



NAVAJO AREA INDIAN HEALTH SERVICE

Report to the Navajo Nation Council



OUR MISSION: *TO RAISE THE PHYSICAL, MENTAL, SOCIAL, AND SPIRITUAL HEALTH OF AMERICAN INDIANS AND ALASKA NATIVES TO THE HIGHEST LEVEL*

OUR VISION: *A HEALTH SYSTEM THAT EMBRACES TRADITIONAL KNOWLEDGE AND PRACTICES TO FOSTER THRIVING COMMUNITIES FOR SEVEN GENERATIONS.*



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OFFICE OF THE AREA DIRECTOR

DR. DUWAYNE BEGAY



When I visited our healthcare facilities across the Navajo Nation, I saw the power of our purpose, the power of our plan, and the power of our people in action to serve our communities. It's the positive impact we have on our patients and the positive impact we have on our communities that sets our healthcare organization apart.

Within the Navajo Area Indian Health Service report, we are delighted to share several examples of our commitment to serving our tribal communities. Whether through specialized community healthcare services or enhanced wellness initiatives, we are coming together to strive and to lead in patient experience, clinical outcomes, and improve the quality of life of our patients and their families.

We are committed to creating a culture of continuous improvement for long-term growth and sustainability; in order to enhance service delivery and process improvements, embedding a mindset of progress and innovation within our organization. The Navajo Area Indian Health Service is inherently people taking care of people and in the words of the Navajo Nation Division of Health Executive Director Ms. Sherylene Yazzie, "*We are Navajo healing Navajo*".

Thank you for the opportunity to share our quarterly report with you. We are grateful for people like you who help make our mission possible and to deliver the compassionate care our patients and communities deserve.

Ahee'hee

Dr. DuWayne Begay,
Area Director
Navajo Area Indian Health Service

DR. KEVIN GAINES
FORMER NAVAJO AREA
CHIEF MEDICAL OFFICER
AND
RETIRED COMMISSION
CORPS OFFICER



As many of you are aware, I will be retiring in January 2025 from the Commissioned Corps and transitioning from an administrative role back to direct patient care. Over the last 22 years, I have been consistently impressed with the dedication and commitment of our staff to improving access to care and the quality of the care we provide. I have personally witnessed many of our staff giving up endless hours of your personal time to do what is needed for the people we serve.

I have seen many of you take on roles and responsibilities beyond what your job typically requires in order to benefit our patients. It has been an honor and a privilege to work with you all and I look forward to continuing to serve with you moving forward. You and your families will continue to be in my prayers. God Bless!

DR. PAULA MORA
NAVAJO AREA CHIEF MEDICAL OFFICER



Dr. Paula Mora is an enrolled member of the Navajo Nation. She started her career in the Indian Health Service in June 2002 at the Gallup Service Unit. She is a Board Certified Family Physician. Her career included performing direct patient care in the Walk-In-Clinic and Diabetes program and served in various leadership positions within the Gallup Service Unit. (Clinical Service Chief, Clinical Director, and Chief Medical Officer.) She also served as the Chief Medical Officer for the Tucson Area Office.

Dr. Mora completed her undergraduate studies at the University of Oklahoma with a Bachelor's degree in Science, Petroleum Engineering. She received her Master in Science, Engineering Management at New Mexico State University. Dr. Mora received her Doctorate of Medicine from the Stanford School of Medicine and completed her family medical residency at the University of Arizona. She enjoys reading, hiking, various crafts and spending time with her family, especially her grandkids. Please join me in welcoming Dr. Paula Mora as the incoming Chief Medical Officer.

RADM BRIAN K. JOHNSON PINNING CEREMONY





DEPUTY DIRECTOR HUMAN RESOURCES



Henrietta Antonio

We are pleased to welcome Henrietta Antonio to her new role as the Deputy Director for Human Resource. This position is critical for the Navajo Area and the HQ OHR. Ms. Antonio is an enrolled member of the Navajo Nation from the Eastern Agency in New Mexico.

Her clans are Ashiihi (Salt Clan), born for the Ta'neeszahnii (Tangle Clan). Her maternal grandfather's clan is Bit'ahnii (Folded Arms People), and her paternal grandfather's clan is Ts'ah Yisk'idnii (Sage Brush Hill). Henrietta holds a bachelor's degree in Business Administration from the University of New Mexico.

She started her career with the Indian Health Service in Crownpoint, NM, back in 2008 in the Business Office and transferred to Navajo Human Resource in 2016.

She has held many capacities in Human Resource such as Civilian Pay Technician, HR Specialist (Rec/Pl), and HR Specialist (QA). Before taking the Deputy Director position she was a Supervisory HR Specialist and Client Services Director.

SPECIAL ASSISTANT TO THE AREA DIRECTOR

The Navajo Area Office of the Director is pleased to welcome Mrs. Yvonne Kee-Billison as the Special Assistant to Area Director for the Navajo Area Indian Health Service in St. Michaels, Arizona.

Mrs. Kee-Billison is an enrolled member of the Navajo Nation. Her clan is Tódich'inii (Bitter Water) and born for (paternal clan) Tsi'naajínii (Black Streak of Wood.) Her maternal grandfather's clan is Honágháanii (One Who Walks Around) and her paternal grandfather's clan is Biih bitoodnii (Deer Spring).

