit
- Leetoria Sam - Shiprock Service Unit

Superior Performance Award

- LCDR Andrew Foster - Shiprock Service Unit
- CPT Brittany Satini - Shiprock Service Unit
- Ronald Austin - Shiprock Service Unit

Award for Managerial Excellence

- Leann D. Yazzie - Navajo Area Office
- CDR Gabriella Janke - Gallup Service Unit
- Dr. Duncan White - Gallup Service Unit

Tribal Partner - Individual Excellence Award

- Virginia Etsitty - Gallup Service Unit
- Sherylene M. Yazzie – Navajo DOH



Outstanding Achievement in Innovation and Quality Award

- LCDR Brandy Bridgewater - Shiprock Service Unit
- Raul Flores - Crownpoint Service Unit
- Marion Kelley-Jim - Navajo Area Office

Team Achievement Awards

- Incident Management Team - Gallup Service Unit
- GSU Public Health Nursing Team - Gallup Service Unit
- Tohatchi Health Center Dental Sterilization Team - Gallup Service Unit
- Inpatient Nursing Department - Crownpoint Service Unit
- OB/GYN Clinic Staff - Gallup Service Unit
- Crownpoint Business Office - Crownpoint Service Unit
- Maintenance Department, Pinon Health Center - Chinle Service Unit
- Dzilth-Na-O-Dith-Hle Public Health Nursing Team - Shiprock Service Unit
- HIV/HCV/TB/STI Care Team - Gallup Service Unit

2026 NAVAJO AREA DIRECTOR AWARDS

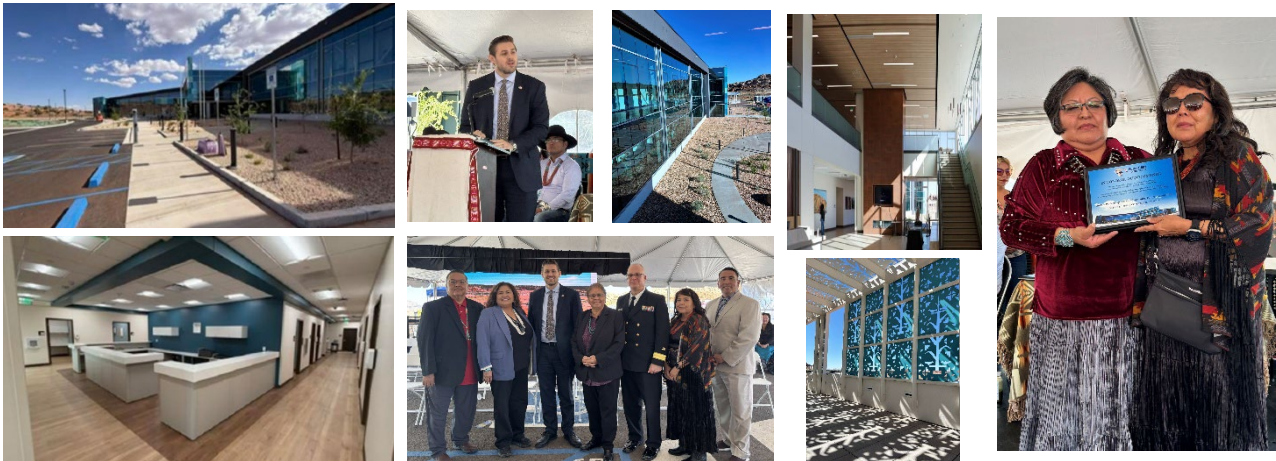


NAVAJO AREA PROJECTS AND INITIATIVES

Echo Cliffs Healthcare Facility and Staff Quarters

The Echo Cliffs Health Center, formerly the Bodaway/Gap Health Facility, achieved substantial completion on May 28, 2026, and received its final Certificate of Occupancy on June 30, 2026. The grand opening was held on October 2, 2026, with Mr. Clayton Fulton, IHS Chief of Staff, offering special remarks. He was joined by Dr. Duwayne Begay, NAIHS Area Director, and the NAIHS leadership team. Special recognition was also presented by the Tuba City Regional Health Care Corporation to family of the late Glenn W. Tsingine, Civil Engineer, Navajo Area Office, who was the project representative with the Navajo Area Division of Facility Planning and Engineering. His valuable contributions to the project were instrumental in the successful completion of the new health care facility.

The new health centers is expected to begin patient care on October 5, 2026. The associated staff quarters project was 30 percent complete as of October 2, with Apartment A and the clubhouse targeted first, Apartment B projected for late November or early December, and 32 single-family units projected for approximately February 2027. These investments support healthcare access and the workforce needed to deliver care.



Navajo Area Health Service Master Plan

Division of Facilities Planning and Engineering (DFPE) continued work on the Navajo Area Health Services Master Plan. The planning contractor completed a Town Hall meeting with Navajo Area federal Service Units, Tribal Health Organizations, and Navajo Nation Title I programs to develop site-specific community profiles. The planning effort is intended to guide future planning for healthcare delivery, workforce, facilities, staff quarters, and community health. Completion of the master planning effort, including development of planning documents for the future GIMC replacement facility is scheduled for July 2027.



Gallup Indian Medical Center - Site Selection Evaluation Process II (SSER II)

The Gallup Indian Medical Center (GIMC) Replacement Project continues to advance with Phase II site selection and environmental review activities for the proposed Gamerco site. Cultural resource requirements have been completed, including the Cultural Survey Report and the Navajo Nation Historic Preservation Department Cultural Resource Compliance Form. The Site Selection Phase I addendum, incorporating the Gamerco site, has also been completed and signed. The proposed Gamerco site's draft Environmental Assessment is under review, and the Phase II - Site Selection Evaluation Report (SSER II) is in the process of being finalized.

During the review process, historical coal mining activity was confirmed at the Gamerco site. An additional technical evaluation is being pursued to characterize previous underground mine workings, potential voids or subsidence, geologic stability, and possible implications for future building foundations. An additional technical investigation is needed to confirm the site's feasibility before an official site-selection decision is made.

IHS is continuing development and review of the SSER II and the Environmental Assessment in parallel with the mining/subsurface assessment. Once the documents are ready, the project will proceed with planned Navajo Nation Chapter outreach followed by a 30-day public notification and comment period. Findings from the technical investigation will be incorporated into the Phase II project record and will play a key role in the eventual site-selection decision.

Gallup Indian Medical Center Replacement Facility – Program Justification Document (PJD) and Program of Requirements (POR)

The Navajo Area Indian Health Service (NAIHS), in coordination with IHS Headquarters, Gallup Indian Medical Center (GIMC) leadership, healthcare partners, and the planning team, continues to develop the Program Justification Document (PJD) for the future GIMC replacement facility.

NAIHS plans to submit the first phase of the PJD to IHS Headquarters for review on October 15, 2026. This phase establishes the User Population, projected workload, and services that will guide decisions about future healthcare delivery and the size and scope of the replacement facility.

The planning process also considers GIMC's role in the broader Navajo healthcare system, including specialty and emergency care, patient referrals and transportation, workforce needs, and coordination with Navajo Nation health programs and Public Law 93-638 healthcare facilities. The PJD will support development of the Program of Requirements (POR), which will translate the approved healthcare program and projected workload into functional and space requirements for facility planning and design.

