



Health Services and Facilities Master Plan

Final 1/16/06

Santa Fe Service Unit

New Mexico



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Introduction

In the FY 2000 Appropriation Bill for the Public Health Service, the U.S. Congress directed Indian Health Service (IHS) to determine the level of services and the types of facilities needed to supply these services through the year 2015. The IHS' Office of Environmental Health and Engineering (OEHE) was assigned responsibility for overseeing the process. In February 2003, Dr. Charles Grim, Assistant Surgeon General of the Department of Health and Human Services, instructed all Area IHS offices to develop a Health Services and Facilities Master Plan (HSFMP) to meet the Congressional directive.

The Albuquerque Area IHS assessed its resources and initiated its planning process by October 2003. The Albuquerque Area HSFMP has been developed over 16 months by integrating statistical analysis and site visits with participation from tribes, Service Unit health boards, IHS administration, and medical staff. It is the product of research, community outreach, statistics, analysis, discussion, and document review. Its purpose is to guide the development of health care services and facilities through the year 2015.

The process began by addressing the most complex Service Unit within the area, the Santa Fe Service Unit (SFSU). The planning process for the other eight Service Units occurred throughout 2004 and early 2005. The Albuquerque Area HSFMP combines the plans of all nine service units into one document.

Appendix A provides a glossary of acronyms and terms used throughout this report. Other documents, most notably the U.S. Commission on Civil Rights report "Broken Promises: Evaluating the Native American Health Care System," and historical information about legislation concerning health care for Indian were reviewed as background information for this report, and they are summarized in Appendix B. Other documents reviewed include "The IHS Strategic Plan: Improving the Health of American Indian and Alaska Native People Through Collaboration and Innovation", January 2003; and "Transitions 2002: A 5-Year Initiative to Restructure Indian Health", October 2002.

Plan Summary

The Santa Fe Service Unit HSFMP:

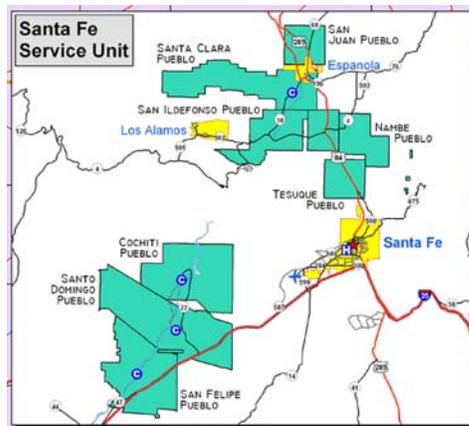
- Provides an overview of the IHS existing facilities in Santa Fe, San Felipe Pueblo, Santo Domingo Pueblo, Pueblo de Cochiti, and Santa Clara Pueblo;
- Identifies the services currently provided within those facilities, based on staff input and statistical research;
- Identifies the need, based on user population and projected population, for expanded services and facilities by the year 2015;
- Estimates the amount of investment required to meet these needs;
- Reports significant findings; and
- Proposes strategies to meet the needs identified.

Executive Summary

Medical services provided through five facilities including the Santa Fe Indian Hospital and ambulatory medical clinics:

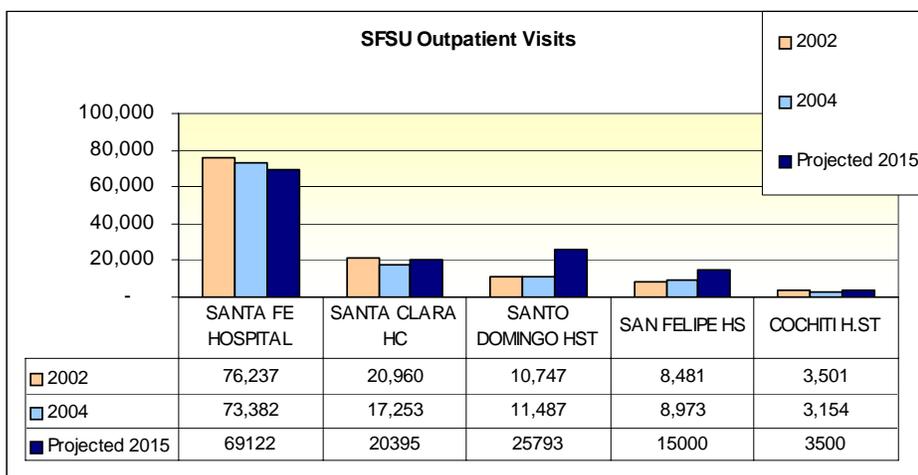
- Cochiti Health Station
- San Felipe Health Center (with Dental Clinic)
- Santa Clara Health Center (with Dental Clinic)
- Santo Domingo Health Center (with Dental Clinic).

Locations of the Santa Fe Indian Hospital and the other four SFSU clinics are indicated on the following map.



SFSU functions much like a “hub and spoke” medical system with the Santa Fe Indian Hospital as the center and 4 community clinics providing ambulatory medical care as well as laboratory, pharmacy, dental, and mental health. All facilities, including SFIH have long outgrown their physical capacities and need major renovations to accommodate increased patient visits, improved technology, computerization, patient flow and administration.

According to the data provided by the IHS national databank, Indian Health Performance Evaluation Systems (IHPEs), the number of patient visits throughout the Santa Fe Service Unit declined from fiscal year 2002 to 2004, with the exception of San Felipe and Santo Domingo Health Centers. To project patient visits to the year 2015 the consultants adjusted projections based on known expansions to existing facilities. The graph below illustrates these statistics.



The Health Systems Planning (HSP) software used by IHS to determine workload projections are based on Total Primary Care Provider Visits (PCPVs). PCPVs include physician visits for diagnosis typically seen by Family Practice, Internal Medicine, Pediatric, Obstetric/Gynecology, Tribal Physicians and Mid-Level Practitioners that support these specialties. The consultants used Outpatient visits to more accurately reflect provider workload based on need out of concern that PCPV use would not reflect true need when contract health providers and specialists are commonly used.

Inpatient admissions at Santa Fe Indian Hospital have also decreased dramatically, reducing an average daily count that was never very strong (16 percent in 1997) to only 7.3 percent in 2004 -- with the following chart

demonstrating the statistical changes from 1997. By any standard the inpatient use of the Santa Fe Indian Hospital is a struggling endeavor.

DATA	Year			% Change
	1997	2002	2004	1997-2004
# of Staffed Beds	39	35	35	-10%
Admissions	1,441	1,144	860	-40%
Discharges	1,454	1,154	867	-40%
Days	5,887	3,968	2,649	-55%
Occupancy	41%	31%	21%	-50%
Avg Daily Count (ADC)	16.1	10.9	7.3	-55%
Avg Length of Stay (ALOS)	4.0	3.4	3.1	-24%
Newborn Days	491	427	373	-24%
Births	233	209	179	-23%

In 2004 the federal appropriation for SFSU based on tribal shares and Resident Active User Population was approximately \$11 million for staffing of the Indian Hospital inpatient and outpatient medical facilities, the four community clinics, equipment, and facility management; another \$4,6 million was provided for Contract Health Services. Adjusting for removal of Taos and Picuris tribes in 2002, the federal funding actually decreased slightly.

Santa Fe Service Unit Recurring Base Funding

PROGRAM	FY 2002 RECUURING	FY 2004 RECUURING	% Change 02- 04
HOSPITALS & CLINICS *	\$9,083,824	\$8,827,596	-3%
DENTAL	\$256,616	\$949,400	270%
MENTAL HEALTH	\$537,039	\$467,565	-13%
SUBSTANCE ABUSE *	\$113,644	\$115,364	2%
PUBLIC HEALTH NURSE	\$524,060	\$532,708	2%
HEALTH EDUCATION	\$86,087	\$90,387	5%
CONTRACT HEALTH SERV	\$4,181,824	\$4,662,762	12%
TOTAL	\$15,783,094	\$15,645,782	-1%

Source: AAIHS Recurring Base Funding Statistics

* San Felipe Pueblo has exercised ISDA contracting for pharmacy services. Substance Abuse program funding for the most part goes directly to tribal ISDA programs.

The IHS allocation was supplemented by approximately \$9 million from third party reimbursements, the vast majority from Medicare and Medicaid. This represents a five percent increase of third party dollars since 2002. With more than 35 percent of its revenue dependent on Medicare and Medicaid funding (2004) the SFSU will need to make difficult changes to accommodate its future existence.

Current projections by the Social Security and Medicare Boards of Trustees expect the Trust Fund to go broke in the year 2019. Over the next 10 years Medicare and Medicaid funding requirements will become increasingly difficult, and IHS will be progressively more challenged to provide the infrastructure required to meet these new requirements. It is expected that some form of "pay for performance" will be instituted so that Medicare & Medicaid payments will be based on performance indicators rather than outcomes.

SFSU BUDGET

	FY 2002	FY 2004	# Change 2002 - 2004	% Change 2002 - 2004
REVENUES				
Total SFSU Federal Appropriation (1)	\$15,783,094	\$15,645,782	(\$137,312)	-1%
3rd Party Collections includes Private Insurance, Medicare & Medicaid	\$8,723,366	\$9,151,130	\$427,764	5%
Subtotal Revenues	\$24,506,460	\$24,796,912	\$290,452	1%
EXPENSES				
Hospitalizations (2)	\$1,224,768	\$922,228	-\$302,540	-25%
Dental (2)	\$77,009	\$110,235	\$33,226	43%
Non-Hospital Service Administration / Providers (2)	\$3,186,279	\$2,053,781	-\$1,132,498	-36%
Total CHS Expenditures (2)	\$4,488,056	\$3,086,244	-\$1,401,812	-31%
POPULATION SERVED				
ACTIVE USER POPULATION	14,882	15,032	150	1%
OUTPATIENT VISITS (3)	128,835	114,482	-14,353	-11%
INPATIENT Admissions	1,144	860	-284	-25%

* NOTE: 2004 expenses do not reflect total expenses if data was not provided to ABQ Area IHS in time of report.

(1) IHS Recurring Budget with CHS

(2) IHS Albuquerque Area Operational Summaries directly from RPMS

(3) Includes SFIH and four community clinics. All data from IHPES/ORYX

The budget above indicates a reduction in CHS expenditures between 2002 and 2004; in fact the recurrent base funding for CHS was \$4,662,762 but by the time of the report filed with Albuquerque Area Indian Health Service only \$3,086,244 had been expended or billed.

In 2004 the Resource and Patient Management System (RPMS) shows that approximately 20 percent of patients in SFSU registered as “Other” – and therefore services were provided without reimbursement by IHS. Some of these patients are students attending the Santa Fe Indian School, located adjacent to the SFIH

Despite limited funding SFSU has demonstrated the ability to provide basic health care to the 15,000 Active Users within its boundaries. This has been achieved in spite of lower per capita expenditures for health care, estimated by the IHS to be less than 60 percent of national levels, and lower availability of health care services (25 percent annual availability of dental services versus 60 percent for U.S. population overall). Complicating these factors are the limited number of providers – almost 50 percent less per capita than the U.S. population overall.

Documentation prepared for this Plan indicates that by the year 2015, with a projected Active User population of 22,553** the Santa Fe Indian Hospital will need a total square footage of 123,052 for both ambulatory and inpatient care. With input from the Albuquerque Area IHS the HSP was altered to include an Inpatient Active User Population that includes the existing SFSU tribes plus Taos Pueblo, Picuris Pueblo, Jicarilla apache Tribe, as well as tribes from the Albuquerque Service Unit and Acoma-Canoncito-Laguna Service Unit. By including additional tribes in SFSU’s Active User population the consultants are proposing that resources are found to expand and improve inpatients services and accommodate a regionalized IHS hospital at the existing / expanded Santa Fe facility.