Her previous federal experience include work at the Navajo Area Office of Tribal Partnership and the Office of Environmental Health Engineering. In previous years, she worked with the Navajo Nation the Office of President and Vice President, Department of Education and Division of Health. These 33 years of personable and professional experience is a pledge to improve bonds between the various public health domains.

An alumna of Window Rock High School, Arizona State University and Western New Mexico University, she received her undergraduate degree in Justice Studies/Public Programs and an M.A. in Mental Health. She loves public service and works to create better experiences for clients. Her effort has been acknowledged by local, regional and national entities placing emphasis on progressive community engagement. She believes in giving back and dedicates herself to being a community volunteer. Mrs. Kee-Billison is a mother and a grandmother.



Yvonne Kee-Billison



Indian Health Service 2024 Agency Work Plan

In January 2024, Indian Health Service leadership implemented the 2024 Agency Work Plan, which included 15 priorities and outlined critical actions the agency took to address key priorities that directly impact oversight, communications, capacity and capability, and the use of funds. In addition to the 15 Work Plan priorities, IHS leadership transitioned 10 of the 2023 Work Plan priorities to operational action items that the agency continued to monitor throughout the 2024 calendar year.

In 2024, IHS reached the goals, milestones, and targets for 5 out of 15 priorities in the 2024 Agency Work Plan, and 4 priorities neared (>90%) reaching goals and targets. Results of the work were made public for our tribal and urban Indian organization partners and stakeholders' awareness. IHS provided quarterly updates on the progress of the Work Plan through the IHS Work Plan Status Report, which was linked to the updated fact sheet. IHS Leadership is committed to providing improved transparency and clarity on information and initiatives that were undertaken by the IHS, as well as in coordination with our partnering agencies.

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

As we move forward into 2025 and close out the Work Plan, we will now transition our priorities and goals to align with the new IHS Strategic Plan for FYs 2025-2029. We encourage you to check out the Strategic Plan, which describes what the agency hopes to achieve over the next five years, based on the participation and feedback we received from tribes, tribal organizations, urban Indian organizations, IHS staff, and other stakeholders.



On May 2, 2024, the Indian Health Service (IHS) issued Dear Tribal Leader and Urban Indian Organization Leader Letters requesting review and comment on the Draft IHS Strategic Plan. IHS hosted a virtual Tribal Consultation on May 29, 2024, a virtual Urban Confer on May 30, 2024, and an IHS Employee Town Hall on June 6, 2024.

The Indian Health Service has released its Strategic Plan for Fiscal Years 2025-2029. The IHS Strategic Plan reflects critical priorities of the agency over the next five years, demonstrating the agency's commitment to improving health care service delivery and enhancing critical public health services throughout the health system to raise the health status of tribal communities.

The IHS Strategic Plan includes a revised vision statement and four strategic goals:

- ◆ Be a Leading Health Care Organization
- ◆ Ensure Comprehensive, Culturally Respectful Health Care Services
- ◆ Optimize Operations Through Effective Stewardship
- ◆ Promote Proactive Intergovernmental and External Relationships

To facilitate implementation, the IHS is developing action plans based on the Strategic Goals and Objectives, outlining the required activities, measures, expected outcomes, and accountable leads. The plan will be reviewed annually and updates will be issued accordingly.



The IHS Scholarship Program provides qualified American Indian and Alaska Native health professions students an opportunity to establish an educational foundation for each stage of your pre-professional careers. Since IHS began providing scholarship support to American Indian and Alaska Native students to pursue health profession careers in 1978, the program has grown to support, educate and place health care professionals within medically underserved Indian health programs throughout the continental United States and Alaska.

Today, nearly 7,000 American Indian and Alaska Native students have received scholarship awards and many have committed to serving their health profession careers at IHS; some have even returned to serve their own Tribal communities.



Office of Administration and Management

Indian Health Service (IHS) received advance appropriations in the Consolidated Appropriations Act, 2024 (Public Law 118-47), which provides \$5.2 billion in fiscal year FY 2025 for nearly all programs in the IHS. The FY 2025 funds were available on October 1, 2024. This allowed Navajo Area to process payments for our 638 partners within the 10-day requirement. In addition, the federal service units acquired access to their funds as they continue to provide patient care.

The Navajo Area Accounts Receivable program continues to make progress regarding third-party collections. For the months of October, November, and December 2024, Navajo Area Service Units received \$133,791,643 in third-party collections. This is an increase of 22% compared to the same time in 2023. The service unit staff along with the area finance staff continue to work diligently to decrease the accounts receivable challenges and increase collections.

The Navajo Area received a supplemental 2024 Administrative grant from the Special Diabetes Program for Indians (SDPI) in the amount of \$250,000.00. The Navajo Area and the five federal service units will receive an equal amount of \$41,666.00 to support various initiatives in alignment with the 2024 SDPI project scope. Navajo Area SDPI and the five federal service units have prepared budget goals and objectives to expend the funds.

The SDPI 2025 grant award is scheduled to be awarded to federal grantees on January 1, 2025. Federal grantees will receive a partial 3-month funding (from January 1, 2025 to March 31, 2025) which will aid in payroll of SDPI/HPDP staff as well as the initiation and completion of approved SDPI projects.