In parallel, the Site Selection Evaluation Report Phase II (SSER II) process assesses whether the proposed site can safely and effectively support the healthcare mission defined through the PJD and POR. Together, these efforts will give IHS and Navajo Nation leadership a coordinated basis for decisions: the PJD and POR address the services and capacity the replacement GIMC will need, while SSER II addresses whether the proposed site can support them. Coordination with Navajo Nation leadership, Navajo Nation Department of Health programs, Public Law 93-638 healthcare facilities, and other healthcare partners will continue throughout planning.



Pueblo Pintado Health Center and Staff Quarters Project

The Pueblo Pintado Health Center and Staff Quarters Project will provide a comprehensive ambulatory care facility and 82 housing units for staff to serve Navajo Nation communities in the Pueblo Pintado, New Mexico, region. The facility is designed to serve a projected user population of 5,991 through 2028 and support approximately 255 IHS employees, in addition to Navajo Nation staff assigned to tribally operated programs. The planned healthcare facility will encompass approximately 125,884 gross square feet. Construction began on January 1, 2026, and the project remains scheduled for completion in July 2028. Current work includes earthwork and foundation construction; coordination continues for the redesign of the primary electrical distribution system, with no impact on the overall project schedule.



PATH Electronic Health Record (EHR) Site Readiness

The IHS Health Information Technology Modernization Program is proud to share that the Lawton Service Unit in Oklahoma successfully went live with PATH EHR on September 26, making it the first IHS site to implement the new electronic health record (EHR) solution. PATH EHR will operate under a 24-hour command center model through October 7, with on-site support extending through November 21. The Lawton and Enterprise command centers will review incident status, address emerging needs, and coordinate support. At-the-elbow personnel are also fully engaged on the floor, providing hands-on assistance so staff are supported every step of the way and never have to navigate the transition alone.



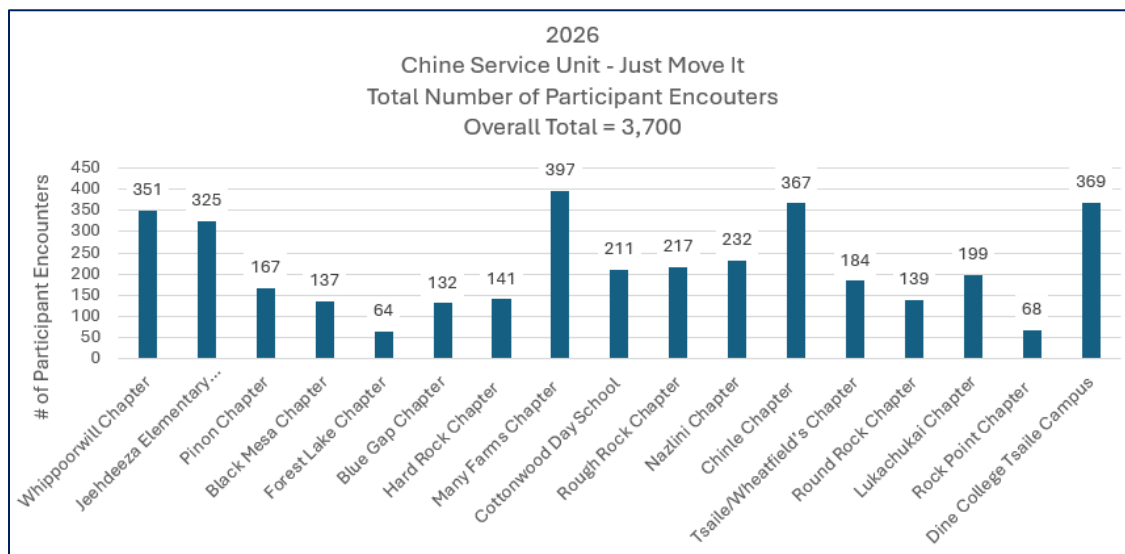
For more than a year, service unit staff have been working on-site for implementation, participating in assessments of service lines and processes, design workshops, and finally training to prepare for the launch of PATH EHR. Now, they are in the process of stabilization and are working hard to ensure a seamless transition for our patients. As week one concludes, program leadership expresses deep appreciation for the collaboration, responsiveness, and dedication shown by the Lawton Service Unit and PATH teams.

FEDERAL SERVICE UNITS

Chinle Service Unit

- The Chinle Service Unit Quality Management completed Environment of Care and Physical Environment tracers across Chinle Service Unit sites and continues to follow corrective actions to strengthen patient and workplace safety.
- Chinle Service Unit maintained Hospital, Patient Care Medical Home (PCMH), and Laboratory accreditation in good standing while advancing quality, safety, and performance improvement, including completion of April-June tracers and achievement of 20 of 26 Government Performance and Results Act of 1993 (GPRA) targets.
- Quality Management is working to increase Patient Experience Survey participation across all Chinle Service Unit sites to better understand community members' experiences and identify opportunities to improve care. Chinle Service Unit is making improvements based on patient feedback and has collected more than 7,000 surveys, leading all Indian Health Service facilities in survey responses.
- The Chinle Service Unit continues with recruitment and retention of staff by working with OneHR. New job offers have been accepted and we are awaiting onboarding of these staff that will support various departments: OB/Gyn, Pediatrics, Pharmacy, Optometry, Dental, Radiology, Surgery, Emergency Department and Primary Care.
- The Pinon Health Center (PHC) continues to navigate the workforce environment with recruitment and retention for direct patient care. PHC relies on contract personnel to maintain a workforce to deliver safe, compassionate, and high-quality care to our patients and communities. Recently, PHC acquired a Contractor Ultrasound (US) Technician.
- The Optometry Department is partnering with the Population Health Department to bring eye exams out of our clinic facility and to Chinle Unified School District (CUSD) students. Our Optometrists trained the CUSD Health Aides to accurately perform vision screening for all students. Students who had an abnormal screening exam are being seen by our Optometrists on the Population Health mobile health unit for a full vision exam.
- The Chinle Service Unit focused stewardship on closing remaining accreditation findings, tracking facility and safety corrective actions, reviewing 227 policies, and using GPRA and patient experience data to guide improvement efforts.
- The Chinle Service Unit Clinical Division is working with internal subject matter experts to revise how some departments use the electronic health record (EHR) to document the care they provide to patients and expand secure patient tracking outside of the EHR. This endeavor will increase our ability to track the department's service provision, ensure appropriate patients' follow up, and allocate human resources more effectively.
- Financial accountability is a standard in the Chinle Service Unit (CSU) strategic plan and supports the IHS goal of effective stewardship. CSU provides detailed expenditure reports for every department and reviews budget variances at the service unit, division, and department levels. Collection reimbursements have declined over the past two years, and leadership is working to expand service hours to improve patient access and engagement. CSU is also expediting the hiring of permanent medical professionals to fill critical positions and reduce reliance on costly locum tenens services. Twice a week, CSU leadership and finance staff review available funds, upcoming expenses, and spending requests so they can prioritize resources and protect health care services for the community.