In summary, by 2015 the SFSU will be forced to provide patient services to an increasing – and aging – population, with even fewer resources. The annual IHS budget has increased only approximately 3 percent per year for facilities and services –much of which must be used for federally mandated “Cost of Living Adjustments” for staff salaries. The impact of this minimal increase on the IHS’ ability to provide quality health care services cannot be understated. It has also resulted in under-funding of facilities, equipment, and other capital investment necessary to provide adequate health care services.

While an admirable effort, the “do more with less” medical practice can mean that true health care needs are never fully addressed, preventive care is neglected, and longer term, more serious chronic conditions result. An example is the 2004 Area-wide decision to restrict medical coverage to Priority One levels of care. The long-term outcomes of these reductions point to an increased – not decreased—health care burden on providers and facilities by the year 2015.

Planning Process

Tribal leaders were consulted regarding improvement to health care services and expansion of facilities in the process of researching and writing this HSFMP. As a result of the substantial outreach to tribal leaders each has been provided information regarding the major health issues of their specific tribe, significant data to assist each tribe as it plans its health care delivery system, community health education/outreach programs, and other services under the Indian Self-Determination Act.

From December 2003 to June 2005, the SFSU Health Board, including Governors, tribal council members, and members of tribal health programs staff met to provide input to the HSFMP regarding the level of services desired by the year 2015, medical service priorities, and a core list of SFSU Strengths, Weaknesses, Opportunities, and Threats (Appendix C). These documents help to form the basis for the HSFMP design and prioritization. A list of contacts and attendees from meetings are provided in Appendix D.

Service Unit administrative staff and tribal representatives reviewed and discussed use of the health facilities, including:

- the number of patient visits by categories of disease classification with historical perspective (1997 – 2004);
- provider workload based on these patient visits;
- pharmacy, laboratory, x-ray, dental, and medical visits;
- list of services currently provided by IHS and services that should be provided by 2015, based on tribal need;
- current and needed services in terms of “quality of care” and appropriate distance to obtain the service;
- services ranked in order of priority to assist tribal leaders and IHS administration to better understand critical needs; and
- Strengths, Weaknesses, Opportunities, Threats (SWOT presented in Appendix C).

In addition, interviews with key staff from each facility provided information regarding facility operating hours, current staffing levels and projected staffing needs for 2015, productivity and efficiency, and recommendations for improvements in provision of health services, administrative functions, equipment, and the physical facility. Questionnaire responses are included in matrix format in Appendix E.

Administration and medical staff were consulted regarding the disparity of statistics between two systems used by IHS for data reporting: the Resource and Patient Management System (RPMS) and the IHPES/ORYX databanks. In some cases, staff doubted the statistics from both data reporting systems because they seemed too low and unrepresentative of actual patient use. The consultants determined that the IHPES/ORYX reports were more reliable, had less duplication of data and had more "clean" data across all service units in the Albuquerque Area. The IHPES/ORYX database was therefore chosen as the source for analysis. A few exceptions are noted, and RPMS was included in the HSFMP to elaborate on specific issues.

Medical diagnostic statistics for the IHS user population of each specific tribe were provided to tribal leaders. This included, for example, the number of living patients diagnosed with Diabetes Mellitus Type 2 as of July 1, 2004. Data were pulled from the IHS-RPMS database using specific search criteria within the Q-Man data system for International Codes of Diagnostics (ICD-9) of Diabetes Mellitus Type 2.

This information was presented to help tribal leaders and medical staff analyze the level of need based on diagnosis, patient volume, and provider workload and to determine adequate care for current and future needs. Included in the HSFMP is a description of existing facilities and their adequacy to meet current and future service demands. The HSFMP developed as a result of this process will assist the SFSU and the Albuquerque Area IHS to determine primary care and specialty care needs as well as the facilities required to 'house' these services.

Findings: Health Services

The following findings and recommendations are the result of an 18-month planning process that included site visits, interviews with staff, and consultation with Health Board members and tribal leaders.

Overall, the SFSU is struggling, as are most of the other Albuquerque Area Service Units, to provide comprehensive patient care with decreasing financial resources. Congressional budget increases averaging 3 percent per year cover mandated Cost of Living Adjustments (COLA), but are insufficient to replace equipment, hire new staff, or replace staff who have left. In fact, every Service Unit throughout the Albuquerque Area (and nationwide) depends on third party reimbursements to cover program, staffing, and equipment costs.

Due to low funding levels, the IHS restricts patient care to Priority One medical conditions and thereby inhibits most preventive care and limits access to specialists. The Prioritization schedule is provided on pages _**. In addition, limited space for ambulatory health care in every facility has severely restricted services, which in turn limits third party reimbursements, which further limits investments for expanded patient care, providers, or extended hours. Although staff are proud of being able to provide patient care under these stressful circumstances, the quality of care suffers because equipment needs are not met, critical staff positions remain unfilled, space is inadequate, and providers must 'do more, with less.'

In 2004, the SFSU recorded a total of 114,482 outpatient visits throughout its four community clinics and the ambulatory clinic at Santa Fe Indian Hospital (SFIH). Historical data obtained from 2000 to 2004 provides a snapshot of disease and use burden on the facilities of the SFSU, but it is adjusted for the withdrawal of approximately 20,000 patient visits per year beginning at the start of Fiscal Year 2002 (in October 2001), when the creation of the Taos – Picuris Service Unit removed 2,272 Active Users.

Continued use of Santa Fe Indian Hospital as an inpatient hospital is a high priority issue before the tribes. Tribal leadership feels continuation of the in-patient services is critical to provide appropriate culturally-sensitive care to tribal members who are uncomfortable with care in less sensitive local public and private sector hospitals. Not only are the SFIH in-patient services used by all nine SFSU tribes, but other Service Units have contracted with SFSU for hospitalization care. These include Taos and Picuris, Jicarilla, Southern Ute, and Ute Mountain Ute. In addition, urban Indians from Denver and Albuquerque use in-patient services at SFIH. Tribal leaders view the provision

of hospital services in Santa Fe as part of the federal trust responsibility to provide health care services for Indian people.

On the other hand, IHS is considering discontinuing the inpatient services at the facility because usage rates are very low. The facility experienced only 21 percent occupancy and slightly more than 7 in-patients as an average daily count in 2004. Additionally, Medicare reimbursement for all SFSU clinics as well as those Service Units contracting in-patient services with SFIH is currently based on their designation as hospital-based clinics. Should SFIH cease in-patient services, these clinics would lose approximately 85 percent of their Medicare reimbursements.

Tribal leaders and health board participants defined quality of care not only as attention to the technical aspect of medicine—measurement indicators such as tests, diagnostics, practice, and pharmaceuticals—but also attention to the individual and access to care. Each factor is considered equally. Access to community-level care by well-trained medical providers was of critical importance to tribal leaders. The practice of “hub and spoke” medical system care—similar to the current IHS system throughout SFSU—is well suited to this defined need for local access to quality care.

A critical finding of this HSFMP is that medical recordkeeping through the Area-wide RPMS lacks standardization. Consultants found conflicting or inaccurate statistical reports on patient visits, provider workload, and facility use throughout the entire Albuquerque Area. Some statistical inaccuracies were due to poor data entry or recordkeeping by providers; other inaccuracies may have been due to poor data entry because of unreadable codes in charts.

Chart reviews conducted by IHS area staff indicated that approximately 25 percent of data entry may be suspect. For example, Santa Fe Indian School has a part-time provider who, according to medical staff, is fully utilized – but only 7 patient visits were recorded by the (IHPES data system. Since the IHPES data are used to provide reports for providers and patients, this statistical omission indicates a problem exists.

Reporting of poor or inadequate statistics can underscore funding formula problems and inadequate medical service delivery within Santa Fe Service Unit. Poor statistics affect formulas used for program funding and staff positions; they also affect health care delivery when used for planning and implementation of health services. Discovery of these statistical problems early in the HSFMP process encouraged Albuquerque Area IHS to develop standardized coding protocols and staff training curriculum to improve data

entry. This training was implemented in late 2004, and results should be noticeable by late 2005.

Complicating the issue of coding and statistics is the IHS practice to convert specific ICD-9 codes into more general disease codes in the RPMS system. For example, an IHS medical records clerk will enter any of the ten ICD-9 codes used to describe varying conditions for Diabetes Mellitus as the one diagnostic code—also known as “APC”—which defines Diabetes Mellitus (080).

Moreover, the IHS/APC codes are so generalized that they can mask the extent of and complications associated with a disease category. For example, no IHS code exists for “Asthma” which, even though a search using the ICD-9 codes in the Q-Man data of the RPMS system shows that as of July 1, 2004 over 3,200 SFSU patients were diagnosed with Asthma. At the same time, the Albuquerque Area Diabetes Project reported that 1,791 SFSU patients were diagnosed with Diabetes Mellitus. Comparison between the IHS/APC and ICD-9 systems is difficult and virtually impossible without a “key” to decipher the codes. The use of IHS/APC coding is confusing, duplicative, and unnecessary.

The Albuquerque Area Diabetes “Datamart” Project conducted random chart reviews of approximately 35% of the Albuquerque Area known patients with diabetes. It found that the datasets from RPMS contain one record per encounter, per client. Clients can have multiple encounters on a single date. Clients are identified at the encounter by two fields: ASUFAC (area/service unit/facility code) and HRN (Health Record Number). Problems were noted because a single client may not have the same values for these fields on all records. The ASUFAC can change because the client was seen at different facilities or because the codes for ASUFACs are changed in the IHS system. HRNs may change because they are assigned at the facility or service unit level. Social Security Numbers (SSNs) recorded on these records can help identify patients but some records do not have SSNs, and others contain data entry errors that result in incorrect SSNs for patients.

Further complicating the consistency of data for statistical purposes is the data recorded by tribal contract and compact programs such as Substance Abuse, Diabetes, and Community Health Representatives. The problem is pronounced when this data is not shared with IHS or entered to the RPMS system. It is virtually impossible to tally the number of patients seen at SFSU clinics who are diagnosed with substance abuse, since substance abuse patients usually interact with the medical system only when prompted by

another condition, which then takes precedence and is recorded by diagnostic code.

Both data collection systems, RPMS and IHPES are flawed due to inconsistent data entry; however, it was decided through the HSFMP planning process that the IHPES data was more reliable and should be used as the basis for facility planning. It is used throughout all Area Plans except where noted otherwise.

The SFSU staff expressed displeasure with use of both systems and doubt that any data fully reflects patient care. In contrast, other Service Unit staff believe that the statistics are a relatively true measure of patient visits and provider workload. The skepticism expressed by SFSU staff underscores the serious condition of the statistics and whether they can be reliable for long-range planning.

For example the SFSU RPMS reported that for FY 2004 the SFIH had 960 discharges plus an additional 195 newborn discharges for a total of 1155 discharges and a total 3,380 inpatient days. For FY 2004 the IHPES system reported 860 discharges and a total of 2,649 inpatient days. The consultants could find no explanation for the statistical discrepancy.

Unfortunately, the IHS-provided data is all that is available for planning purposes. Wherever possible, data analysis is adjusted for conditions that may have affected patient volume, such as the creation of the Taos/Picuris Service Unit, closure of the in-patient Progressive Care Unit (PCU) in October 2002 (re-opened in August 2004), and loss of a medical provider.

In any analysis it must be noted that SFSU depends upon third party reimbursements from Medicare, Medicaid, and private insurance for almost 35% of its program and medical service support, and that percentage has been growing by exponential double-digit numbers annually. Since patients have the right to receive medical services at any facility that accepts their insurance, it is imperative that SFSU begin to improve and market its services to attract new and retain existing patients. Threatened Medicare budget cuts may result in reduction of services for tribal members using outside medical care and encourage their return to IHS for health care. The same Medicare cuts would be felt by HIS, however, and it would be forced to provide additional services to tribal members with declining Medicare revenues.