Office of Clinical Service

The effects of the Hurricane Helene have affected the Baxter sterile fluids processing factory in North Carolina. Mitigation efforts are in effect and we are working to obtain sterile and IV fluids. We anticipate by January or early February that production will be back to normal to receive the supplies.

Navajo Area Chief Medical Officer met with several physician leaders from the Navajo Area to plan and develop an improved patient transport system for inpatient behavioral health services. NAIHS is inspired by the Great Plains Area who have been coordinating this for several years. NAIHS Service Units will review the current Policies and Procedures and implement the necessary changes before the next quarter.

The Navajo Area and Gallup Indian Medical Center (GIMC) Clinical Services team met with the IHS Great Plains Area team to develop a plan for the GIMC Emergency Department (ED) providers to assist service units in the Great Plains Area and Phoenix Area with emergent needs for ED providers. This is testimony to the quality ED program GIMC has been able to develop. The staff are being recognized nationally for their work in providing high quality care.

NAIHS Clinical Services participated in the University of California San Diego's PRIME TIDE Program's Talking Circle. This program provides medical school training for students committed to practicing in Native Communities, the majority are Native Students themselves. GIMC is working to have these students rotate at the facility with a focus on Rheumatology.



Purchase Referred Care

The Navajo Area Purchased Referred Care (PRC) programs concluded the FY 2024 with a 23% (and less) carry over regarding the overall PRC fund balance. This is inclusive of prior year and current year funds. Nationally, the Navajo Area IHS is second out of the (12) IHS Area offices to meet the goal and projected carry over. We are proud of the Navajo Area Leadership team, Service Unit Leadership team and the Area and Service Unit PRC teams with this outstanding job as they have met the Agency goals. The target goal for FY 2025 is a 15% carryover. All federal service units are diligently monitoring and tracking to ensure we meet the target.

The PRC program continues to meet with outlying PRC providers in the Flagstaff, AZ; Farmington, NM; and Gallup, NM, border towns where NAIHS have large volumes of referred care. These meetings are to address concerns and issues such as: the coordination of care and/or transition of care; patient scheduling and reappointment issues; patient transportation concerns, and billing and collections concerns. To date, there have been positive results from our quarterly meetings.

The PRC is coordinating with the Consumer Financial Protection Bureau (CFPB) on a developed process in which patients who have been erroneously reported to a collection bureau can now submit a claim to address an inaccurate or invalid invoice. This is being implemented to provide information from all of the federal sites to the IHS Headquarter Office of Resource Access and Partnership (ORAP) and at the local level, PRC staff will provide a written document for patient use on the steps to help address these situations. These are being provided when patients meet with Case Managers, Health Techs and others. On January 7, 2025, the CFPB issued an update which finalized a process to omit medical debt from credit reporting scores. IHS leadership helped to advocate for this change and we are very pleased to see this materialize. This said, it does not discount the past and current issues with timely payment for services, but it does lessen the impact to our valued patients.

Office of Public Health

To increase health literacy, self-management, and cultural competency in health care and public health settings, the Navajo Area Indian Health Service, in partnership with Diné cultural experts, philosophers, and traditional healers, developed the Navajo Wellness Model curriculum, *“Shá’bek’ehgo As’ah Oodáál, A Journey with Wellness and Healthy Lifestyle Guided by the Journey of the Sun”*.

Since December 2024 we have trained over 160 health care and public health providers across the Navajo Nation. Additional training sessions will be provided throughout the months of January and February 2025. The training team receives overwhelming positive feedback from participants regarding the creation story, the Holy People on Earth, and respecting and valuing your home and your way of life.

The curriculum integrates traditional values of Navajo teaching regarding how one approaches daily health through exercise, healthy eating, and maintaining a balance in all aspects of life, in accordance with the natural daily cycles of dawn, day, evening, and night time.

In order to increase awareness, knowledge, and understanding among health care and public health providers regarding the core Navajo teachings about personal and family health, healthy communities, and a healthy environment. The Navajo Wellness Model allows for the application of Navajo teaching, bridging an understanding of optimal health from both the Western medicine perspective and the Navajo Way of Life.





Office of Public Health—continued

Since December 2024, Office of Public Health (OPH) has trained over 160 healthcare and public health providers across the Navajo Nation. Additional training sessions will be provided throughout the months of January and February 2025. The training team receives overwhelming positive feedback from participants regarding the creation story, the Holy People on Earth, and respecting and valuing your home and your way of life.

In a collaborative effort with the University of Arizona, the OPH Health Promotion and Disease Prevention (HPDP) provided a “Basic Tobacco Intervention Skills Course for Native Communities (BTIS)”. The BTIS Certification for Native Communities is an accredited eight-hour continuing education/certification course that teaches brief interventions with an emphasis on the use of commercial nicotine products used within Native American communities. The course offers culturally responsive treatment strategies to intervene with Native peoples dependent on commercial nicotine products. This training was provided at no cost and is open to health care providers serving the Navajo Nation Community.

In addition, the OPH will be offering “Basic Tobacco Intervention Skills Certification for Maternal & Child Health” before the next quarter. This course teaches interventions with an emphasis on the use of nicotine products during pregnancy and postpartum. It covers the effects of environmental tobacco smoke on the well-being of children and families. Multimodal resources are tailored to meet the intervention strategies specific to women, children and families moving toward nicotine-free lifestyles.