- The Chinle Service Unit Medical Records Coding team reviews patient visits and assigns the appropriate billing codes. Patient Accounts prepares and submits claims to Medicare, Medicaid, or private insurers each day to support timely reimbursement. Insurers review the claims and pay all or part of the approved amounts. Chinle Service Unit (CSU) uses these payments to support patient care, supplies, equipment, and other operating needs. CSU also checks that billable visits are captured, coded accurately, and submitted promptly. Through this coordinated effort, CSU met its FY 2026 collection goals.
- The Health Promotion and Disease Prevention Department concluded the 2026 Just Move It Walk/Run Series in September after coordinating events with Chapter Houses and schools throughout Chinle Service Unit. By the conclusion of the series, 3,700 participant encounters were recorded across 17 participating locations. Many Farms Chapter recorded the highest participation with 397 encounters, followed by Diné College Tsaile Campus with 369, Chinle Chapter with 367, and Whippoorwill Chapter with 351.



- On August 14, 2026, the Chinle Service Unit Division of Public Health participated in the Navajo Central Agency Fair Kid's Day. Staff from Population Health, Community and Clinical Nutrition, Health Promotion and Disease Prevention, and Public Health Nursing hosted booths, games, and activities for hundreds of children, families, and community members. They shared information on nutrition, injury and disease prevention, and available health services. Population Health staff highlighted diabetes prevention and services offered through the Mobile Health Unit, Teen Clinic, and Diabetes Program.

In a child-focused activity called "Design Your Health Superhero," one elementary school student said his superpower would be *"being able to eat all the candy I want and not get diabetes."* His response opened a conversation with children and caregivers about healthy habits and diabetes prevention. The event gave families practical health information and helped them learn about services available through the Chinle Service Unit.



- On September 2, 2026, the Mobile Health Unit and Chinle Optometry Department held their first school-based optometry visit at Chinle Elementary School. Optometry staff first guided school personnel in screening students for follow-up care. Fifteen students then received comprehensive eye exams aboard the Mobile Health Unit to determine whether they needed prescription glasses. Providing exams at school eliminated the need for a separate clinic visit and reduced barriers to vision care.



- The Tsale Health Center Outpatient Department monitors patient surveys via QRS (Quality Review Survey) scan or paper form to improve health care services for our patients. Patients receive paper surveys or a QRS code after each medical appointment to rate their visit. The surveys are input into the Patient Experience portal and monitored by I.H.S. Headquarters and leadership. The data below shows how many patients submitted their patient surveys. The total number of surveys submitted for Tsale is 1,223 as of September 28, 2026.
- The Chinle Service Unit HIM (Health Information Management) department conducted random privacy rounds to verify that Electronic Health Records (EHR) are properly secured and that patient confidentiality is maintained in open areas. Success is to ensure patient identification with all health records and documentation remains in compliance with legal record-keeping requirements. Enforced patient privacy & confidentiality. Additionally, Privacy rounds are randomly conducted to ensure patients' Electronic Health Records are secured in open areas.
- The HIM department released 580 health records during the reporting period. The largest category was school-related requests, primarily for immunization records, with 420 releases (72%), followed by continuity of care with 83 (14%). Other requests included personal use (40), other purposes (16), disability (13), insurance (5), and healthcare operations (3). The service Unit met the FY26 goal of \$158M with medical coding totaling 8,233 visits coded last quarter.



- The Chinle Service Unit Outpatient Department monitors the transport of Tsale Health Center (THC) empaneled patients to either Chinle Emergency Room (ER) or outside facilities to ensure continuity of care. THC Case managers use these methods to schedule follow-up appointments for patients with their Primary Care Medical Provider and to access care by obtaining the patient's medical records from their Primary Care Medical Provider. We don't want patients to be lost in the system with no aftercare.

Crownpoint Service Unit

- The Crownpoint Service Unit (CPSU) underwent its triennial Joint Commission hospital accreditation survey from June 23 to 26, 2026. Surveyors reviewed clinical services, staffing, operations, and compliance with accreditation standards. CPSU assigned staff to coordinate documents, escort surveyors, and record findings. At the closeout meeting, surveyors discussed their findings and recommendations with CPSU and Navajo Area leadership. The preliminary report, issued June 25, covered the Hospital and Primary Care Medical Home programs and identified no high-risk findings. Five findings involved the Nursing Division: annual performance measures for contracted services; an update to the medication administration policy; completion of suicide risk screening in the Emergency Department; documentation of discharge education after procedural sedation; and timely notification of the Organ procurement policy and procedure.

On September 10, The Joint Commission accepted both Nursing plans, completing acceptance of all Nursing Division corrective action plans. Three plans for other areas remained unaccepted, with revisions due October 10, 2026.

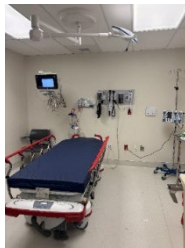
- The Crownpoint Service Unit (CPSU) Laboratory earned two-year accreditation from The Joint Commission after completing its 2026 survey and having its Corrective Action Plan and all five Evidence of Compliance submissions accepted. This achievement reflects the work of Laboratory staff, Quality Management, leadership, and supporting departments. CPSU will continue to monitor, document, and audit corrective actions to sustain compliance. The accreditation advances the 2025–2029 IHS Strategic Plan by strengthening patient safety and quality (Goal 1), supporting access to care (Goal 2), and promoting accountability and effective oversight (Goal 3).
- From July through September, the Crownpoint Service Unit Health Promotion Gardening Program helped community partners plant, maintain, and harvest their gardens. Garden Team members or consultants visited every site in August to address needs such as watering, pest control, and plant support. Partners reported harvesting tomatoes, peppers, traditional tobacco, corn, cucumbers, onions, basil, and squash. Crownpoint IHS employees also attended a Garden Lunch 'n' Learn on successful harvesting. The IHS garden produced tomatoes and peppers, while its pollinator flowers and sunflowers continued to bloom. Staff reviewed garden tracking materials to improve recordkeeping and measure outcomes as partners prepared for fall gardening.
- The Crownpoint Service Unit Division of Public Health partnered with IHS Headquarters Health Education and the Health Promotion and Disease Prevention team to hold health literacy trainings on May 10 and September 16, 2026. Across both sessions, 61 participants completed evaluations. All said they would recommend the training, and the sessions received average ratings of 4.75 and 4.94 out of 5. Participants reported confidence in applying all five skill areas, including Teach-Back, plain language, visual communication, culturally responsive care, and patient navigation. Between 94% and 98% said they were likely to change their communication practices and share what they learned with colleagues. The trainings brought together participants from Gallup, Chinle, Shiprock, Crownpoint, Kayenta, Tuba City, and the Fort Defiance Indian Health Board.



- During July through September 2026, the Crownpoint Service Unit Security Department continued workplace violence prevention and de-escalation training to help protect patients, staff, and visitors. A 60-minute online course covered warning signs, reporting concerns, and personal safety. A four-hour instructor-led course taught employees to recognize escalating behavior, communicate calmly, maintain a safe distance, and seek help when needed. Through realistic health care scenarios, employees practiced these skills and worked together to respond safely.
- The Crownpoint Service Unit Security Department also works with the Workplace Violence Prevention Committee to review incidents, training needs, policies, and other safety concerns. In September 2026, the committee reviewed prevention and de-escalation training, planned a practice drill, and discussed access control, security assessments, and safety policies. These efforts help staff respond respectfully and safely to difficult situations, protect patients and visitors, and support IHS goals for patient safety, workforce development, and quality care.