Other significant findings include:

1. Recordkeeping

The quality and consistency of recordkeeping and data entry may vary by service provider, resulting in inaccurate statistics. For example, inconsistent use of provider codes resulted in large variations in provider data by facility.

- a. Statistical reliability varied by facility within SFSU and showed even greater variability between the nine service units of the Albuquerque Area.
- b. Poor recordkeeping by health care providers or medical records documentation negatively influences statistics and funding.
- c. Poor recordkeeping may inaccurately indicate a reduction (or increase) in service need.
- d. A reduction in the number of patient visits for a particular health service may be the result of service interruption due to staff shortage or budget restraints; it could also be the result of poor data entry. It may not reflect the actual need.
- e. Lack of patient data/communication between facilities complicates the inevitable patient migrations from one clinic to another, and is compounded by staff interpretation of the Health Insurance Portability and Accountability Act (HIPAA) rules. This results in inconsistent data that does not record laboratory, pharmacy or care provided to a patient moving from one facility to another. This places patients and providers at risk of inaccurate information and poor medical care.

2. Increasing Migration of Urban Indians

IHS does not have a mechanism for reimbursing cost of care for "Urban" Indian patients who receive care at a facility that is not located in their home service unit. In 2004, approximately 28% of patients in the SFSU were "Urban" Indians. Although some of these patients may be eligible for Medicare and/or Medicaid insurance, many are not. Financial problems at the Albuquerque Area Service Unit have resulted in reduced hours and services for all Indian patients in Albuquerque. As a result, it is expected that IHS clinics within driving distance of Albuquerque – including San Felipe clinic, Santo Domingo clinic, and SFIH – will see a large increase in the number of Urban Indians at walk-in clinics, further burdening limited resources of the SFSU.

3. Reduction of In-Patient Care

Since experiencing a "peak" of inpatient services in the late 1990s, SFIH has seen a reduction in admissions/discharges, as well as in services and the number of providers. The average daily count (ADC) fell from 16.1 in 1997 to 7.3 in 2004 – low by any hospital industry standard for a viable in-patient facility. The average length of stay (ALOS) for an in-patient dropped from 4.0 days to 3.1 days – more in keeping with industry standards that are responding to limited insurance coverage for longer in-patient care. Overall occupancy rates fell from 41%, or 5887 patient days/year in

1997 to only 19%, or 2649 days/year in 2004. In October 2002, the SFIH closed its Primary Care Unit (PCU) when it lost staff and the number of in-patient visits was falling; it was re-opened in August 2004 with the intention of expanding this service.

The occupancy rate may begin to change as the current administration recently (mid 2004) reinstated services that were reduced when providers left the SFIH. Staff reported that in the past use of contracted anesthesiologist and X-Ray technicians limited patient care, as did the ability of the hospital to provide particular services (e.g., limited anesthesia, limited blood products, unavailable CT scans and MRIs) needed for more complicated in-patient care. The expense of maintaining an underused inpatient hospital, however, represents a drain on financial resources that could be redirected to specialized outpatient, preventive, or follow-up care. Whether the other Santa Fe community hospital – St. Vincent’s – has adequate space to accommodate all SFIH patients throughout the year, especially during peak seasons, must be seriously considered through market studies before SFIH considers any further reduction in in-patient services.

4. Birthing Center

The single most-used in-patient service at SFIH is for women who choose to give birth at this facility. This number has also receded, however, from 233 births in 1997 to only 179 births in 2004 – a 23 percent reduction. A search of the ICD-9 codes for pregnancies from January 1, 2001 to January 1, 2004 indicates that 698 pregnancies / birth were recorded at IHS during the three-year period. According to tribal statistics an average of 300 births occur within the SFSU tribes annually. Assuming that even 80% (or 240 women per year) gave birth with uncomplicated deliveries and therefore could have used SFIH, the Service Unit is losing patients and ‘customers’. Through interviews of staff, administration, and health board members, it was clear that the OB/GYN department, and in particular Deliveries, is the most respected in-patient service provided at SFIH.

Comment [AG1]: This sentence seems to be redundant with the previous sentence reporting 179 births in 2004.

5. Contract Health Services

A review of CHS expenditures indicates that the SFSU Contract Health Service budget increased by 12 percent between 2002 and 2004. Considering that in-patient care has decreased substantially at SFIH while CHS expenditures for hospitalization increased, it is worth considering whether in-patient care was shipped out while it could be provided within the SFIH facility if adequate space and providers were available.

Lack of access to certain medical specialties (e.g., podiatry) within the IHS service delivery system means that these providers can only be used by referral through the CHS system, which is controlled by Priority One status and review by the SFSU administration. This has resulted in patients receiving inadequate preventive care and in ultimately higher long-term health care costs. Long appointment wait times for some dental services and limited appointments for specialized care such as podiatry

Comment [AG2]: Does this word exist? Should it be orthodontics?

provided through Visiting Professionals or CHS dollars restrict access to services that are critical for certain preventive care outcomes and negatively impact the quality of care as well as patient health.

6. Equipment

Throughout site visits and as a result of staff interviews, the consultants found a high percentage of old (over 20 years old) equipment within dental and optometry clinics. Some pharmacies are using a new Script Pro machine to sort/count medications and fill prescriptions, while others struggle to produce an increasing prescription load with counting machines that are “on their last legs.” While staff insist that they can “make do with less,” patients are not convinced that this approach yields the highest quality care available. In fact, many staff noted that the older equipment is a deterrent to young medical providers who are trained on newer equipment and feel that using older equipment will degrade their skills. Limited or nonexistent budgets to replace old equipment, difficulties in repairing old/outdated equipment, and the resulting competition among departments to justify the purchase of new or replacement equipment will continue to have a negative impact on the quality of care within the next year and well into the future.

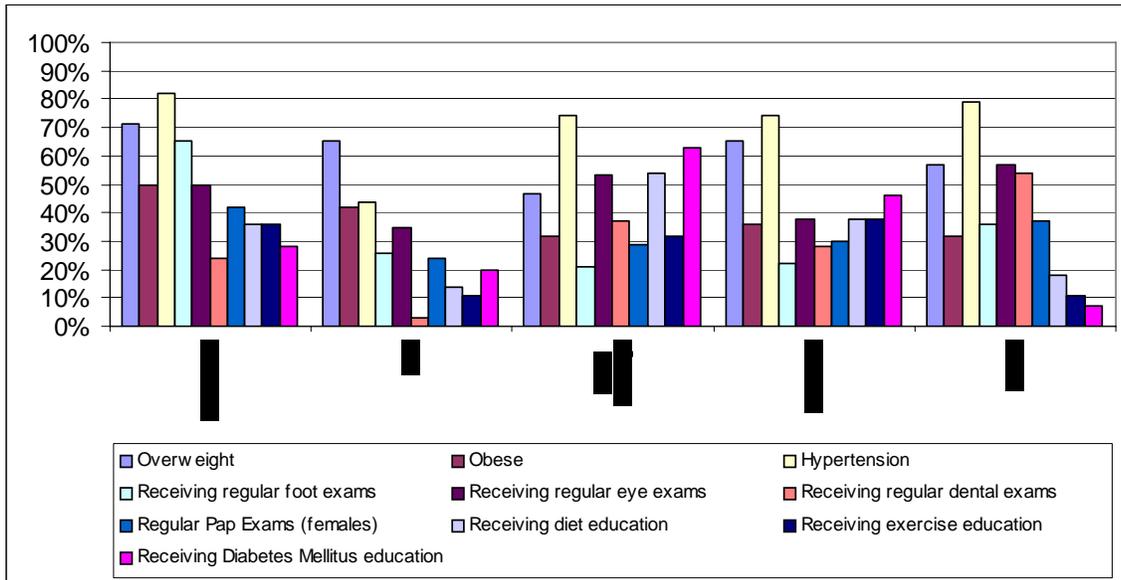
7. Service Delivery Impacts Health Status

Tribal leaders expressed concern that lack of preventive care, education, and outreach has negatively impacted the health status of their communities. Lack of coordination between programs that tribes have taken control of through the Indian Self-Determination Act, and the medical and program staff of SFSU was identified as a problem that leads to poor quality of prevention and outreach activities. Although tribes that chosen to contract or compact for some programs, such as diabetes, have control over their program activities, experience in other IHS Service Units shows greatly improved results when tribal staff –who are usually not medically trained – are strongly supported by and even integrated with medical providers and IHS staff.

8. Meeting IHS Standards of Care

The Albuquerque Area’s Diabetes Project Audit of diabetes charts in 2003 revealed the following information. Of the 2942 diabetes charts in the registries of the SFSU clinics, 570 were audited. A summary of the data is provided in the following graph. IHS’ Standards of Care for Diabetes Mellitus are listed on page 55.

2004 Albuquerque Area Diabetes Chart Audit – Selected Key Indicators



9. Staff Recruitment and Training

A limited human resources department, coupled with a complicated hiring process that often takes up to one year to bring on new staff, prevents IHS from moving quickly to fill empty positions. In some cases, hiring freezes implemented through reduced budgets prohibit use of on-going federal funds to hire staff. Some medical providers interviewed throughout the Service Unit commented that outdated equipment and lack of continual training opportunities deters to young practitioners from applying for open positions. Although the SFSU states that it “intentionally does not recruit young practitioners except as a last resort because patients deserve experienced health care providers,” it should be noted that medical providers themselves indicated that staff recruitment and retention is a problem. Finally, New Mexico itself experiences a lack of licensed specialty physicians, nurses, dentists, and other providers, making recruitment and retention a challenge.

10. Pharmacy

The medical staff and administration anticipate an increase in pharmacy services as the number of prescriptions and need for prescription management increase, reflecting changing Standards of Care throughout the medical industry. There is a growing demand for pharmaceutical clinics for both medical providers and patients, to better understand drug interactions and appropriate pharmaceutical choices. The SFIH pharmacy is already undersized, with only three of four consultation rooms

Comment [AG3]: Editor note: This term is confusing in this context... alternatives: prescription information or prescription workshops

available for use. Consultants observed patient consultation at the pharmaceutical window, within earshot of other patients who were sitting in chairs directly behind them waiting for ambulatory care.

Recommendations: Health Services

1. Improved Data Quality

- a. Standardize data entry, medical records, coding of provider services, etc.
- b. Eliminate use of IHS/APC codes and practices that congregate ICD-9 codes into nonstandard medical categories.
- c. Expedite installation of Electronic Health Records to facilitate flow of patient data between clinics and provide improved medical care with less risk to patient and provider.
- d. Obtain funding for use of Palm Pilots to improve data entry especially for field providers, public health nurses and community-based educators.

2. Health Care Coverage

Work with other Area offices, national IHS and the U.S. Congress to adopt nationwide healthcare system that will require reimbursement to Service Units for Urban Indian patient care. In essence, the dollar follows the patient and is not automatically sent back to the home service unit.

3. Regional Medical Center

The Santa Fe Indian Hospital could become a Regional Medical Center that is based on entire Active User Population of nine tribes and allows for expanded specialty services. For inpatient care, the Santa Fe Service Unit's Active User Population would be expanded to include Taos-Picuris Service Unit, Albuquerque Service Unit, and Acoma-Canoncito-Laguna Service Unit. Two possibilities include:

- a. The SFIH Regional Medical Center becomes a referral center for Albuquerque Area IHS in-patient use, rather than using private and public hospitals in Santa Fe and Albuquerque.
- b. The SFIH Regional Medical Center becomes a referral center for the Albuquerque Area specialty clinics. Services currently paid for through CHS or positions filled with part-time Visiting Professionals, such as podiatry, orthodonty, orthopedics, gerontology, rheumatology, and ultrasound would be provided in-house by IHS staff or IHS Visiting Professionals.