The Navajo Area Indian Health Service (NAIHS), conducted a surveillance on self-harm and suicide at NAIHS sites located on or near the Navajo Nation to elucidate more information to better inform suicide prevention efforts. Individual level risk factors include: psychiatric disorders, substance use disorders, depression, and anxiety disorders (Favril, 2023). Data collection will be obtained to illustrate the true burden of self-harm and suicide on the Navajo Nation. Once adequate information has been attained we will provide this report to appropriate stakeholders and seek ways to reduce this self-harm.

Office of Quality & Patient Safety

The Navajo Area Quality and Patient Safety team, in collaboration with the Joint Commission Resources, conducted custom sessions on Hospital Accreditation Essentials on October 23-24, 2024 Infection Prevention & Control on November 6-7, 2024 and Environment of Care & Life Safety on November 13-14, 2024. Each session is a two-day, in-person training held locally within the Navajo Area, making it convenient for 75 staff to participate. These sessions are not just training but a unique opportunity for our staff to learn, grow, and contribute to the highest patient safety and care level, making them feel valued and integral to the process. The overarching goal is for our organization to be trained and provide quality and safe care for our patients and communities.

The Navajo Area Deputy Quality Manager provides educational sessions on "Changes for Improvement: People, Process, and Policy." These training sessions present tools and techniques for change and implementation for frontline staff and managers to use within their span of control. These educational opportunities impact organizational strategic planning or the implementation of change improvement projects.

The Navajo Area Infection Prevention (IP) Nurse remains a key player in the Northern Navajo Medical Center – Operating Room/Sterile Processing Department Projects. The Area IP nurse's guidance and support are integral to ensuring project plans comply with regulations, including policy feedback. Their role is essential and invaluable, making them feel valued and integral to the



Office of Quality & Patient Safety —continued

The Navajo Area Quality team's commitment to supporting accreditation readiness is evident in completing an on-site visit at the Gallup Service Unit on December 10-12, 2024. The team conducted focused tracers and consultations in collaboration with the Gallup Service Unit to complete the review. The site visit reassures all staff members the Navajo Area Quality team is fully committed to their accreditation readiness process, ensuring compliance and patient safety.



Office of Tribal Partnership

The Navajo Area Office of Tribal Partnership (OTP) plans to take steps towards addressing the Health Management Service (HMC) Contract before we entering into a new contract. The Navajo Nation HMS ISDEAA Contract expired on December 31, 2024. In order to better understand the scope of HMS's performance concerns the OTP intends to conduct a performance monitoring visit in February—March 2025. The full scope of the programs, functions, services and activities (PFSAs) for which it has contracted under Title I is the responsibility of the Indian Health Service (IHS) responsibility to ensure that ISDEAA funds are expended to provide high-quality services to American Indians and Alaska Natives (AI/AN). When the Agency has good reason to suspect that services may not be adequate, IHS must act promptly to investigate and remedy performance deficits. IHS stands ready to collaborate with the Navajo Nation to address obstacles to the full performance of HMS's contracted PFSAs.

On December 20, 2024, the IHS Director wrote to Tribal Leaders to provide the Agency's decision on how it will calculate CSC on expenditures of third-party reimbursements. In order to finalize COVID/ARPA Contract Support Cost (CSC) calculations, the Office of Tribal Partnership (OTP) has requested each Navajo Area Indian Self Determination and Education Assistant Act (ISDEAA) contractors and compactors to provide detailed expenditure data that links specific appropriations to specific expenditures. The due date for responding to this request was September 30, 2024. Since then, a total of three have responded that includes: San Juan Southern Paiute Tribe, Tuba City Regional Health Care Corporation, and Utah Navajo Health System. OTP anticipates that full reconciliation of COVID and ARPA contract support costs will take place during calendar year 2025 as the Indian Health Service implements its new CSC policy.

For the past two years, the Indian Health Service (IHS) and Urban Indian organization NACA worked in partnership as the organization pursued accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC). In December 2024, NACA achieved this highly regarded accreditation demonstrating efforts in quality health care services and adhering to nationally—recognized health standards. Since NACA has now received accreditation, IHS's annual review will be significantly pared down. The IHS congratulates the NACA team and leadership. We look forward to our mutual beneficial relationship in elevating the health status of urban American Indians and Alaska Natives (AI/AN) in Flagstaff, Coconino County, Arizona.

Office of Environmental Health & Engineering (OEHE)

Sanitation Facilities and Construction (SFC)

The SFC Program is moving ahead with contracting several different engineering firms this Fiscal Year (2025.)

- The SFC Program completed the contract with the U.S. Army Corps of Engineers. This \$1.6 million contract is regarding the Wide Ruins, AZ Phase 2 Project.
- The SFC Program initiated a contract with the U.S. Environmental Protection Agency (USEPA). This contract is to conduct one (1) design and four (4) water models for projects in the Tuba City District. Another twenty (20) projects have been identified for USEPA project design.
- The SFC Program continues to partner with the Navajo Engineering Construction Authority (NECA) whom contracts out design work to Souder-Miller, Riley, and Wilson firms.
- The SFC Program is working toward a Title 1 Contract with the Navajo Nation and NECA to conduct designs for approximately twenty-six (26) projects. Most of this contract includes design and design/construction just under \$30 million. We value our collaboration and work toward meeting our water and waste water installation goals.