Gallup Service Unit

- In Fiscal Year (FY) 2026, the Public Health Nursing (PHN) department's performance improvement (PI) project focused on routine pneumococcal conjugate vaccination for adults age 19 years and older. The project's goal is to help patients remain current on all recommended immunizations by focusing on one vaccine at a time. To increase vaccination rates, the team sent letters, made additional phone calls, conducted home visits, and, when appropriate, administered vaccines in patients' homes. As a result, the pneumococcal conjugate vaccination rate improved from January through August 2026. The team is proud to report that the rate increased from 38% to 72%, representing a reported increase of 33.63 percentage points (an 87% relative increase).
- GIMC Emergency Department Expansion: Phase 2 was completed in August 2026, allowing expanded emergency services to open in the Main Hospital. Early patient and staff feedback is positive. The final phase is scheduled for completion in December 2026 and is expected to further improve access to emergency care for the Navajo Nation and surrounding communities.



- The Gallup Service Unit's FY 2026 operating budget includes \$58.3 million in annual appropriated funding as part of a two-year appropriation. The budget also includes \$133.1 million in reimbursable funding, \$9.4 million earmarked for Facilities, and \$17.3 million designated for non-year activities through the third quarter. In addition, the Service Unit has a \$42.8 million carryforward balance in prior-year funds. Together, these resources support personnel salaries, employee benefits, and other critical fixed costs necessary to sustain hospital operations.
- In FY 2026, the Gallup Service Unit continued efforts to strengthen revenue collection. Through the third quarter, collections totaled \$141.9 million, a 3.2% decrease compared with the same period in the previous year. The FY 2026 collection goal is \$188 million, with \$180 million assigned to Gallup Indian Medical Center and \$8 million assigned to Tohatchi Health Center. The Service Unit reports that both the Gallup and Tohatchi Health Center collection goals were met in FY 2026.
- On August 1, Patient Registration transitioned from the legacy “roll and scroll” workflow to BPRM. The standardized process is expected to improve the accuracy and accessibility of registration data,

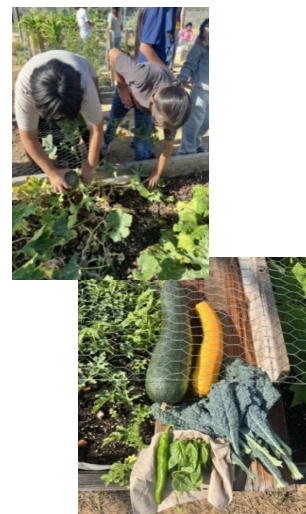
reduce inefficiencies, and give staff and leadership more reliable information for operational monitoring, resource planning, and timely patient access

- The 34th Annual Just Move It Series held eight community events to encourage physical activity and raise awareness of chronic disease prevention and management. Events took place in local chapters, with a Gallup finale that drew 955 participants and kicked off the 104th Annual Inter-Tribal Indian Ceremonial. The series reflects longstanding Tribal partnerships and a commitment to diabetes prevention. Since in-person events resumed after the COVID-19 pandemic, total participation has grown each year, from 408 in 2022 to 3,624 in 2026.



- From May through September 2026, the Health Promotion Disease Prevention School Health Program held its third annual Youth Gardening Program at a school in the Gallup Service Unit. Twenty-eight fourth-grade students learned to plant, tend, and harvest fruits and vegetables. They celebrated the harvest by preparing salsa, salads, smoothies, and squash stir-fry. The program combined hands-on gardening and nutrition education to support healthy eating, outdoor learning, and students' overall well-being.

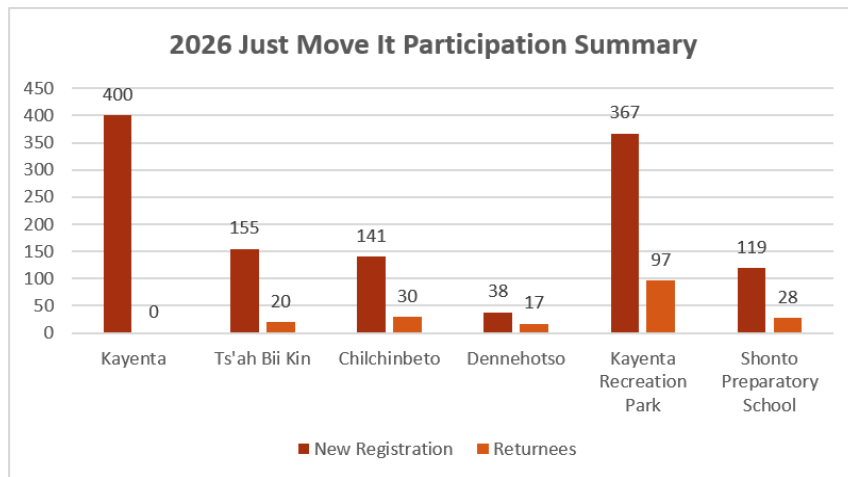
Youth Gardening Program assessments showed improvements in students' physical activity, fruit and vegetable consumption, and knowledge of plant growth and life cycles. The number of students reporting that they ate fruits and vegetables at least four times per week rose from 7 to 16. These results suggest that hands-on gardening helped students build practical skills and healthier habits.



Kayenta Service Unit

- During the first quarter of fiscal year 2026, all registered nurses and contract staff held active licenses and current Basic Life Support, Advanced Cardiovascular Life Support, and Pediatric Advanced Life Support certifications. The department also tracked mask fit testing, peripheral intravenous skills, workplace violence prevention training, and other required certifications. No credential gaps were identified.
- Kayenta Service Unit supervisory nurses participated in the Navajo Area Diné Nurse Leadership Council (DNLC) to assist in developing standardized nursing competencies for Navajo Area IHS facilities. This collaborative work supports consistent competency expectations, workforce readiness, and safe nursing practice across Navajo Area facilities.
- Staff assess every patient's fall risk using the Morse Fall Scale at admission, during each day and night shift, after a fall, and when the patient's condition changes. For patients at risk, staff use yellow identifiers, provide help with walking and personal care, reinforce safety instructions, and communicate risks during handoff. Staff also use standard precautions, including hourly rounding, low and locked beds, clear rooms, and accessible call lights. The unit recorded zero falls in Q2 and Q3. The Kayenta Alternative Rural Hospital Patient Safety Committee held its first meeting on September 8, 2026; its locally approved charter was forwarded to the Navajo Area for review.

- The Inscription House Health Center has added staff to improve access to care. A case manager and a second temporary physician began work on September 20, 2026. A full-time pediatric nurse practitioner is providing pediatric care, and a full-time optometrist was hired with October 4, 2026, start date, filling a position vacant for years. A dental supervisor has also been selected, with a start date pending; that position has been vacant for several years.
- Health Promotion Disease Prevention led the 2026 Just Move It series to promote physical activity and diabetes prevention. On-site registration and existing trails made events more accessible. Participation reached a four-year high of 1,412, up from 794 in 2025, with support from Kayenta Service Unit Chapters, Shonto Preparatory School, Kayenta Township, and 28 Kayenta Alternative Rural Hospital employee volunteers.