4. Expansion of Services

- a. Current medical services are provided at the four community clinics during a standard 8 a.m. – 5 p.m., Monday through Friday schedule, with Cochiti Clinic operating only 2 days per week. Expanding services at the community clinics to include an evening clinic or a Saturday clinic would help to reduce the number of patients using emergency room services at area public and private hospitals,

reduce the number of patients who need to travel to SFIH for after-hours care, and reduce overall expenditures for CHS. Expanding the SFIH evening hours or specialty clinics would also allow Santa Fe patients to use IHS services rather than local emergency rooms.

- b.** Improve telecommunications infrastructure between IHS health clinics to exchange patient data and reduce problems with sharing current patient history when patients travel from clinic to clinic.
- c.** Negotiate rates through Albuquerque Area for services/vendors under CHS.
- d.** Regionalize or consolidate supplies and pharmaceutical drug purchasing to reduce costs and allow pharmacists in community clinics to expand patient education and outreach.
- e.** Bring more women to SFIH for OB/GYN services. The OB/GYN medical staff have prepared a strategic plan for the Obstetrical Unit that outlines physical and service improvements to the hospital that would help to bring more women to SFIH to give birth. The plan also outlines community outreach by expanding coverage at the village clinics to include full-time Certified Nurse Midwives and regular visits by an Obstetrician/Gynecologist. A renovation cost estimate ranging from \$300,000 to \$474,000 was prepared by staff in 2002, potentially supported by additional Medicaid revenues that would be billed as a result of expanded services.
- f.** Expand medical detoxification for substance abuse patients. All SFSU tribes have elected to contract funding for substance abuse program/counseling services through ISDA contracts. Staff interviewed suggested that SFSU could develop a marketing plan to include all Albuquerque Area tribes buying buy back services from SFSU for a detoxification unit.
- g.** Develop “mobile clinics” that would go into communities to provide “clinics in a suitcase” for high-volume diagnoses categories including podiatry and diabetes. The Tohono’o’dom Tribe in Arizona has experienced significant improvements in tribal members’ health and a drastic reduction in the number of lower limb amputations since such a process was instituted.
- h.** Expand prevention activities for high-risk individuals and patients that fall within major disease categories.
 - 1. The consultants concur with SFIH program staff who recommended improved coordination between SFSU medical staff, program staff, and tribal programs through regular meetings and trainings. Most tribal staff do not have extensive medical training; providing support and partnership with SFIH medical providers would improve program outcomes.
 - 2. SFIH could act as regional “case managers” to follow patient care, integrate treatment planning, and improve overall coverage for patients, including care provided through CHS expenditures to area hospitals and CHS referrals.

5. Maximize third Party Health Insurance Collections

- a. Expand point-of-sale billing to all SFSU clinics to decrease time response of receivables, increase the amount of third party reimbursements, and help to expand medical services.
- b. Increase the number of benefit coordinators at community clinics to improve patient registrations with Medicare and Medicaid and ultimately increase third party reimbursements.

6. Outreach Activities

- a. Improve outreach, education and prevention activities to reduce long-term effects of chronic illness.
- b. Improve communications, training opportunities, and cooperation between medical staff, administration, and tribal programs, especially with diabetes, substance abuse, and mental health services.
- c. Develop Memoranda of Understanding between IHS/SFSU, Bureau of Indian Affairs, and the tribal programs to reduce duplication of services and channel needed funds into creating a regional tribal Detoxification Center and prevention programs.
- d. Explore use of Albuquerque Indian Hospital as facility for the Regional Medical Detoxification Center.
- e. Increase the number of patient liaison/patient advocate positions for follow-up care after in-patient care at area hospitals and SFIH.
- f. Develop a physician-in-residence at St. Vincent's Hospital so that IHS physicians visit patients admitted for in-patient care and ensure a smooth transition back to IHS care.
- g. Institute a system of "Appointment Reminder Calls" for patients to reduce the number of 'no-show' appointments for regular ambulatory clinics and specialty /visiting professional clinics, thereby improving provider productivity and patient care.

7. Transportation

Develop transportation service from communities to SFIH for Medicare/Medicaid patients to replace the private-sector Safe Ride program now used by many patients without vehicles. SFSU would receive reimbursement for services, and provide patients with a much-needed service. A system similar to what is currently used by the Veteran's Administration could shuttle patients between Albuquerque and Santa Fe with specific drop off / pick up points.

8. Continuum of Care

- a. As the population ages and medical conditions grow more complicated, families who traditionally care for aging parents and grandparents are unable to respond with adequate in-home care. There is an expressed need for expanding services to this population, through development of a Skilled Nursing. Land on which SFIH and Santa Fe Indian School (SFIS) sit was deeded from the U.S. Government to the Pueblos and is now Trust Land. It may be possible to convert some SFIS buildings to long-term care for elderly and extended-stay patients needing long-term recovery assistance or minimal nursing assistance. A full market study and building evaluation needs to be conducted to determine feasibility.
- b. Expand home health care services. Public Health nurses do not bill Medicare for home health because this is not an eligible activity. However, SFIH could create a home health care department and expand this service.

9. Podiatrist on Staff

Experience at other Service Units and other IHS Areas indicate that using third party reimbursements or diabetes grant monies to hire a full-time podiatrist has significantly reduced the number of lower limb amputations and improved overall health of diabetes patients. It is an irony of IHS that amputations are an approved health care cost, but podiatry and foot care are not high priorities.

10. Create a Santa Fe Indian Hospital Foundation

The Santa Fe Indian Hospital Health Board has long considered incorporation as a not-for-profit 501(c)3 organization, which would allow it to more easily raise funds for programs, staff, equipment, training, and other activities. Whether the Health Board or another entity assumes leadership of a Foundation, it is an important additional source of funds that practically every private hospital in America has discovered. Explore the development of a health consortium, similar to that used by Alaskan tribes which have developed a regional medical system in Anchorage by combining contracted and compacted funds.

11. Expedite Installation of Teleradiology and Telemedicine

Expand teleradiology practices at SFIH; expand telemedicine technology to community clinics, and enter into contracts with universities or hospitals capable of providing services unavailable within the Albuquerque Area. The SFIH is one of three pilot sites within the Albuquerque Area IHS to develop the infrastructure and initiate teleradiology activities. The IHS' Radiologist stationed at the Albuquerque Service Unit will read the X-Rays and respond to SFSU needs. Converting existing equipment to function with teleradiology technology costs approximately \$175,000.

Renovation of Santa Clara Health Center's radiology department would be the next step within SFSU. Telemedicine technology does not exist at any SFSU facility, but its addition at all community clinics would provide video conferencing for real-time collaborative medical education, training, remote consultation, and emergency response. The benefits include: reduction in patient transportation time and cost; a real-time second opinion; enables quicker patient diagnosis; and access to resources for continuing medical education. The SFSU could pursue funding opportunities through the Department of Health and Human Services as well as private foundations to pay for this expense.

12. Expand Operating Room/Same Day Surgery, Obstetrics & Outpatient

The SFIH contains an underutilized Progressive Care Unit, Obstetrics Ward and Surgical Ward. Over the past five years, statistics show that services provided in these departments have dwindled, and an increasing number of patients chose to seek medical care elsewhere or were referred to area hospitals for care. Staff indicated that some of these reductions in service may have been caused when medical providers were lost and the positions were not filled. A market study should be conducted to evaluate what services could be returned to or developed at SFIH to increase services that would be reimbursed by private insurance and Medicare or Medicaid.

Findings: Facilities

The IHS has developed a Healthcare Facilities Construction Priority System (HFCPS) which reviews and evaluates all IHS-operated medical facilities. The Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board (FAAB) have developed and reviewed evaluation criteria that provide methodology for this priority-setting activity. The HFCPS will incorporate findings from the Health Services and Facilities Master Plans to rank healthcare facilities construction and renovation needs.

IHS uses a Supportable Space Formula to determine required space, using a standardized formula which was developed and applied to estimate the space that IHS supports for allocation of Maintenance and Improvement Funds. This method does not account for the demographics of the user population.

A second method uses the Base Health Systems Planning (HSP) Software to provide a more detailed measure of the facility needs, based upon demographics of the served.

The Federal Engineering Deficiency System (FEDS) defines facility deficiency categories requiring repair or renovation and provides cost estimates. IHS has this information only for facilities that it owns; facilities owned by a tribe (for example, Santa Clara Health Center) will not have deficiency information. In this case, Santa Clara Health Center would be encouraged to complete their own Facility Condition Assessments for IHS to include on the Healthcare Facilities Construction Priority System.

1. Facility Design and Adequacy to Meet Service Need

Santa Fe Indian Hospital

- a. The existing SFIH facility was originally designed as an in-patient facility but now functions primarily as an ambulatory care clinic.
- b. The building design is inadequate as an ambulatory clinic and inhibits productivity of providers, limits expansion of necessary or desired services, and results in a clumsy patient flow.
- c. Decreased in-patient activity results in under use of valuable space that might otherwise be used as ambulatory clinic space.
- d. In-patient rooms converted to ambulatory clinic examination rooms are very large for the purpose and represent "wasted" square footage.
- e. Patient registration is without confidentiality. Meetings with benefits coordinator in the front office also lack confidentiality. Both areas have open walls that do not connect to ceilings.
- f. Contract Health Services space for patient consultation is overcrowded and lacks privacy. Patients discuss private concerns and medical issues within sight and hearing distance (2 to 4 feet) of another client.

Santa Clara/San Juan/Northern Clinic

- g. The building is undersized for its use, especially in dental and pharmacy. As a result provider productivity is limited and patient confidentiality is compromised.
- h. Providers share one large space divided by modular walls and immediately abutting the open walk-way. Confidential phone conversations are virtually impossible and there no privacy for patient consultation.
- i. Contract health and business office workers share space on the opposite side of the open walk-way and share the same lack of privacy and compromised confidentiality.
- j. A lack of space for confidential file or administrative file storage substantially decreased provider and worker productivity and compromises patient confidentiality.
- k. The pharmacy is completely inadequate and undersized for workload, storage, equipment, and provider space.
- l. Dental space is awkward and almost completely lacking in privacy. Both doors open to operatories / chairs, meaning that sitting patients are exposed to incoming patients and traffic. Dental space is limited and the dentist's 'office' is a shared, unused operatory and sterilization space with a cubbyhole for a desk.

Santo Domingo Health Clinic

This facility is planned for replacement as Santo Domingo Tribe has financed construction of a new 12,000 square foot ambulatory health clinic, providing medical, dental, pharmacy, laboratory services. One fulltime medical doctor is shared between clinics at Santo Domingo, San Felipe, and Cochiti Pueblos. Mid level practitioners (Nurse Practitioner) are shared between San Felipe and Santo Domingo Health Clinics. One nursing staff is shared between clinics at Santo Domingo, San Felipe, and Cochiti Pueblos. This staffing pattern may change when the new clinic opens for operations in September, 2006.

San Felipe Health Clinic

- a. The building is undersized for its use, especially in pharmacy. The number of examination rooms is inadequate to meet patient flow, resulting in long wait times. As a result provider productivity is limited and patient confidentiality is compromised.
- b. Clinic hours follow a regular 8 am – 5 pm schedule, Monday – Friday.
- c. One fulltime medical doctor is shared between clinics at Santo Domingo, San Felipe, and Cochiti Pueblos. Mid level practitioners (Nurse Practitioner) are shared between San Felipe and Santo Domingo Health Clinics. One nursing staff is shared between clinics at Santo Domingo, San Felipe, and Cochiti Pueblos
- d. Renovations in 2000 helped to expand patient registration and waiting room space, but the examination rooms remain limited and small.
- e. Providers share one large space. Confidential phone conversations are virtually impossible and there no privacy for patient consultation outside of examination rooms, reducing productivity smooth patient flow.
- f. A lack of space for confidential file or administrative file storage substantially decreased provider and worker productivity and compromises patient confidentiality.
- g. The pharmacy is completely inadequate and undersized for workload, storage, equipment, and provider space. The tribe has contracted its pharmacy services under the ISDA process.