Sixteen Sanitation Facility Construction (SFC) engineers have taken six (6) month preparatory study courses for the Fundamental of Engineering (FE) and Professional Engineer (PE) exams. A few of these engineers are committed to taking the FE and PE license exams this March 2025. SFC continues to hire remote engineers. This past quarter three (3) additional engineers were hired for a total of six (6.) Ideally, SFC leadership envisions a total of twenty-four (24) engineers conducting and reviewing designs with a minimum of twelve in the field.

In September 2023, the SFC Program had a total of 86 full-time employees. The SFC program now has a total of 104 employees. The SFC program has worked closely with IHS Headquarters to support employees with specialty pay for engineers working locally. Automatic pay increases were also supported for civilian government engineers and deputy directors. IHS Headquarters along with NAIHS SFC, have advocated to also increase the retention efforts for Commissioned Corp Technical Staff. This new effort has just been implemented and has already inspired one (1) Navajo engineers to consider a job with NAIHS. The agency continues to work toward these hiring goals.





Division of Facilities Planning and Engineering

The new Pueblo Pintado Health Care Center design was awarded on April 20, 2021 to the Health Facilities Group, LLC, Wichita, Kansas. The Pueblo Pintado Health Center Project design was completed August 9, 2023. Construction proposals are now being accepted on *Sam.gov*. Construction bid proposals are due March 7, 2025. The Source Selection Team is presently scheduled to meet April 11, 2025, with the goal of awarding a construction contract July 7, 2025. The health center construction is projected to be complete by June 2027. The project, health center and quarters are fully funded at \$231,400,000.00. The expected completion date for both project is June 2027. The health center, quarters and the sewer lagoon leases were approved on December 09, 2024 by the Navajo Nation Resource and Development Committee. The fully executed leases were received by NAIHS on January 15, 2025.

The Gallup Indian Medical Center (GIMC) Replacement Facility Site Selection: Phase II of the site selection process for the GIMC Replacement Facility is near completion. Per the TI Construction Project Agreement (CPS) the completed SSER Phase II for the Rehoboth site was to be sent to the IHS on October 31, 2024 with a 30 day review time and final report due back to IHS on December 31, 2024. To date, the final SSER Phase II has not been received by IHS for review. The IHS will perform a site-by-site- review of the completed SSER Phase II for the Rehoboth Site and the Gamarco Site to determine the most suitable site for construction. At this point in time, the Rehoboth Site is site #1 for the new GIMC facility. Phase II includes an in-depth assessment of the top-rated site, a legal land survey, flood plain analysis, soils reports, archaeological and historical data collection, and an environmental assessment. Navajo Nation is highly interested in choosing a site that will support future expansion and economic development. Both SSER Phase II reports need to be finalized before this project can move forward.

On October 3, 2024, a Notice of Funds Availability (NOFA) was issued for planning purposes for the new GIMC. Navajo Nation President Buu Nygren responded on November 4, 2024 with confirmation the Navajo Nation would like to complete the planning through Tribal Acquisition through a Public Law 93-638 Title I Construction Project Agreement (TI CPA). A draft of the TI CPA for a GIMC Master Plan-Planning Phase was sent to the Navajo Nation on November 14, 2024 for the Nation's review and to start negotiations on the final TI CPA. To date, a response has not been received from the Navajo Nation on the Draft Copy of the TI CPA sent in November 2024. IHS continues to collaborate with the Navajo Nation to support future phases of the GIMC Replacement project. The Program of Requirements (POR) and the Program Justification Document (PJD) will be updated once the TI CPA is signed. The scope of work (SOW) is completed and was forwarded with the Draft Copy of the TI CPA.

The Gallup Indian Medical Center (GIMC) Emergency Department Expansion and Renovation project is progressing. The construction phase was awarded on March 14, 2024 to LAM Corporation. Currently, the concrete formation of the expansion project is being constructed with 1 of 3 concrete pours completed. A new structural steel package was ordered and is being coordinated with the concrete structural needs. This phased project has an updated project schedule for June 2026.

The Crownpoint South Quarters Repair-by-Replacement Design was awarded in August 2021. The design was completed for the replacement of 33 quarters units. The construction contract was awarded to LAM Corporation. The Notice to Proceed was provided on October 18, 2024. Demolition of the existing, antiquated Long Mark modular units was completed January 2, 2025. NAIHS required additional time to coordinate CDEC's request which is equivalent to a Land Lease. This issue has been resolved and the current project end date is October 18, 2026.