- The Wellness Center continues to serve as an established resource for physical activity and diabetes prevention, with 1,195 individuals historically registered and 105 new enrollments in 2026 (year to date). The membership base reflects the reach among patients, community members, employees, and demonstrates continued access to Wellness Center services.

KSU Wellness Center - Patient Visits By Month, 2024 to (September 25) 2026												
	January	February	March	April	May	June	July	August	September	October	November	December
2024	67	89	125	133	139	106	150	161	152	174	126	106
2025	150	157	132	158	130	126	116	118	113	116	90	82
2026	122	108	167	133	102	71	43	63	47			

Source: Practice Management Suite

- The Kayenta Service Unit Division of Information Technology is upgrading equipment for the Joslin Vision Network Teleophthalmology Program. Departments are coordinating installation and equipment placement to meet operational requirements and minimize disruptions to patient care. The upgrades will help maintain reliable teleophthalmology services.



- In FY 2026, the Inpatient Department participated in The Joint Commission accreditation survey and worked with McManis-Monsalve Associates to improve admissions. Supervisory nurses helped develop standardized competencies through the Navajo Area Diné Nurse Leadership Council, while inpatient staff supported Just Move It events. The Patient Safety Committee coordinated fall-prevention efforts. Across the Service Unit, clinical and support departments also worked with local police, public safety, and fire partners to modernize video security.
- Kayenta Alternative Rural Hospital and Inscription House Health Care coordinated transfers for patients needing a higher level of care. In Q1, six inpatient transfers represented 10% of admissions. Additional transport support acquired by Inscription House during April–June 2026 was intended to improve coordination and reduce Kayenta’s workload. The Ambulance Section completed 63 transfers in each of Q2 and Q3, for 164 transfers through Q3. Q3 included two interfacility transfers and approximately 113 staff hours. Receiving-facility timeliness and handoff completeness were not reported.

Shiprock Service Unit

- The Quality Improvement team within the Professional Quality Services at Northern Navajo Medical Center (NNMC) conducted educational rounds with employees in several clinical departments. During these visits, the team explained NNMC’s Quality Assessment and Performance Improvement program and how it helps improve patient care and services. The employees also learned how their individual roles contribute to identifying opportunities for improvement and providing safe, high-quality care for patients.
- At Four Corners Regional Health Center (FCRHC), 97 employees completed a Safety Culture and Just Culture Survey. Leadership will use their feedback to identify improvements in patient safety, teamwork, communication, reporting of safety concerns, and staff support.
- Shiprock Service Unit conducts routine pest inspections, monitoring, prevention, and treatment at its hospital and health centers. Staff also receive pest-prevention guidance for health centers and employee housing areas. The program uses nonchemical methods when appropriate and selects treatments with patient and employee safety in mind.
- Northern Navajo Medical Center’s Quality Improvement Team worked with clinical departments to standardize how they collect and review information on hand hygiene, infection prevention, and environmental safety. Consistent reporting helps teams identify concerns and act on them.
- The Centers for Medicare & Medicaid Services (CMS) conducted an unannounced Shiprock Service Unit review in June 2026. After the Service Unit addressed identified concerns, CMS returned in September 2026 and confirmed that it met requirements for participation in Medicare and Medicaid.
- On August 8, 2026, Northern Navajo Medical Center’s Incident Command System coordinated a grounds cleanup with 20 volunteers. They removed debris, trimmed vegetation, and cleared sidewalks to reduce trip hazards while patient care continued.
- Northern Navajo Medical Center is developing personnel and interagency agreements to bring additional expertise in anesthesia, emergency medicine, adult gastroenterology, and internal medicine to the facility.
- Northern Navajo Medical Center piloted adult gastroenterology services in August 2026 and is scheduling additional specialty visits. It plans to expand internal medicine services through an agreement with the Centers for Disease Control and Prevention in January 2027, when anesthesia education and program oversight are also expected to begin.
- Four Corners Regional Health Center partners with schools in Red Mesa, Teec Nos Pos, Aneth, and Immanuel Mission to offer screenings, sports physicals, emergency preparedness education, and

Stop the Bleed training. Approximately 300 students and community members have access to these services.

- Pharmacists at Dziłth-Na-O-Dith-Hle Health Center identify patients prescribed opioids who may benefit from naloxone, provide it when appropriate under an established protocol, and teach patients how to use it.
- In August 2026, employees across Dziłth-Na-O-Dith-Hle Health Center cleaned and organized patient care and work areas and addressed other environmental needs. The effort supports a safer facility and preparation for CMS inspections.
- Four Corners Regional Health Center supports the Navajo Eye Project with the Children’s Hospital of Philadelphia, the University of California, San Francisco, and the Navajo Nation Human Research Review Board. Screening helps identify vision needs and connect patients with follow-up care; project findings may also inform future screening approaches.
- Dziłth-Na-O-Dith-Hle Health Center’s Public Health Nursing team partnered with the Huerfano and Nageezi Chapter Houses to help three families access breakfast and lunch through the Summer 2026 Meal Program. The partners worked together to address transportation and other barriers to participation.

AREA DEPARTMENTS AND DIVISIONS

NAO OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING

Program Summary

During July through September 2026, the Navajo Area Office of Environmental Health and Engineering (OEHE) advanced healthcare safety, environmental health, biomedical equipment management, sanitation infrastructure, and healthcare facility modernization across the Navajo Area. The report first presents activities from the Division of Occupational Health and Safety Management (DOHSM), Division of Environmental Health Services (DEHS), and Division of Biomedical Engineering (Biomed) under the four goals of the 2025-2029 IHS Strategic Plan. A separate Navajo Area Projects and Initiatives section follows, highlighting major projects and initiatives of the Division of Sanitation Facilities Construction (DSFC), and the Division of Facilities Planning and Engineering (DFPE)..

Division of Occupational Health and Safety Management (DOHSM)

- DOHSM strengthened practical workplace safety knowledge by conducting OSHA 10-Hour training at Four Corners Regional Health Care. This training supports frontline understanding of occupational safety requirements and reinforces the role of employees and supervisors in identifying hazards, applying safer work practices, and maintaining a safer healthcare environment.
- DOHSM continued technical assistance, consultation, and workplace safety assessments throughout Navajo Area healthcare facilities. Staff conducted triannual Occupational Safety and Health Administration safety assessments at Dilkon Medical Center and Winslow Indian Health Care Center; annual ventilation surveys at both facilities; indoor air quality work at Chinle Comprehensive Health Care Facility and Sacred Peaks Health Center; and specialized activities, including ligature-risk, eyewash-station, security-risk, and OSHA follow-up assessments. DOHSM also supported Crownpoint, Thoreau, and Pueblo Pintado in dental and clinical sterilization improvements, including renovated spaces, new equipment and instruments, and policy and process updates to improve patient and employee safety, ergonomics, and efficiency.