Cochiti Health Station

The Cochiti Health Station is housed within approximately 1400 square feet of space provided by the Cochiti Pueblo in the administration building. Within this space exists a 12 chair waiting room, registration desk with file storage, two examination rooms, one lavatory, and a small triage space. Clinic hours are limited to two days / week with no evening or weekend clinics. One fulltime medical doctor is shared between clinics at Santo Domingo, San Felipe, and Cochiti Pueblos. One nursing staff is shared between clinics at Santo Domingo, San Felipe, and Cochiti Pueblos.

2. Long-term care

An alternative to sending patients for longterm nursing home recovery or nursing home care would be to negotiate use of buildings from Santa Fe Indian School for long-term care or family dormitories. The consultants recommend conducting a market study to better understand the need and benefit of such service.

3. SFIH Equipment

Throughout the facilities of the Santa Fe Service Unit staff reported equipment shortages, computer failures, and lack of phone, fax lines, and conveniently located copy machines that inhibit productivity.

4. Dental

Within Santa Fe Indian Hospital dental clinic dentists have no room for private consultation or for storage of supplies. Three dentists currently share one small office, which also doubles as storage space.

5. SFIH RRM

The Resource Requirements Methodology (RRM) developed in the past for the SFIH has been based on an Active User Population of less than 5,000 which is the population of "urban" Indians and the SFSU tribes without a community health facility. The SFIH however serves almost as many patients from Santo Domingo, Santa Clara, San Juan, San Felipe and Cochiti pueblos, as the facilities within the pueblos themselves. This HSFMP process will highlight the need for expanded ambulatory clinic space and administrative space, based on a revised User Population. As a result the Health Systems Planning (HSP) formula was adjusted to better reflect more realistic patient use while taking into consideration that at least one of the southern clinics will have a new and greatly expanded clinic by the end of 2006.

6. Facility Leases

New leases for facilities built with non-IHS funds are subject to an IHS internal policy that only allows for five-year leases, with a five-year renewal option. Tribes who need to access loan financing cannot amortize a loan with a reasonable mortgage payment over a 10-year period. This can prevent a tribe from seeking additional funds to provide a facility adequate to meet its community's needs. On the other hand, SFSU does not have funds for leases; these expenses are taken from operating budgets which will negatively affect the Service Unit's ability to provide or expand medical services.

Recommendations: Santa Fe Indian Hospital

1. **Facility Improvements to Meet Service Need**
 - a. Renovate all facilities to accommodate improved information technology and for telemedicine.
 - b. Renovate the SFIH facility to better accommodate ambulatory patient care which includes increasing the number of outpatient/examination rooms.
 - c. Recommended renovations include additional staff meeting and education rooms, employee wellness facilities, and provide more lockers for employees.
 - d. Renovate Pueblo clinics to better accommodate community-based medical care and reduce the burden on SFIH (i.e., San Felipe, Santo Domingo, Cochiti and Santa Clara/San Juan)

2. **Facility Improvements by Department to Meet Service Need**
(based on site visits and staff interviews)
 - a. Expand pharmacy storage and patient consultation rooms.
 - b. Expand of laboratory space to separate administrative and technician work.
 - c. Group education rooms for diabetes, obesity, hypertension, etc.
 - d. Expand storage capacity for confidential records, supplies and equipment.
 - e. Designate an specific area for providers to work on charts so that they are not scrambling for space or seats.
 - f. Update computer software. Most systems are still operating with Windows 98 software.
 - g. Provide workbench for eyeglass repairs and a waiting room for dispensary.
 - h. Improve lighting in exam rooms, administrative rooms and hallways.
 - i. Improve/replace HVAC system to provide consistent temperatures.
 - j. Improve security.
 - k. Provide patient waiting area for physical and occupational therapies.
 - l. Provide gymnasium and private treatment rooms for physical therapy.
 - m. Provide separate facilities or room for wound care.
 - n. Renovate labor and delivery rooms to improve patient and family comfort.

Demographics and Physiographic Features of the Area

Service Unit Boundaries

The existing administrative Service Unit boundaries have been used in this report. It should be noted that in 2002 IHS removed Taos and Picuris clinics from the SFSU and created the Taos-Picuris Service Unit (TPSU), which altered the service delivery area and Active User Population of tribes under the SFSU. TPSU contracts specific services with SFIH and retains a small percentage of its service appropriation at SFSU.

Service Unit Tribes

The Santa Fe Service Unit is now composed of nine tribes. Three tribes (San Felipe, Santo Domingo, and Cochiti) fall within 40 miles south of Santa Fe and represent the three "Southern Clinics." Each has a small health center or health station.

The Santa Clara Health Center, located approximately 35 miles to the north of Santa Fe, provides the majority of health care for the six tribes to the north. In addition to serving as a 35-bed inpatient hospital, Santa Fe Indian Hospital is widely used by all tribes as a health clinic providing regular ambulatory medical, dental and mental health services. SFIH is the closest source of ambulatory medical care to members of Nambe and Pojoaque Pueblos.

There is a significant migratory pattern that indicates how members of each tribe use facilities within the SFSU and facilities within the overall Albuquerque Area IHS system. This pattern also shows use of each facility by Urban Indians. Detailed patient migration data appear in Appendix M.

The SFSU Active User population and projected user population are presented below, comparing these numbers to the U.S. Census population (year 2000) and providing Health Systems Planning formula estimates for projected population in 2015.

SFSU Active & Projected User Population

Tribe / Service Unit	2000 Census (New Mexico)	2004 Active User Population *	With % of "Other"	Total	2015 Projected Population (no "other")
Other/Urban	3,526	3,599			
Cochiti	915	816	257	1,073	842
Nambe	495	553	169	722	531
Pojoaque	195	252	83	335	341
San Felipe	2,616	2,586	822	3,408	2,968
San Ildefonso	471	526	164	690	604
San Juan	2,370	1,691	530	2,221	1,757
Santa Clara	1,623	1,162	368	1,530	1,439
Santo Domingo	3,604	3,487	1,092	4,579	3,776
Tesuque	367	360	115	475	495
SFSU Total	16,183	15,032			

* Taken from U.S. Census and IHS Percentage of Urban Indians in Residence

Based on Active User population the average age of the SFSU population is 33.3 years, yet 39% of patient visits are from persons over 45 years of age and even with removal of Taos-Picuris data this 45-64 age group has decreased by 12% since 2002. The chart below outlines patient visits to SFSU clinics by age.

Santa Fe Service Unit Total Outpatient Visits by Age 2000 - 2004

Age	2000	2001	2002	2003	2004	% Change 00 - 04	% Change 02 - 04	2004 % of Total
0-1	4,166	4,079	3,994	3,562	3,138	-25%	-21%	3%
1 – 14	25,262	25,392	23,759	20,502	21,449	-15%	-10%	19%
15 – 44	51,415	53,383	50,709	45,875	45,700	-11%	-10%	40%
45 – 64	31,219	33,527	32,282	28,149	28,236	-10%	-13%	25%
65 +	17,954	18,908	18,091	16,001	15,959	-11%	-12%	14%
Totals	130,016	135,289	128,835	114,089	114,482	-12%	-11%	100%

Source: IHS/IHPES. * Data from 2000 to 2002 includes Taos-Picuris Pueblos. The reduction between 2001 and 2002 has been explained as an overhaul of the data entry system, which can be seen across all SFSU clinics.

Santa Fe Service Unit Facility visits by Age 2000 – 2004

COCHITI HEALTH STATION						
Age Range	2000	2001	2002	2003	2004	2004 % of Total
0	67	75	71	38	44	1%
1-14	473	474	460	554	401	13%
15-44	912	763	898	902	845	27%
45-64	928	852	825	814	750	24%
65+	1,118	1,149	1,247	1,222	1,114	35%
	3,498	3,313	3,501	3,530	3,154	100%
SAN FELIPE HEALTH CENTER						
Age Range	2000	2001	2002	2003	2004	2004 % of Total
0	438	329	267	294	215	2%
1-14	2,239	2,392	2,070	1,802	1,899	21%
15-44	2,929	2,910	2,914	2,845	3,097	35%
45-64	2,059	2,077	2,097	2,223	2,233	25%
65+	976	1,112	1,133	1,389	1,529	17%
	8,641	8,820	8,481	8,553	8,973	100%
SANTA CLARA HEALTH CENTER						
Age Range	2000	2001	2002	2003	2004	2004 % of Total
0	533	449	417	445	377	2%
1-14	3,264	3,430	3,579	3,196	2,800	16%
15-44	6,421	6,545	7,225	6,837	6,108	35%
45-64	4,633	4,923	5,483	4,712	4,717	27%
65+	3,283	3,792	4,264	3,712	3,251	19%
	18,134	19,139	20,968	18,902	17,253	100%
SANTA FE HOSPITAL						
Age Range	2000	2001	2002	2003	2004	2004 % of Total
0	2,299	2,684	2,786	2,442	2,116	3%
1-14	12,932	13,638	13,986	12,541	13,751	19%
15-44	29,639	32,360	33,460	31,979	32,481	44%
45-64	15,428	17,642	18,420	17,134	17,294	24%
65+	6,782	6,982	7,586	7,221	7,746	11%
	67,080	73,306	76,238	71,317	73,388	100%
SANTO DOMINGO HEALTH CENTER						
Age Range	2000	2001	2002	2003	2004	2004 % of Total
0	369	272	327	332	384	3%
1-14	2,803	2,576	2,390	2,373	2,536	22%
15-44	3,397	3,168	3,054	3,225	3,139	27%
45-64	2,922	2,989	3,165	3,197	3,218	28%
65+	1,735	1,727	1,811	2,091	2,210	19%
	11,226	10,732	10,747	11,218	11,487	100%

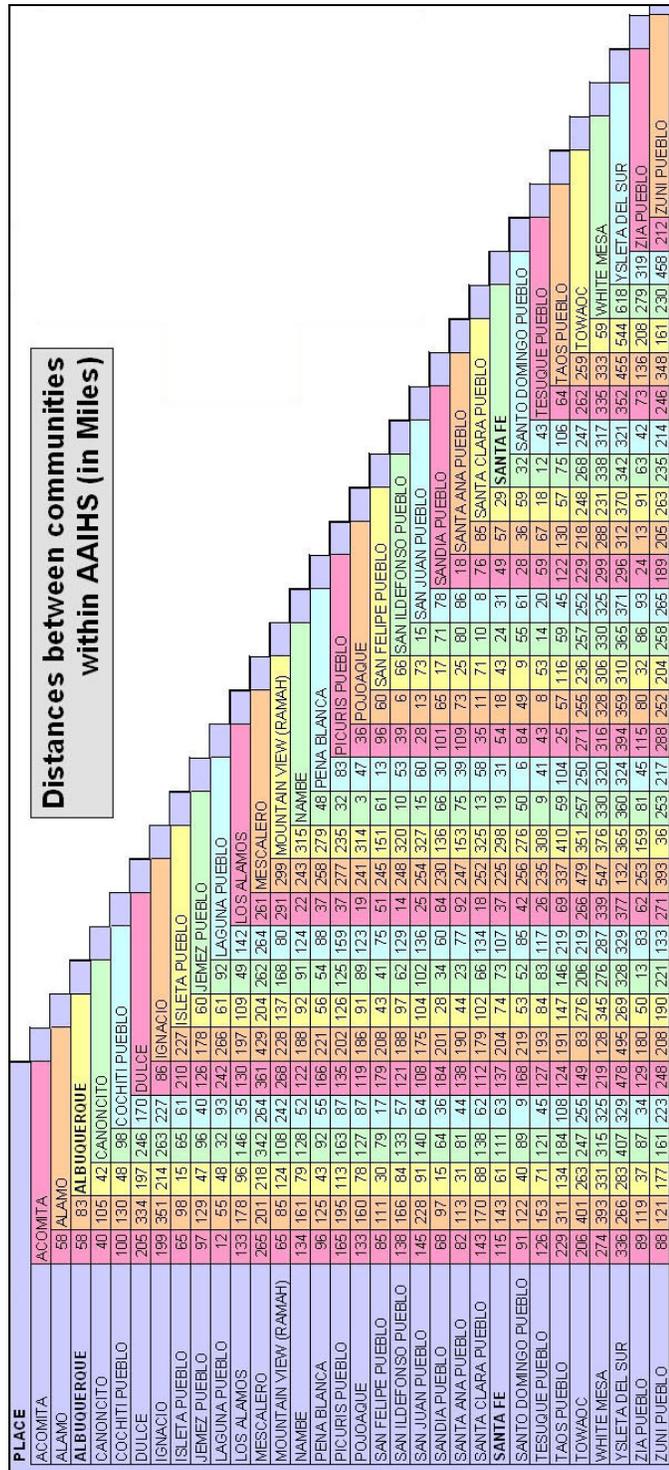
Service Unit Clinic Locations

The SFSU has responsibility for providing access to inpatient facilities and medical services within 90 minutes (90 miles or approximately 145 kilometers) driving time, for patients registered to the nine tribes within the Service Unit. Access to outpatient facilities is based on a 30-minute (48-kilometer) standard. The time/distance IHS standards for health centers and inpatient facilities are met throughout SFSU.