Chinle Comprehensive Health Center is progressing with the design of Track 1, which is an Emergency Department/Urgent Care addition of the Chinle Service Unit Master Plan. This plan consists of constructing an addition which will be attached to the existing Emergency Department (ED) and Urgent Care (UC) building. The design was awarded to Johnson Smiththipong & Rosamond Associates, Inc. (JSRa) in the amount of \$1,641,580.59 for design. The Conceptual Design Phase will be completed January 17, 2025. The 100% design completion date is July 2,



Division of Facilities Planning and Engineering—continued

The Kayenta Alternative Rural Health Center and the Inscription House Health Center (IHHC) are in the design phase for the construction of a 19-unit quarters building for each location. This project will support recruitment and retention efforts of health professionals for the Kayenta Service Unit. The Kayenta Project Request for Contract A/E design has been awarded and is underway. The delivery method of this project is design-bid-build. We are approaching the 95% Design Phase. The estimated design completion is March 2025. Funding for construction will be determined in FY 2025. The IHHC Request for Contract (RFC) design package was submitted to the Division of Engineering Services on October 28, 2023. The design was completed by Johnson Smithipong & Rosamond Associates, Inc. in August 2024. The delivery method for this project is design-bid-build. The project will be reviewed in FY2025 and funds for construction will be sought.

The Bodaway Gap Health Center and 92 Staff Quarters project Design Phase was awarded in the amount of \$11,042,000.00 to the Tuba City Regional Health Care Corporation (TCRHCC) under a Title V Construction Project Agreement (TV-CPA) dated July 2022 under P.L. 93-638. The architect of record is Dekker Perich Sabatini of Phoenix, Arizona. IHS completed its 100% design review on December 12, 2023. The construction contractor is Arviso-Oakland.

The Tuba City Regional Health Care Corporation (TCRHCC) received an approval by the Navajo Naabik'iyati' (NABI) Committee, September 12, 2024, regarding the ownership of the Bodaway Gap Health Center and associated facilities; including staff quarters and related infrastructure. In addition, the NABI committee also approved a new name for the facility, "Echo Cliffs Health Center." Indian Health Service, Division of Facilities, Planning and Construction, issued a concurrence letter on December 19, 2024.

The TCRHCC Title V Construction Project Agreement for the Echo Cliffs Health Center Staff Quarters for Phase I was executed July 3, 2024, in the amount of \$62,174,500.00 to complete the full design for all 92 staff quarters units, and construct as many of the 92 staff quarters as funding permits. The 65% design review was completed December 30, 2024. The completion of the final design is expected February 14, 2025. The Echo Cliffs Health Center (EHC) is expected to be completed January 2026. The total construction funds for the health center have been received. The remaining funds, \$24,798,026.93, to complete the construction of the staff quarters is expected to be received in FY2025



Chinle Service Unit

The Chinle Comprehensive Health Care Facility (CCHCF) has been working towards the establishment of a Tele-stroke program that will be the first-in-the-federal IHS system. The anticipated go live has been scheduled for January 7, 2025. The purpose of the program is when the Emergency Department sees a patient that presents with signs of an acute stroke, time is of the essence; "Time is Brain", or the saying goes. The sooner a patient receives appropriate evaluation and treatment, the better. Considering CCHCF is 300 miles from the nearest stroke center the Tele-stroke virtually connects a stroke neurologist at a stroke center to the patient and care team by videoconference, facilitating a thorough evaluation. Local data suggests that CCHCF Emergency Department cares for 2-4 stroke presentations monthly.

This past fall, the Chinle Service Unit Public Health Nursing (PHN) organized the community vaccine clinics. Clinics are planned at chapter houses, senior centers, schools, and businesses. The PHN Department collaborated with numerous internal and external partners to plan for these vaccine clinics. Throughout the months of October – December there were 35 clinics held at chapter houses, senior centers, schools, and businesses. A total of 2,286 patients were protected against flu, COVID, and RSV. A total of 4,042 vaccines were given.



Chinle Service Unit—continued

On December 31, 2024, the CSU Respiratory Virus Surveillance Dashboard went live. The dashboard can retrieve local respiratory virus data in a timely and efficient way for situational awareness. Using this as a communication tool, it can report local data on a weekly basis for three (3) primary respiratory virus infections: influenza, RSV, and COVID-19. In time, staff would like to take a closer look at respiratory virus surveillance taking place at regional or national centers, such as Arizona Department of Health Services, Navajo Nation Department of Health, Centers for Disease Control, and others.

The Chinle Service Unit continues to address Nurse shortages in all departments and has offered Nursing contract for inpatient and outpatient departments. The nursing division continues to cross train all staff within the departments due to the staff shortage and is actively recruiting at various job conferences. On some occasions, there were impacts at the Operating Room (OR) and the Obstetrical Care Unit (OCU). Towards the end of December 2024, the OR and OCU has gone on divert due to these shortages. A contingency plan is in place to ensure patient care is not disrupted. On November 12, 2024, the Pinon Health Center (PHC) held a meet and greet to introduce our leadership team to the local surrounding Chapter Officials. We conducted a tour and share insights to several of the ongoing project initiatives and facility improvements.

The Tsaile Health Center recently hired a new Patient Advocate and will begin community outreach at the local Chapters on the available service at the health center.

The Tsaile Health Center has completed the Chiller (HVAC) project for the Pharmacy and Laboratory departments. This project will help regulate temperatures in each department according to recommendations for equipment and supplies.

Crownpoint Service Unit

The Crownpoint Service Unit (CPSU) Emergency Department was extremely busy during the winter months due to an increase of respiratory illnesses. The following is data is on the volume of patient visits and ED Patients activity of Left Without Being Seen (LWBS) - BENCH MARK - <2%.