- DOHSM continued to use Joint Commission Resources Tracers with AMP to perform surveillance and identify, track, and monitor Physical Environment deficiencies and corrective actions. DOHSM also routinely reviewed IHS Safety Tracking and Response (I-STAR) incident reporting to identify injury and incident trends. Staff assisted Northern Navajo Medical Center with preparation for a Centers for Medicare & Medicaid Services survey by developing a Physical Environment Gap Analysis, following up on deficiencies, and conducting mock walk-throughs.
- DOHSM staff maintained professional competency through the American Society for Health Care Engineering conference, National Institutional Environmental Health meetings and calls, IHS Safety Officer and I-STAR forums, Tracer and Infection Control activities, Nuvolo Computerized Maintenance Management System office hours, and National Council of Healthcare Safety and Engineering Professionals activities. DOHSM also hosted a Radiation Health Physics intern who applied graduate-level nuclear physics knowledge to radiation safety activities at Navajo Area healthcare facilities and expressed interest in future employment with IHS.
- DOHSM provided consultation on asbestos work at Gallup Indian Medical Center and participated in national technical coordination activities, including a national call on smudging. These activities support employee engagement, technical consistency, and awareness of practices that intersect with healthcare safety requirements and culturally relevant activities.
- DOHSM assisted with a physical-environment ligature-risk assessment at Tuba City Regional Health Care Corporation and consulted on a utility-failure risk assessment.
- DOHSM participated in weekly OEHE department meetings and bi-weekly Gallup Service Unit touch base meetings. These recurring coordination forums support communication across programs and Service Units, identify emerging safety or facility concerns, and maintain transparency regarding technical assistance, priorities, and follow-up actions.
- DOHSM continued education and technical support to healthcare facility safety officers and maintenance staff through National Code Chat calls, National Safety Officer activities, Tracers with AMP office hours, and Nuvolo CMMS office hours.
- DOHSM uses Tracers with AMP, I-STAR, and the Department of Labor Employees' Compensation Operations & Management Portal to support consistent documentation, trend identification, corrective-action tracking, and occupational injury reporting.
- DOHSM continued working relationships with Tribal 638 healthcare facilities, including Tuba City, Winslow, and Fort Defiance Service Units. The program provides services upon request and shares the best healthcare practices and awareness information to support safe healthcare environments while respecting Tribal self-determination and locally managed healthcare operations.

Division of Biomedical Engineering (Biomed)

- BIOMED supported access to safe, reliable clinical care through medical equipment modernization and sterilization improvements. Biomed completed the replacement and modernization of the infusion pump fleet across the Navajo Area healthcare network, bringing clinical infusion systems to current manufacturer specifications and providing facilities with standardized, modern infusion technology. The program also completed upgrades to central sterilization processing at Chinle Comprehensive Healthcare Facility and Northern Navajo Medical Center. New sterilization equipment has been procured for Kayenta Health Center and is scheduled for installation, further strengthening sterilization capacity and supporting safe, reliable clinical operations across Navajo Area IHS.
- BIOMED, in coordination with Service Unit Biomedical Engineering departments, safely manages approximately 10,600 medical devices across the Navajo Area healthcare system. A dedicated team consisting of one Biomedical Engineer, four supervisors, and 12 Equipment Specialists supports equipment maintenance, safety, and lifecycle management. To address aging equipment, prevent

obsolescence, and support continued improvements in patient care, Navajo Area IHS has identified an estimated \$32 million in scheduled medical equipment replacement needs. Planned modernization includes patient monitoring systems; medical imaging equipment, including computed tomography scanners, X-ray equipment, and ultrasound systems; dental delivery systems; and dental imaging equipment.

- BIOMED uses a Computerized Maintenance Management System (CMMS) to manage medical device maintenance and documentation across the Navajo Area healthcare system. The system supports hospital accreditation and regulatory compliance by tracking preventive maintenance, generating monthly work orders, and documenting equipment repairs, replacement costs, quality assurance activities, calibration, and service records. This information supports consistent equipment oversight, lifecycle planning, and informed decisions regarding repair and replacement priorities.

Division of Environmental Health Services (DEHS)

- DEHS continued coordination with the Navajo Office of Environmental Health and Protection Program, Navajo Nation Chapters, the Bureau of Indian Affairs, architects, engineers, and contractors to review plans for commercial buildings scheduled for construction on the Navajo Nation. DEHS staff serve as technical advisors to promote safe, adequate construction designs aligned with current standards and Navajo Nation codes. Recent projects included the Mariano Lake Administration Buildings, Tonalea Day School, Cameron Chapter House, and Shiprock Pinnacle Hotel. DOHSM maintained working relationships with the Centers for Disease Control and Prevention, Navajo Tribal Utility Authority, local police and fire services, and Tribal/Federal OSHA to support healthcare safety and compliance needs.

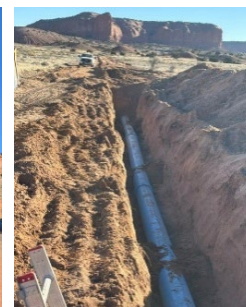
Division of Sanitation Facilities Construction (DSFC)

- DSFC continued to advance sanitation infrastructure, community engagement, and coordination with Tribal, federal, utility, and community partners. The following project narratives provide additional details on major accomplishments and activities during the reporting period.
- During the quarter, DSFC expanded outreach and coordination with Navajo Nation Chapters, Tribal leaders, community members, and partner organizations through more than 20 meetings, presentations, and community events. Engagements provided information on available sanitation services and the project development and application process; updates on active Sanitation Deficiencies System (SDS) and Project Data System (PDS) projects; and a discussion of funding needs. These efforts help communities understand project eligibility and development requirements while strengthening coordination with Chapter officials, Council Delegates, homeowners, and partner organizations.
- DSFC continued major drinking-water infrastructure work on the approximately 40-mile Leupp-to-Dilkon Transmission Main. During the reporting period, a new 173,000-gallon water storage tank and a supervisory control and data acquisition (SCADA) system were placed into beneficial use for the Dilkon and Teesto communities. The new infrastructure increases available water-storage capacity and improves system monitoring and operational control. Renovation of the existing 100,000-gallon storage tank also continued. At the same time, IHS coordinated with the Navajo Tribal Utility Authority (NTUA), contractors, and SCADA programmers on final project activities, inspection documentation, and transition of the completed infrastructure. The project is expected to expand drinking-water access to 186 homes through nine waterline extensions. In addition, the



increased system capacity may support connections for another 192 homes, for a potential total benefit of 378 homes.

- DSFC and the Bureau of Reclamation continued construction of the Navajo-Gallup Water Supply Project, Reaches 14.1 and 14.2, which will provide critical water infrastructure serving the Church Rock and Iyanbito communities. During the reporting period, Reach 14.1 was approximately 85 percent complete, and Reach 14.2 was approximately 63 percent complete. Major work included continued water-main installation, water-storage tank construction, and progress on associated booster-pump infrastructure. Collectively, the two reaches have installed approximately 40,390 linear feet, or 7.6 miles, of new water main and approximately 1.17 million gallons of new water-storage capacity. When completed, this infrastructure will strengthen regional water-system capacity and serve up to 1,270 homes.



- DSFC achieved a major milestone on the Many Mules Waterline Project with activation of Phase 1, bringing water service to 40 homes. Following activation, IHS conducted homeowner training at the Forest Lake Chapter House to help residents understand how to operate, manage, and maintain their new water services. IHS also finalized a transition plan with the Navajo Tribal Utility Authority (NTUA) as system operations transition from Peabody and continued coordination with NTUA and the Navajo Nation Environmental Protection Agency regarding water quality, permitting, operations, and uninterrupted service. The remaining project phases are intended to extend safe drinking-water access to additional homes, with Phases 2, 3, and 4 continuing throughout the project development and implementation process.