Distances between individual tribes and the Santa Fe Indian Hospital are listed below. All communities fall within a 40-mile radius of access to emergency medical facilities and ambulatory outpatient care. Facilities in Albuquerque, NM provide alternative referral sites for patients throughout SFSU.

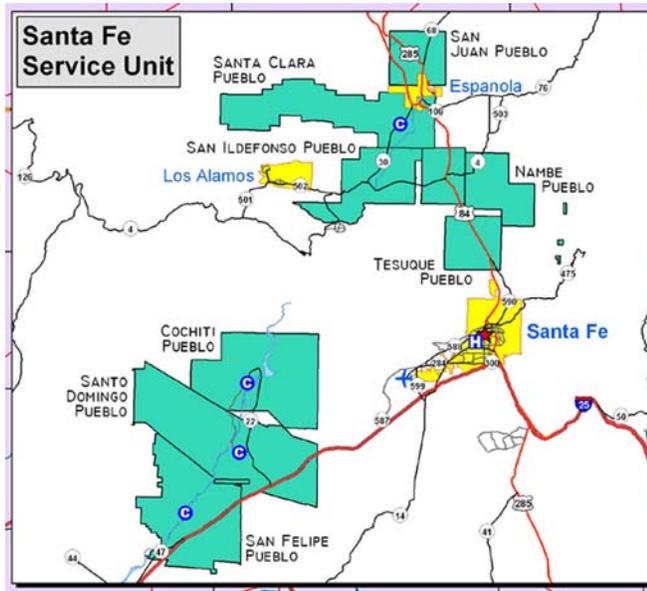
Distance to SFIH & UNM Hospital

Tribe	Distance to Santa Fe Indian Hospital	Distance to Albuquerque UNM Hospital
Pueblo de Cochiti	50.7 km/31.7 mi	81.3 km/50.8 mi
Nambe Pueblo	29.0 km/18.1 mi	128.6 km/80.4 mi
Pojoaque Pueblo	28.5 km/17.8 mi	128.2 km/80.1 mi
Pueblo of San Felipe	52.8 km/33.0 mi	51.2 km/32.0 mi
San Ildefonso Pueblo	38.2 km/23.9 mi	137.9 km/86.2 mi
San Juan Pueblo	48.8 km/30.5 mi	148.5 km/92.8 mi
Santa Clara Pueblo	45.0 km/28.1 mi	144.6 km/90.4 mi
Santa Domingo Pueblo	48.5 km/30.3 mi	68.3 km/42.7 mi
Tesuque Pueblo	18.7 km/11.7 mi	118.4 km/74.0 mi



Existing Location and Health Services Provided

Medical services provided through SFSU IHS facilities are available in one HIS-owned and -operated hospital/clinic/dental facility located in Santa Fe, New Mexico; three medical clinics leased by IHS, one clinic owned by IHS, and three dental clinics. Facilities include the Santa Fe Indian Hospital, Cochiti Health Station, San Felipe Health Center (with Dental Clinic), Santa Clara Health Center (with Dental Clinic), and Santo Domingo Health Center (with Dental Clinic). Locations of the Santa Fe Indian Hospital and the other four SFSU facilities are indicated on the following map.



Individual data sheets for each of the facilities follow.

Cochiti Health Station

MAP	SERVICES PROVIDED Limited Ambulatory Clinic Services																														
FACILITY DATA		PRIORITY ISSUES																													
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San Felipe Health Clinic

MAP	<p>SERVICES PROVIDED</p> <p>Primary Care Pharmacy Dental Clinic</p> <p>TRIBES SERVED</p> <p>Pueblo of San Felipe</p>	PHOTO
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<p style="text-align: center;">FACILITY DATA</p> <table style="width: 100%;"> <tr><td>Installation Number</td><td style="text-align: right;">30066</td></tr> <tr><td>Year Built</td><td style="text-align: right;">1971</td></tr> <tr><td>City, State</td><td style="text-align: right;">San Felipe, NM</td></tr> <tr><td>County / Code</td><td style="text-align: right;">Sandoval (pt) [043]</td></tr> <tr><td>IHS Owned/Leased?</td><td style="text-align: right;">IHS-owned</td></tr> <tr><td>Distance to Service Unit Office</td><td style="text-align: right;">34 mi.</td></tr> <tr><td>Total Square Footage</td><td style="text-align: right;">2,443</td></tr> <tr><td># of Buildings</td><td style="text-align: right;">1</td></tr> <tr><td># of Housing Quarters</td><td style="text-align: right;">N/A</td></tr> <tr><td># of Licensed Hospital Beds</td><td style="text-align: right;">N/A</td></tr> <tr><td># of Staffed Hospital Beds</td><td style="text-align: right;">N/A</td></tr> <tr><td># of Exam Rooms</td><td style="text-align: right;">2</td></tr> <tr><td>2004 Staff Positions</td><td style="text-align: right;">Need 2004 RRM</td></tr> </table>	Installation Number	30066	Year Built	1971	City, State	San Felipe, NM	County / Code	Sandoval (pt) [043]	IHS Owned/Leased?	IHS-owned	Distance to Service Unit Office	34 mi.	Total Square Footage	2,443	# of Buildings	1	# of Housing Quarters	N/A	# of Licensed Hospital Beds	N/A	# of Staffed Hospital Beds	N/A	# of Exam Rooms	2	2004 Staff Positions	Need 2004 RRM	<p style="text-align: center;">PRIORITY ISSUES</p> <p>Facility Deficiencies:</p> <table style="width: 100%;"> <tr><td>Safety</td><td style="text-align: right;">\$58,870</td></tr> <tr><td>Compliance</td><td style="text-align: right;">92,825</td></tr> <tr><td>Program Deficiencies</td><td style="text-align: right;">6,049,900</td></tr> <tr><td>Energy Conservation</td><td style="text-align: right;">38,300</td></tr> <tr><td>Maintenance & Repair</td><td style="text-align: right;">166,694</td></tr> <tr><td>TOTAL</td><td style="text-align: right;">\$6,406,589</td></tr> </table> <p>Top 5 Health Board Priorities:</p> <ul style="list-style-type: none"> Diabetes Podiatry - Care and Services on Site Family Practice Pediatric Optometry, Ophthalmology (Teleoptometry) <p>Staff Priorities: Based on interview matrix and staff prioritization process — to be done</p>	Safety	\$58,870	Compliance	92,825	Program Deficiencies	6,049,900	Energy Conservation	38,300	Maintenance & Repair	166,694	TOTAL	\$6,406,589
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Active User Population	1997	2004	2015 (Projected)
Pueblo of San Felipe	2,562	2,586	
Non-Service Unit Tribal Members			
Total User Population			
Average Daily Outpatient Load			
Average Daily Inpatient Load	0	0	

Santa Fe Indian Hospital



Santa Fe Indian Hospital
1700 Cerrillos Road
Santa Fe, NM 87505

SERVICES PROVIDED

- Outpatient
- Inpatient
- Dental
- Optometry
- Pharmacy
- Radiology
- Laboratory
- Mental Health
- Dietary
- Audiology
- Physical Therapy
- Occupational Therapy
- Diabetes Program
- Emergency Room / Urgent Care
- Labor & Delivery



FACILITY DATA	
Installation Number	11516
Year Built	1978
City, State	Santa Fe, NM
County / Code	Santa Fe [049]
IHS Owned/Leased?	IHS-owned
Distance to Service Unit Office	
Total Square Footage	99,911
# of Buildings	4
# of Housing Quarters	0
# of Licensed Hospital Beds	42
# of Staffed Hospital Beds	34
# of Exam / Consultation Rooms	
Behavioral Health	5
Dental Operatories	8
Emergency Room Exam Rooms	9
Optometry	1
Basic Ambulatory Exam Rooms	7
2004 Staff Positions	Need 2004 RRM

PRIORITY ISSUES	
Facility Deficiencies:	
Patient Care	\$37,000
Safety	43,277
Compliance	122,140
Energy Conservation	24,453
Maintenance & Repair	1,423,265
TOTAL	\$1,650,135
Top 5 Health Board Priorities:	
Diabetes	
Podiatry – Care and Services on Site	
Family Practice	
Pediatric	
Optometry, Ophthalmology (Teleoptometry)	
Staff Priorities:	
Based on interview matrix and staff prioritization process — to be done	

	1997	2004	2015 (Projected)
Active User Population			
Nambe Pueblo	497	553	
Pojoaque Pueblo	245	252	
Tesuque Pueblo	341	360	
Non-Service Unit Tribal Members			
Total User Population			
Average Daily Outpatient Load			
Average Daily Inpatient Load	0	0	

Santo Domingo Health Center

MAP	<p style="text-align: center; margin: 0;">SERVICES PROVIDED</p> <p style="text-align: center; margin: 5px 0 0 20px;">Primary Care Pharmacy Dental Clinic Limited Laboratory</p> <p style="text-align: center; margin: 10px 0 0 20px;">TRIBES SERVED Santo Domingo Pueblo</p>	
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FACILITY DATA	
Installation Number	11986
Year Built	1963
City, State	Santo Domingo, NM
County / Code	Sandoval (pt) [043] Santa Fe [049]
IHS Owned/Leased?	IHS-owned
Distance to Service Unit Office	28 mi.
Total Square Footage	3,530
# of Buildings	3
# of Housing Quarters	N/A
# of Licensed Hospital Beds	N/A
# of Staffed Hospital Beds	N/A
# of Exam Rooms	2.5
2004 Staff Positions	Need 2004 RRM

PRIORITY ISSUES	
Facility Deficiencies:	
Patient Care	\$149,600
Safety	55,900
Compliance	59,956
Program Deficiencies	3,800
Energy Conservation	7,200
Plant Management	3,500
Maintenance & Repair	137,183
TOTAL	\$417,139
Top 5 Health Board Priorities:	
Diabetes	
Podiatry - Care and Services on Site	
Family Practice	
Pediatric	
Optometry, Ophthalmology (Teleoptometry)	
Staff Priorities:	
Based on interview matrix and staff prioritization process — to be done	

	1997	2004	2015 (Projected)
Active User Population			
Santo Domingo Pueblo	3,427	3,487	
Non-Service Unit Tribal Members			
Total User Population			
Average Daily Outpatient Load			
Average Daily Inpatient Load	0	0	

Health Services Delivery Plan

Santa Fe Hospital Inpatient Summary 1997-2004

DATA	Year								% Change
	1997	1998	1999	2000	2001	2002	2003	2004	1997-2004
Beds*	39	39	39	39	39	35	35	35	0%
Admissions	1,441	1,344	1,295	1,201	1,276	1,144	952	860	-40%
Discharges	1,454	1,355	1,314	1,212	1,287	1,154	963	867	-40%
Days	5,887	5,015	5,082	4,173	4,622	3,968	3,049	2,649	-55%
Occupancy	41%	35%	36%	29%	32%	34%	24%	21%	-55%
Avg Daily Count (ADC)	16.1	13.7	13.9	11.4	12.7	10.9	8.4	7.3	-55%
Avg Length of Stay (ALOS)	4.0	3.7	3.9	3.4	3.6	3.4	3.2	3.1	-24%
Newborn Days	491	437	412	442	469	427	465	373	-24%
Births	233	208	216	221	224	209	219	179	-23%

Data source: IHS/IHPES. * Four beds are used for post-surgical care.