Review of the data shows in the 4th quarter of calendar year (CY) 2024 the ED had an average of 1,190 patient visits. In October and November fewer patients were seen than (CY) 2023. ED met the benchmark for patients who Left Without Being Seen (LWBS) in October and November 2024 and slightly over the benchmark for December 2024 at 2.1% (27 of 1362 patients). The supervisors and division directors worked to increase the number of contracting agencies to ensure coverage to meet the need of our community.

2024 & 2024			
Left Without Being Seen Data (LWBS)	OCT	NOV	DEC
TOTAL	28	34	48
AVERAGE DAILY	1.6	1	1.0
2024 # of patient visits	1119	1077	1362
2023 # of patient visits	1253	1179	1117
2024 percentage	1.60%	1.00%	2.1%
2023 percentage	4.6%	3.5%	2.4%

Crownpoint Service Unit—continued

The Crownpoint Service Unit (CPSU) continues to build on the Primary Care Medical Home (PCMH). The PCMH effort is being led by Fern Detsoi, Ambulatory Care Supervisor Nurse and Dr. Amy Rice, Deputy Clinical Director. The patient-centered medical home is a model of care that puts patients at the forefront of care. PCMHs build better relationships between patients and their clinical care teams. The team reports every month that includes patient empanelment, acuity levels, wait times and cycle times and case management. There is a total of 4,443 patients empaneled as of October 2024.



The Crownpoint Service Unit (CPSU) has begun their journey to review and revise their mission, vision, values and strategic plan using the Balance Scorecard Method (BSM).



The BSM integrates strategic planning and performance management to improve CPSU performance. This process aligns Indian Health Service and CPSU vision, mission, and strategy through identify important projects and establishing key metrics and targets.

A newly revised mission, vision and values and eleven (11) objectives were developed while incorporating the new IHS Strategic Plan Fiscal years 2025-2029.

On November 14, 2024, the Crownpoint Service Unit Diabetes Education Program held their annual Diabetes Conference coinciding with World Diabetes Day. The conference was held at the Navajo Technical University in Crownpoint, NM. There were a number of 106 participants with a number of presenters to promote healthier lifestyle for diabetes prevention and control. The theme this year was “Health Empowering Indigenous and Well-Being”. The event also included a mini indoor Just Move It event with 41 participants. At the event, the Public Health Nursing also administered vaccines to the attendees and student.





Gallup Service Unit

The Gallup Service Unit (GSU) operating budget for Fiscal Year (FY) 2025 has received appropriated funding for the first quarter of the two-year appropriated funding. GSU will continue to make significant strides in revenue collection with the target collection goal for this fiscal year is \$188 million, with the Gallup Indian Medical Center aiming for \$180 million and the Tohatchi Health Center targeting \$8 million. Third-party revenue is vital to support both current services and expand care at GIMC.

The Gallup Service Unit (GSU) is currently managing a multiple-stage project to enhance the space and services provided by the Emergency Department (ED). The project includes a new modular building and renovation and expansion of existing space. Once completed, the ED renovation will include 26 beds housed within the hospital. The new space will include four trauma bays and a CT unit located within the ED.

The Gallup Service Unit (GSU) GIMC is in the final stages of acquiring an Endoscopy Unit to provide inpatient and outpatient services. The unit will be located in a dedicated structure near the current Surgery outpatient clinic. The new Endoscopy unit is expected to be operational in 2025.

The Gallup Service Unit (GSU) is acquiring a new mobile medical unit to provide clinical and public health services to the community. The unit is a self-contained clinic space and will travel to the local chapter houses and communities.

The Gallup Service Unit (GSU) held a DAISY Award in October 2024, with a total of nine nominations received for this quarter. The award ceremony is a national recognition program for Registered Nurses (RNs) who exhibit excellence and compassion in nursing practice. The DAISY Award recognized Leslie Legah, RN from the General Surgery Clinic, as the DAISY Honoree.

The Gallup Service Unit (GSU) Public Health Nursing (PHN) department continues to provide Syphilis case management. For this quarter, there were 2,086 individuals screened for syphilis. Of these, 92 individuals tested positive for syphilis. The PHN team has completed treatment for 25 patients and continues to follow up with those untreated. In addition, the PHN team held three Chembio (Syphilis and HIV) screening events and screened a total of 61 patients. Of these 61 cases, we did not identify new positive HIV or Syphilis cases, but we do have patients who are pending diagnoses.

The Gallup Service Unit (GSU) held the annual 2024 Turkey Trot Series with a total of 624 participants. There was a total of seven (7) events scheduled. The annual events focused on increasing awareness and promoting daily exercise as it contributes to living and maintaining a healthy lifestyle. These events included: fun run/walks, Zumba/aerobic exercise sessions, chair exercises, turkey raffles, and health fairs.



The Tohatchi Health Center (THC) in this quarter was awarded a grant called Food is Medicine. The grant provides funding to allow THC to provide Diabetes Management overview classes. The program will begin with a cohort of 10 patients who will be encouraged to bring their families along with them to the classes to learn more about ways to better management diabetes. The program will commence in January 2025.