Division of Facilities Planning and Engineering (DFPE)

• Pueblo Pintado Health Center and Staff Quarters Project

The Pueblo Pintado Health Center and Staff Quarters Project will provide a comprehensive ambulatory care facility and 82 housing units for staff to serve Navajo Nation communities in the Pueblo Pintado, New Mexico, region. The facility is designed to serve a projected user population of 5,991 through 2028 and support approximately 255 IHS employees, in addition to Navajo Nation staff assigned to tribally-operated programs. The planned healthcare facility will encompass approximately 125,884 gross square feet. Construction began on January 1, 2026, and the project remains scheduled for completion in July 2028. Current work includes earthwork and foundation



construction; coordination continues for the redesign of the primary electrical distribution system, with no impact on the overall project schedule.

- **Tsaile Health Center - Helipad Construction Project**

The Helipad Construction Project is one of three active construction projects within the Chinle Service Unit. The project includes a new helipad, storage Connex pad, and basketball court at the Tsaile Health Center. Construction began on February 9, 2026, and is now complete.

- **Chinle Service Unit Expansion Project**

The current expansion project includes the design of an expanded Pharmacy Department with drive-up pharmacy services on the northwest side of the main hospital building. Design completion was scheduled for September 2026. A new contract modification adds a generator to provide the electrical capacity required to support the replacement of six boilers, ensuring reliable backup power for the upgraded mechanical systems.

- **Gallup Indian Medical Center Emergency Department Expansion and Renovation**

DFPE reached an important patient-care milestone when Phase 2B opened for patient care on August 14, 2026. The new space added 13 exam/treatment rooms, two triage rooms, and 2.5 trauma rooms in an updated, code-compliant environment designed to provide greater privacy and support direct patient treatment. The final phase includes patient observation rooms, an Airborne Infection Isolation room, administrative and registration space, a family bereavement room, an ambulance canopy, and an enclosed connection supporting patient access to computed tomography services.



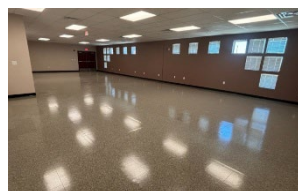
- **Crownpoint Service Unit - South Quarters Repair-by-Replacement**

DFPE continued the South Quarters Repair-by-Replacement project to improve government housing available to healthcare providers. The project replaces 33 staff housing units and includes new residential construction, demolition, and abatement of existing units, utility infrastructure upgrades, and replacement of sidewalks, ramps, curbs, gutters, and pavement sections. Phase 1 includes 16 units and was expected to be turned over to the Crownpoint Service Unit in November 2026, with the remaining 17 units scheduled for completion in spring 2027.



- **Crownpoint Wellness Center**

DFPE completed the Crownpoint Wellness Center and transferred the facility to the Crownpoint Service Unit on July 29, 2026, for beneficial use. The Wellness Center supports patient care through workout space, offices, and a commercial-style kitchen for cooking demonstrations associated with the Special Diabetes Program for Indians.



- **Gallup Indian Medical Center Elevator Replacement**

The Gallup Indian Medical Center Elevator Replacement project was awarded to a local contractor for the ordering, engineering design, and installation of four upgraded elevator systems serving the main building.

Shop drawings from the elevator manufacturer were expected in October 2026, with project completion projected for January 2027. The work will address electrical and code requirements and replace critical elevator systems within the medical center.



- **Gallup Indian Medical Center Building 3000**

Renovation of Gallup Indian Medical Center Building 3000, following the Emergency Department transition from the modular building. Remaining work centered on electrical upgrades required for current code compliance and startup of a Tier 4 generator that will support the computed tomography machine in Building 3000. Upon turnover, the electrical system is expected to meet the requirements for hospital occupancies and to strengthen resilience during power outages to support Level III Trauma Center operations. Completion is scheduled for October 31, 2026.



- **Navajo Area Asphalt Project**

The Navajo Area Asphalt Project with the Federal Highway Administration continues to be on schedule with the design phase with anticipated construction to begin in the Spring of 2027. This project focuses on asphalt resurfacing, sidewalk repair and replacements, Architectural Barriers Act (ABA) code compliance and drainage improvements for NAIHS Service Units. New Mexico project locations are near 100 percent design completion, with construction solicitation anticipated in December 2026 and construction award in February 2027. Arizona locations are near 65 percent design completion, with additional design reviews planned. Construction for the overall project is expected to be completed by January 2030.

- **Gallup Indian Medical Center Door Replacement**

DFPE continued acquisition activities to replace smoke and fire doors at Gallup Indian Medical Center. Because the hospital's construction dates to 1960, replacement doors must be designed to meet current building codes, regulations, and industry standards. The project is intended to eliminate existing smoke and fire-door deficiencies and improve the safety of the healthcare environment. The request for proposals was extended to October 8, 2026, due to contractor requests for information.

- **Gallup Indian Medical Center Fire Alarm Upgrade**

DFPE continued advancing a replacement fire alarm system for Gallup Indian Medical Center. The existing system includes a mixture of older and newer components and has become obsolete. The project is designed to provide a system that is compliant with applicable National Fire Protection Association requirements, including NFPA 101, NFPA 99, and NFPA 72. Technical proposals were under review, with contract award contingent on completion of the evaluation and submission of a new Fiscal Year 2027 requisition.

- **Crownpoint Medical Gas Replacement**

The project to upgrade the medical gas system throughout Crownpoint Hospital was awarded to RJS Construction in September of 2026. A post-award conference and pre-construction meeting have been planned before issuance of the Notice to Proceed. Once the Notice to Proceed is provided, the contractor will have 120 days to complete the project.

- **Gallup Indian Medical Center Chiller Replacement**

The GIMC chiller replacement project pre-proposal site meeting was held on July 28, 2026, for contractors. Contractor cost proposals were received and evaluated in September 2026. It is anticipated that the construction contract will be awarded no later than November 3, 2026.

- **Chinle Boiler Upgrade**

The Chinle boiler-upgrade design was expanded to include an electrical upgrade. DFPE reported that the design was expected to be completed and finalized in mid-October 2026. The Chinle Service Unit Expansion Project also includes a contract modification that adds a generator to provide the electrical capacity required to support the replacement of six boilers and to provide reliable backup power for the upgraded mechanical systems.

- **Northern Navajo Medical Center Chiller Replacement**

Final design comments for the Northern Navajo Medical Center chiller replacement project were completed and submitted to the AESUS Design Group. The final design is expected to be completed in October 2026, after which a Request for Contract will be submitted to IHS Engineering Services for a construction contract solicitation and award.

- **Inscription House Health Center - 19-Unit Apartment Project**

DFPE advanced planning for a 19-unit apartment building at the Inscription House Health Center. The project adapts the apartment design to site-specific architectural, structural, mechanical, electrical, plumbing, landscaping, and parking requirements. The housing project is intended to support recruitment and retention of healthcare professionals serving the Inscription House community. The construction solicitation was extended to October 12, 2026, while the government responded to requests for information from eligible contractors, with bid review planned once the solicitation closes.

NAO Division of Financial Management

- The Navajo Area Division of Financial Management successfully closed out FY 2026 on September 26, 2026. The Navajo Area had a carryforward balance of over \$915 million for the fiscal year. These funds are available for operational costs in the new fiscal year.