Inpatient Care

It is obvious from these numbers that inpatient activity at SFIH is decreasing. While the hospital industry nationwide has experienced a reduction in ALOS in response to insurance changes, the SFIH has had a considerable reduction in the Average Daily Count (ADC) and number of admissions/discharges from 1997 to 2004. A corresponding increase in the number of SFSU patients admitted to area hospitals would indicate that the SFIH experienced a problem with its ability to provide care for in-patients during this time period. As mentioned previously, the PCU was closed in October 2002 but reopened in August 2004.

Discharge volume has declined over 40% in seven years, and the occupancy level was only 21% in 2004. By most health planning standards, this is a struggling enterprise at best. Interviews with hospital staff indicate that patients enrolled under Medicare and Medicaid are increasingly referred to area hospitals for care, due to a lack of specialty staff or equipment and services that would allow for more complicated overnight patient care.

As a result of decreased inpatient and ambulatory services due to Priority One service designations, Contract Health Service dollars are being used to make up for the deficiencies of the health services not provided within IHS facilities. Therefore, it may be impossible to reasonably project CHS needs by the year

2015. In addition, use of CHS dollars to pay for care is not a clear measurement of health care service need, nor is it an adequate measurement of the ability of the Service Unit to provide health care, within its budget allocation. By limiting patient referrals and access to health care IHS is only delaying the inevitable backwash of medical problems that result from failing to address primary or preventive care now.

SFSU continues to use contract inpatient services for acute, specialty, and sub-specialty care that are not provided directly at the SFSU. These services include:

- Acute psychiatric care
- Biopsy
- Bone marrow transplant
- Burn unit treatment
- Dialysis
- Cancer diagnosis and treatment
- Cardiology
- Chemotherapy/radiation
- Critical spinal care
- CT scan
- Ear/nose/throat surgery
- Gynecology surgery
- Intensive care
- Long-term care
- Neurosurgery
- Obstetrics Levels II & III
- Ophthalmology surgery
- Orthopedic surgery
- Organ transplant
- Vascular surgery
- Trauma critical care
- Neonatal and pediatric surgery

There are eight private and specialty hospitals and facilities frequently used by SFSU to provide unmet needs and to handle cases that are beyond the capacity of the current IHS health system. These facilities include:

- St. Vincent's Hospital, Santa Fe, NM
- Presbyterian Hospital, Albuquerque, NM
- Albuquerque Regional Medical Center, Albuquerque, NM
- Heart Institute of New Mexico, Albuquerque, NM
- Carrie Tingley Hospital, Albuquerque, NM
- Heights Psychiatric Hospital, Albuquerque, NM
- University of New Mexico Hospital, Albuquerque, NM
- University of New Mexico Mental Health Center, Albuquerque, NM

A list of additional facilities available for ambulatory and in-patient use and referral services within 50 miles is provided in Appendix G.

Comment [AG4]: Editor note: what is reference point? 50 miles of any given clinic?

Ambulatory Medical Services

In 2004, the SFSU registered 114,482 outpatient visits, 18% of the entire Albuquerque Area ambulatory visits.

Service Unit	2000	2001	2002	2003	2004	% Change 2000-2004	2004 % of Total
Albuquerque	137,908	136,053	137,255	121,201	131,142	-5%	20%
Santa Fe	130,016	135,289	128,835	114,089	114,482	-12%	18%
Zuni	79,476	79,350	83,585	86,969	89,312	12%	14%
Acoma Canoncito Laguna	78,889	85,453	105,081	82,834	83,265	6%	13%
ABQ / Tribe 638	18,857	31,411	46,327	68,731	71,256	278%	11%
Southern Colorado	41,158	41,298	39,795	45,858	49,276	20%	8%
Mescalero	29,830	30,318	34,068	34,589	33,831	13%	5%
Jicarilla	26,037	28,349	28,587	30,120	29,716	14%	5%
Zuni Ramah PHHC	20,414	22,758	22,722	23,910	23,033	13%	4%
Taos / Picuris	16,566	16,463	17,139	19,451	20,328	23%	3%
Other	1,994	2,551	2,423	2,762	3,677	84%	1%
Total	581,145	609,293	645,817	630,514	649,318	12%	100%

The number of outpatient visits registered at each of the five clinics within the SFSU (including SFIH) are listed below. Taos and Picuris clinics were withdrawn from SFSU out-patient statistics when they became a separate service unit in 2002, resulting in lower overall patient numbers for the SFSU. It is important to note that statistical data are considered compromised and may not fully represent patient load for some facilities such as Santa Fe Indian School, due to lack of data entry.

In general, the statistics indicate that the SFSU realized a modest increase in the number of outpatient visits from 1997 to 2004. Taking into consideration the withdrawal of approximately 20,000 patient visits/year from Taos and Picuris clinics, the historical growth in number of outpatient visits for the Service Unit is relatively flat.

**Santa Fe Service Unit Total Outpatient Visits
1999 - 2004**

FACILITY NAME	1999	2000	2001	2002	2003	2004	% Change 1999-2004	2004 % of SFSU Total
Santa Fe Hospital	63,537	67,058	73,290	76,237	71,289	73,382	15%	64%
Santa Clara Hc	7,226	18,117	19,028	20,960	18,902	17,253	139%	15%
Santo Domingo Hc	11,336	11,225	10,732	10,747	11,218	11,487	1%	10%
San Felipe Hs	8,696	8,641	8,820	8,481	8,553	8,973	3%	8%
Cochiti H.Hst	3,403	3,498	3,313	3,501	3,530	3,154	-7%	3%
Taos-Picuris Hltctr.				386	544	226		0%
Santa Fe Ind. Sch. *	598	441	227	86	53	7	-99%	0%
<i>Picuris H L</i>	99	198	132	108			-100%	0%
<i>Taos Hlt. Ctr</i>	11,204	20,838	19,747	8,329			-100%	0%
	106,099	130,016	135,289	128,835	114,089	114,482	8%	100%

Source: IHS Internal Data from IHPEs. * Santa Fe Indian School is not an IHS facility/location; it is a small 638 CHS contract.

The following charts show a snapshot of the top 25 reasons for outpatient visits to each facility within SFSU in 2004. These data are presented as a summary of the type of workload burden on the Service Unit's facilities. The most prevalent reasons for visits at the SFSU facilities (excluding Santa Fe Indian School because of lack of data) include:

- Issuance of repeat prescriptions
- Dental exam
- Diabetes uncomplicated Type II
- Laboratory exam
- Acute upper respiratory infection (URI)/nonspecific

Appendix H shows outpatient visit volume by diagnostic category for each SFSU clinic, from 2000 to 2004.

Top 25 Outpatient Diagnoses Ranked by Number of Patient Visits in 2004

ICD Diagnosis	Santa Fe Indian Hospital		Cochiti Health Station		San Felipe Health Clinic		Santa Clara Health Clinic		Santo Domingo Health Clinic	
	Rank	2004	Rank	2004	Rank	2004	Rank	2004	Rank	2004
Dental Examination	1	7,117	2	319	2	1,775	2	1,605	2	2,029
Issue Repeat Prescription	2	4,819	1	709	1	2,261	1	2,793	1	2,100
Diabetes Uncomplicated Type II/ NIDDM	3	2,332	4	111	3	778	3	799	3	948
Fit Contact Lenses/Glasses	4	1,845								
Acute Upper Respiratory Infection Non Specific (NOS)	5	1,807	6	74	4	275	5	652	4	338
Vaccine & Inoculation Influenza	6	1,458	13	38	13	90	8	421	13	129
Supervise Other Normal Pregnancy	7	1,351			18	64			22	76
Routine Child Health Exam	8	1,326	12	38	5	225	11	253	10	206
Refraction Disorder, NOS	9	1,253					21	117		
Hypertension, NOS	10	1,218	3	183	7	167	6	478	9	231
Lumbago	11	881	18	30			10	295		
Acute Pharyngitis	12	792	10	39	9	120			6	269
Gynecologic Examination	13	729	7	58	8	135	12	198	18	105
Reason for Consult Not Elsewhere Classified (NEC)	14	703	23	23			19	154	16	106
Abdominal Pain, Uns Site	15	652								
Laboratory Examination	16	651	5	97	6	199	4	750	5	307
Asthma Unspecified	17	613	20	28	10	115				
Prolonged Post-Traumatic Stress	18	586								
Physical Therapy Not Elsewhere Classified (NEC)	19	581								
Headache	20	580								
Otitis Media NOS	21	546	19	30	15	84			7	259
Depressive Disorder NEC	22	532								
Chronic Sinusitis NOS	23	521	24	22	20	57				
Screening – Pulmonary TB	24	517	14	37	11	103	15	172	8	250
Alcohol Dependency NEC/NOS-Unspec	25	497					23	110		
Allergic Rhinitis			8	49			14	180		
Unsp Mig w/o Intract Mig			9	41						
Dermatophytosis of Nail			11	39						
Dermatitis NOS			15	35	21	52				
Hypothyroidism NOS			16	34	22	51				
Cough			17	31					11	136
Ingrowing Nail			21	25						
General Medical Exam NOS			22	24					21	76
Conjunctivitis			25	22	14	85			15	112
Contracept Surveill NEC					12	102	18	161	17	105
Vaccine for Viral Hepatitis					16	75			12	131
Noninf Gastroenterit NEC					17	64			25	69
Anemia NOS					19	57	25	107		
Urin Tract Infection NOS					23	51				
Health Exam – Group Survey					24	49			14	118
Diab Renal Manif Type II					25	48			24	70
Recurr Depr Psychos – MOD							7	424		
Med Exam NEC – Admin Purp							9	343		
Eye & Vision Examination							13	192		
Schizophrenia NOS – Unspec							16	167		
Unspec Viral Infections							17	163		
Densensitiza to Allergens							20	131		
Observ – Mental Cond NEC							22	111		
Fit Orthopedic Devices							24	109		
Fever									19	101
Bronchitis NOS									20	87
Tetanus – Diphtheria [TD] [DT]									23	73
TOTAL		73,388		3,154		8,973		17,253		11,487

Health Service Priorities

Service Unit Board Ranked Clinical Priorities

The SFSU Health Board was asked to consider priorities of care, using the questionnaire provided in Appendix I. After presentation of statistical health and patient visit data, a one-day meeting was held with the Health Board to determine the level of care that they wanted to see within the SFIH and at their own facilities. The standard provider list that is used within the Health Systems Planning process to create the RRM was used as a basis for determining what type of provider care was desired. The Health Board wanted the following services available at each Pueblo clinic. A more detailed version of the health board's list of priorities appears in Appendix J.