Kayenta Service Unit

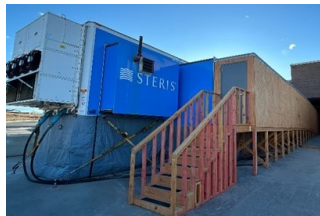
The Kayenta Alternative Rural Hospital (KARH), received notification in December 9, 2024 they have received full accreditation from The Joint Commission Accreditation. The hospital accreditation journey began in 2018 delayed by the COVID pandemic for two years. The Joint Commission conducted a full three-day survey of the hospital including the Inpatient unit in January 2024 and follow up survey in July 2024. The Joint Commission Hospital (TJC) accreditation vital for opening the Inpatient 10 bed unit, the first Ambulatory Care Clinic to advance IHS facility to full hospital service. We congratulate the KARH for their work and effort to achieve this milestone.

The Kayenta Alternative Rural Hospital (KARH) was able to purchase and install server rack mounted 10K Watts Uninterrupted Power Supply (UPS). The newly install UPS is the first step in accommodating the additional network hardware in the Main Distribution Frame (MDF) and Intermediate Distribution Frame (IDF) closet and to prepare for future network expansion projects which will require additional equipment and additional power backup. Most important, with the UPS upgrade, the IDF/MDF closets now have increase efficiency, helping with improving reliability and most important the UPS are supplying critical power to Kayenta Alternative Rural Hospital server infrastructure during any power outages or scheduled outages.

The Inscription House Health Center has staffing shortage that is being addressed through aggressive hiring practices and improving our facility in noticeable ways. Currently, there are two full time Nurse Practitioners and two locum (traveling) MD providers, and we are awaiting the start date of an Optometrist. With these new hires it is intended to offer more services than previous years and to reduce the vacancy rate that has been the challenge for several years.

Shiprock Service Unit

On January 6, 2025, the Northern Navajo Medical Center has a completed the setup and is not operational of the mobile Steris Sterile Processing Department (SPD). This mobile unit follows accreditation standards (Joint Commission, Association for the Advancement of Medical Instrumentation (AAMI), and Association for Professionals in Infection Control and Epidemiology (APIC). Due to maintenance and improvements at the facility, NNMC had no alternative but to have a functional unit in order to have clean, disinfect, and sterilize medical instruments. Because of this, Surgical services will be reinstated according a phase plan of re-opening in the coming months.



The Dzilh-Na-O-Dith-Hle Health Center (DZHC) held a Thanksgiving dinner for the Huerfano and Nageezi Senior Centers. The effort was in collaboration with the Navajo Nation Division of Aging and Long Term Care (DALTCs) and staff with the Public Health Nursing, Administration, and Nursing Program. The dinner was a time to express gratitude and appreciation for the community's senior citizens and build a partnership with tribal employees. The event was a memorable event with over 120 elders enjoying the delicious food and interacting with each other.



Shiprock Service Unit—continued

The Dziłth-Na-O-Dith-Hle Health Center (DZHC) Pharmacy Department implemented a pharmacy mail-order program to provide patients with convenient access to order and receive medications by mail. The DZHC Pharmacy dispenses approximately 1,500 medication refills per month. For the qualified patients, they contact the pharmacy and submit their requests. While there are exceptions for some medications such as controlled substances, refrigerated medications, and new prescriptions the mail order is ideal for patients with busy schedules, limited mobility, and transportation issues.

The Dziłth-Na-O-Dith-Hle Health Center (DZHC) Dental Clinic plays a vital role in the prevention of dental care and disease prevention. During the quarter, they were able to collaborate with the Dziłth-Na-O-Dith-Hle Community School (BIA) and Navajo Nation Boys & Girls Clubs to host a Dental Kids Day. This outreach provided dental screening, exams, oral health education, and topical fluoride treatments to 42 school children. This is a great way to increase access to dental services for children who often are at high risk for dental caries and disease.

On November 8, 2024, the Four Corners Regional Health Center completed a video interview of the Tsinnijinnie triplets from Page, AZ who served in the U.S. Army and Navy. The video was shared on Facebook and YouTube Channel.

The Four Corners Regional Health Center Optometry Department collaborated with the University of California – San Francisco (UCSF), to create an instructional video in Dine and English language to teach patients about the structure of the eye system, common causes of vision loss, cataract treatment, the Joslin Vision Network eye exam and diabetic eye disease treatment. The common causes of vision loss include cataracts, glaucoma, age-related macular degeneration, diabetic retinopathy, and uncorrected refractive errors. The UCSF has a commitment to advancing health equity and improving healthcare access for the Navajo Nation. The videos are now available on YouTube.

The Four Corners Regional Health Center Health identified the need to create a high-risk patient workgroup for patients with adverse health outcomes and with risk factors like age, medical condition, mental health needs, and geographical isolation. The workgroup consists of public health nurses, mental health workers, doctors, nurses, pharmacists, and case managers who meet bi-weekly to review cases on patients that require monitoring, intervention, and support system to mitigate risks and optimize health outcomes.



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NAVAJO AREA INDIAN HEALTH SERVICE

Health Care Facilities



Kayenta Service Unit



**Four
Corners
Regional
Health
Care
Center**



Inscription House Health Center

**Chinle
Service
Unit**



**Gallup
Indian
Medical
Center**



Tsaile Health Center



Crownpoint Service Unit



Tohatchi Health Care Center

**Pinon
Health
Center**



Dzilth-Na-O-Dith-Hle Health Center



Northern Navajo Medical Center