Third Party Collections – the Navajo Area federal facilities have collected \$602,934,939 in third party collection by the end of September 2026. Included in the 3rd party collections are the Medicare Transaction Facilitator (MTF) program. This program provides a rebate on certain drugs and service units can collect these rebates. The amount collected through the MTF program is \$1.2 million.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Chinle	\$ 35,829,350	\$ 37,606,590	\$ 38,270,222	\$ 46,973,049	\$ 158,679,211
Crownpoint	\$ 10,774,385	\$ 11,589,169	\$ 12,449,468	\$ 16,432,249	\$ 51,245,271
Gallup	\$ 47,290,536	\$ 48,863,365	\$ 45,831,727	\$ 47,232,631	\$ 189,218,259
Kayenta	\$ 7,983,505	\$ 10,407,157	\$ 10,413,376	\$ 9,351,831	\$ 38,155,869
Shiprock	\$ 39,636,953	\$ 43,340,867	\$ 39,571,029	\$ 43,087,480	\$ 165,636,329
Total:	\$ 141,514,729	\$ 151,807,148	\$ 146,535,822	\$ 163,077,240	\$ 602,934,939

- **Debt Management.** During FY2026, Navajo Area Division of Financial Management submitted 1,913 claims for further debt collection to the Program Support Center (PSC). These debts include private insurance and non-beneficiary claims. PSC will send these debts to U.S. Department of the Treasury for further collection, including garnishment. In addition, over \$283K was collected from previous debts submitted. These collections were returned to the service units.
- We continue to review and close out aging documents that were holding funds. By the end of FY2026, \$293 million were recovered from closing out documents. Most of these funds can be used

by the service units for other operating costs. One area that was problematic was documents involving relocation of new employees. These documents include tax implications for the employees. The Area Office finance team implemented a process to identify and explain the causes of outstanding open relocation documents. This new process enabled the Finance team to close out 477 documents.

- During the 4th quarter the Navajo Area Certifying Officer approved 7,615 invoices for payment. Total invoices approved for payment as of September 2026 are 31,737. These payments include vendor payments, Travel reimbursements, and 638 payments.

Quarter 1 (October 2025 - December 2025)	7,704
Quarter 2 (January 2026 - March 2026)	8,282
Quarter 3 (April 2026 - June 2026)	8,136
Quarter 4 (July 2026 - September 2026)	7,615
Total	31,737

- 638 Payments-Navajo Area Finance continues to pay our 638 partners on a timely manner. Below is a table showing all payments made to our 638 and urban partners.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Title I	73,359,565.00	49,126,893.00	80,308,136.00	14,447,956.00	217,242,550.00
Title V	120,481,668.00	0.00	1,853,752.00	24,415,475.00	146,750,895.00
Urban	0.00	2,031,243.00	0.00	142,634.00	2,173,877.00
105(L) Lease	0.00	28,937,787.00	0.00	17,984,380.00	46,922,167.00
Total	193,841,233.00	80,095,923.00	82,161,888.00	56,990,445.00	413,089,489.00

Lastly, we are preparing for the upcoming FY 2027 payment distribution to our fiscal year Tribal Partners. Our goal is to continue a superior relationship with our Tribal Partners by ensuring funds are distributed and received in a timely manner.

Office of Quality/Patient Safety

- On July 16, the Area Performance Improvement Coordinator delivered a four-hour, hands-on workshop for Area Office staff on practical improvement tools. The coordinator completed and presented a Lean Six Sigma Green Belt project report in July and completed a Master of Public Health degree. In August, the team developed training materials for health information management leaders on setting, tracking, and documenting performance measures; the training remained in coordination.
- Staff Education and Leadership team completed and distributed the August Quality and Patient Safety newsletter and prepared the September issue. The Performance Improvement Coordinator completed seven remaining posters in a staff education series addressing infection prevention, incident reporting, sterile separation, safe supplies, manufacturer instructions, and auditing. Daily educational materials on federal hospital participation requirements were shared with quality professionals, Area leaders, and Northern Navajo Medical Center staff. In September, the Performance Improvement Coordinator attended a four-day leadership course covering communication, conflict resolution, and change management.
- Beginning July 21, Navajo Area quality leadership provided on-site support to Northern Navajo Medical Center's incident command team, developed survey tracers, coordinated resources and staff education, and monitored its federal corrective action plan. The Area Chief Quality Manager and Industrial Hygienist also visited Four Corners Regional Health Center to assess compliance and

provide education. An August 4 status update recorded 11 of 16 tracked actions complete and five in progress; four actions had passed their target dates. During a September 2–4 follow-up visit, the survey team communicated that the facility met the reviewed federal participation requirements. The formal written determination was still pending at the time of that update.

- The Navajo Area Risk Management Coordinator worked with facilities to review older cases and maintain access to the patient safety event reporting system. The August report listed 45 open cases across the Area. Four cases were approved for closure at the Area committee on August 13, and three were closed by the Headquarters committee on August 27. In September, the Area committee approved five cases from 2024 or earlier for closure; Headquarters closed two cases on September 24, while other cases required further review or presentation. These meeting results should not be added together as a net reduction in the open-case count.
- The Navajo Area team helped staff obtain and verify access to the Indian Health Service safety event reporting system in July, August, and September. In August, the Risk Management Coordinator helped more than 10 Winslow Health Center employees obtain reporting-system access. The team also provided consultation on a Crownpoint root cause analysis and supported facility staff in reviewing event information and corrective actions.
- Performance Data and Clinical Information team coordinated quality dashboard assistance for Crownpoint and Shiprock, including a standardized approach to extracting source data, developed materials to improve consistent use of performance measures, and completed National Data Warehouse reports for all sites in July and supplied data for Chinle’s Area Health Services Master Plan in August. Clinical information staff advanced electronic prescribing implementation, began consultation-record cleanup, and continued preparation for the future electronic health record. Direct electronic messaging between Veterans Affairs and Indian Health Service sites remained in implementation, with access steps outstanding at Chinle and Kayenta in August.
- A clinical information specialist provided prenatal documentation education on diagnostic tags, laboratory results, measurements, and note templates. The Area team supported facility quality leaders with federal survey preparation, tracer tools, risk review, infection prevention consultation, and performance data. A graduate student received mentoring in project planning, stakeholder interviews, and tracking milestones.
- Navajo Area quality staff prepared governing body status materials, participated in Shiprock and Crownpoint governing body open sessions on September 15 and 16 to identify follow-up actions, and tracked corrective actions at Northern Navajo Medical Center. In August, facility and Area teams completed a physical environment gap analysis and organized work on grounds, sidewalks, windows, floors, signs, and removal of excess equipment. These steps supported a safer care environment and continued survey readiness; the reports do not provide a quantified completion measure for the cleanup work.
- The Navajo Area relayed Headquarters safety alerts and requested facility review and attestation for pest management and diagnostic imaging renovation. The team continued to coordinate follow-up on facility safety issues and infection prevention requirements.
- Quality Improvement and Information Sharing team coordinated with Indian Health Service Headquarters, the American Indian and Alaska Native Quality, and facility leaders on quality dashboards, clinical data, patient safety, and survey readiness. In September, the Area coordinated facility subject matter experts for Headquarters case presentations.