Desired Services by SFSU Health Board			
Physician Care	AMBULATORY CARE	BEHAVIORAL HEALTH	ANCILLARY SERVICES
Family Practice	Nutrition	Psychiatry	Staffed Pharmacy
Pediatric	Optometry	Mental Health	Clinical Lab
Gynecology	Podiatry	Social Services	Microbiology Lab
Gerontology	Dialysis	Alcohol & Substance Abuse - After Care, Rehab, Follow-up (Rehab Unit)	X-Rays
Optometry	Audiology	Adult Substance Abuse	Physical Therapy
Radiology	Chiropractic	PREVENTIVE MEDICINE	Respiratory Therapy
Labor & Delivery & Home Births	Acupuncture	Diabetes	Speech Therapy
EMERGENCY / ICU	Mammography	Hypertension	Dialysis
Ground Ambulance	ELDER CARE	Family Planning	Audiology
WELL BABY/WELL CHILD	Skilled Nursing (Nursing Home)	STDs	Chiropractic
Post partum baby checks	DENTAL	Nutrition	OTHER SERVICES
Vaccinations	Dentist	Prostate Screening	Case Management

The Health Board was then asked to rank the types of services and care that they wanted to see provided throughout the SFSU. This list of priorities is included below. (Note: Every "1st priority" vote equals 10 points, and every "2nd priority" vote equals 5 points.)

Service	1st Priority	2nd Priority	Total	
Diabetes	50		50	
Podiatry – Care and Services on Site	50		50	
Family Practice	40	5	45	← Definites
Pediatric	40	5	45	
Staffed Pharmacy	30	15	45	
Dental Services and Preventative Care, especially in				
Schools	30	10	40	
Geriatric Clinics – Family Care doctors doing specialty clinics or geriatric specialties	30	10	40	
After hours and weekend clinics	30	10	40	
Nutrition	30	10	40	
Audiology	30	10	40	
Substance Abuse – After Care, Rehabilitation, Follow-up	30	10	40	
Skilled Nursing for Elders at SFIH or SF Indian School	30	10	40	
Hypertension	30	10	40	
Prevention and Wellness – Workplace and Schools	20	20	40	
Occupational Therapy, Speech Therapy, Respiratory Therapy	20	20	40	
Prenatal and Post-partum – Local Deliveries, Home Births	30	5	35	
Mental Health Services	20	15	35	
Improvements to Coding and Medical Records	20	15	35	
Mammography Mobile Units	20	15	35	
Optometry, Ophthalmology (Teleoptometry)				
Regional Dialysis (So. Clinics)	20	10	30	
Physical Therapy	10	20	30	
Social Services – Medicaid, Social Security, Benefits				
Coordinator, Adult and Child Protection, Intervention	10	20	30	
Case Management	10	20	30	
Environmental Health – Animal Control, Sewage, Clean				
Drinking Water	10	20	30	
Epidemiology Services	10	20	30	
Radiology (Teleradiology)				
Elder Daycare		15	15	
Chiropractic and Acupuncture		10	10	
Laboratory (Basic Essentials)		5	5	

This is an ambitious list for a set of facilities that have been struggling financially and having problems maintaining appropriate staffing level and mix. In addition, given the focus and importance placed on diabetes, an endocrinologist would be a valuable addition to the complement of medical staff. It is interesting to note that lab, chiropractics, and acupuncture were listed by the Health Board as services to be provided at each pueblo clinic, yet they received the least votes in ranking priorities.

Projected Service Need - Quantitative

Projected service need—which will ultimately drive the need for space to accommodate medical providers to fill the service need—is based on historical patterns of use at each facility. The following chart provides projections to the year 2015 on categorized groupings of patient visits. It is common practice within the health industry to categorize patient visits to better plan for provider specialties and workloads. All data are projected to the year 2015, based on historical use. The low estimate is based on actual annual growth 1999 to 2004, the high estimate is based on average annual percentage increase 1999 to 2004.

The following pages include diagnostic, patient visit, and provider workload data that are projected to the year 2015 and being used to determine service and facility needs.

The chart, “Staffing Needs Summary Projections to 2015” is included as Appendix K, with “Provider Workload and Facility Need Projected to 2015” as Appendix L. They provide an estimate of the number of examination rooms needed to fulfill projected service needs in the year 2015, based on historical patient visits.

SFSU Patient Visit History Grouped by Diagnostic Category
Projected to 2015

Comment [AG5]: Editor note: chart difficult to read. Note from Aly: I can alter for better readability.

Diagnostic Category	Santa Fe Hospital			Cochiti			San Felipe			Santa Clara			Santo Domingo		
	2004	2015		2004	2015		2004	2015		2004	2015		2004	2015	
		Low	High		Low	High		Low	High		Low	High		Low	High
Certain Conditions Originating in the Perinatal Period	61	17	35	1	3	1	-	-	-	6	19	6	7	9	10
Complications of Pregnancy, Childbirth, and the Puerperium	1,376	1,422	1,424	7	5	5	68	75	75	112	240	360	34	-	7
Congenital Anomalies	110	178	253	1	-	0	3	-	1	14	16	17	25	29	30
Diseases of the Blood and Blood-Forming Organs	228	155	172	31	-	10	62	163	163	225	357	487	50	-	14
Diseases of the Circulatory System	1,901	2,086	2,104	215	184	188	190	177	178	607	1,260	4,175	266	286	287
Diseases of the Digestive System	1,879	2,825	3,543	44	88	240	116	125	125	228	490	746	142	274	638
Diseases of the Genitourinary System	1,885	1,859	1,859	44	68	89	110	158	188	265	553	1,890	99	139	160
Diseases of the Musculoskeletal and Connective Tissue	4,319	7,263	11,119	173	309	555	204	272	300	866	2,397	2,397	330	713	713
Diseases of the Nervous System and Sense Organs	4,915	4,671	4,681	147	239	343	298	87	172	573	1,123	2,791	529	637	661
Diseases of the Respiratory System	6,457	7,335	7,457	250	125	165	673	479	520	1,507	3,357	3,357	949	854	862
Diseases of the Skin and Subcutaneous Tissue	1,892	2,578	2,897	117	141	147	189	143	151	315	669	669	198	64	116
Endocrine, nutritional, metabolic diseases, and immunity disorders	3,551	4,365	4,573	181	100	124	923	1,623	2,772	1,193	1,886	2,557	1,164	1,681	2,003
Infectious and Parasitic Disease	1,965	3,056	4,032	77	18	43	189	147	154	488	1,293	1,293	173	76	110
Injury and Poisoning	3,629	4,025	4,068	82	128	171	152	121	126	550	1,265	1,265	290	259	262
Mental Disorders	6,971	13,311	29,736	124	133	133	97	185	411	1,240	3,616	3,616	172	141	146
Neoplasms	414	484	497	6	-	2	11	9	9	38	47	49	20	24	25
Symptoms, Signs, and Ill-defined conditions	4,378	6,316	7,518	130	161	169	238	-	108	599	1,299	1,299	616	1,483	1,441
Other / Supplemental	27,457	33,047	34,286	1,532	956	1,106	5,450	5,877	5,909	8,427	19,423	19,423	6,423	5,354	5,496
TOTAL	73,388	94,994	120,253	3,154	2,650	3,490	8,973	9,641	11,364	17,253	39,310	46,396	11,487	12,023	12,981

Notes: "Other / Supplemental" includes the following items in order of frequency:

- | | |
|--|--|
| Issuance of prescriptions | Gynecological exam |
| Dental examination | Health education / instruction |
| Laboratory | Health exams of defined subpopulations |
| Eye examination / glasses / contacts | Tuberculosis |
| Vaccination | Other medical exam |
| Pregnancy | Physical therapy |
| Routine infant or child health check | Dietary consultation |
| Contraception | Radiological exam |
| Other encounter for administrative purpose | |

User Population

Based on historical use patterns, the SFSU health care delivery system will likely see a modest rise in Active User population from the nine Service Unit tribes at two expanded southern health clinics, and a modest increase in outpatient visits at the SFIH. Santo Domingo Pueblo has initiated design and development activities for a new 14,300-square-foot facility, financed by the tribe. The new facility at Santo Domingo Pueblo is expected to be open by December 2006.

Members of Santo Domingo and San Felipe pueblos use the SFIH almost as often as they do their own clinics, possibly due to a wider menu of services (see Migration Data, Appendix M). According to community surveys, however, many people use SFIH because the wait time to see a provider is shorter, and they feel a greater sense of privacy.

It is expected that construction of a new facility at Santo Domingo Pueblo and expansion of space proposed by San Felipe Pueblo will result in reduced wait time as well as greater privacy for patients. As a result patients will experience improved access to health care, which will encourage patients of these tribes, as well as Pueblo de Cochiti, to use these facilities rather than travel to the ambulatory clinics at Santa Fe Indian Hospital.

The number of patients registered at SFSU, adjusted for withdrawal of Taos and Picuris Pueblos, decreased slightly from 2002 – 2004. The chart below reflects a longer view of the population statistics to show individual growth.

SFSU Active User Populations by Tribe

Tribe	1997 User Population (1)	2004 User Population (2)
Other*	4,166	3,599
Cochiti	813	816
Nambe	497	553
Picuris	224	--
Pojoaque	245	252
San Felipe	2,562	2,586
San Ildefonso	521	526
San Juan	1,733	1,691
Santa Clara	1,224	1,162
Santo Domingo	3,427	3,487
Taos	1,784	--
Tesuque	341	360
SFSU Total	17,538	15,032

(1) Active User = Indians using IHS system within the period September 30, 1994 – September 30, 1997

(2) Active User = Indians using IHS system within the period October 1, 2001 – September 30, 2004

* Other = Service Unit Residents Active Other Indian Users

Source: IHS / NPIRS Report: User Population Report (F) Special - By Service Unit, County & Tribe, dated 11/18/04

Comment [AG6]: Editor note: "other" description is confusing in this chart

If all things remain equal – the economy remains stable, funding for Medicare and Medicaid remains level—this could indicate a flat to modest level of Active User population and therefore patient visit growth for the nine Service Unit tribes to be projected to the year 2015.

The slow rate of growth, however, may be eclipsed by problems at the Albuquerque Service Unit, which experienced an extensive reduction in clinic hours and services in April 2005. The Santa Fe Indian Hospital is already experiencing an increased number of Urban Indians, stretching provider workloads and negatively affecting the level of services. Impact on services and providers is expected to be felt particularly at the expanded Santo Domingo clinic since it is closer to Albuquerque.

Comment [AG7]: Editor note: ?

Urban Indians

The term “Urban Indians” refers to any American Indian or Alaska Native who is living outside of his / her reservation boundary and who is enrolled with IHS to receive medical services at a facility other than the home Service Unit. IHS medical facilities—or tribal facilities that receive medical service funding through IHS—may not refuse ambulatory or in-hospital medical service to any American Indian or Alaska Native who seeks care, regardless of whether he or she is a member of that particular Service Unit. Use of Contract Health Service dollars is restricted, however, to enrolled members of the Service Unit or any Indian who lives on one of the nine SFSU member reservations.

An Urban Indian may also be someone who is from one of the nine SFSU tribes, but is living off the member reservation AND outside of the county in which the home reservation sits. For example, a member of the Pueblo of San Felipe living in Santa Fe would be considered an Urban Indian because he or she is living outside of the home reservation and the home county.

IHS does not currently provide direct funding to any of the Albuquerque Area Service Units to pay for the medical care of Urban Indians, although a percentage of funds received for health services is budgeted for this need. As a result, Service Units and individual medical facilities bear the burden of care for these individuals. Providing care to this population is at the expense of providing or expanding services to Santa Fe Service Unit-enrolled tribal members. Across the country, the issue of providing health care to Urban Indians has pointed out problems with tying funding to facilities and specific user populations.

The burden of caring for Indians who are not members of an SFSU tribe decreased from 4,166 in 1997 to 3,599 in 2004; nevertheless, in 2004 this group represented the largest "tribe" serviced by the SFSU. Urban Indians represented approximately 28% of the Active User population at the SFSU in 2004.

Appendix M contains information regarding the home communities and number of patients receiving care at each SFSU facility. It is a measure of migration patterns that indicate where patients receive medical care.

IHS vs. National Averages

The following chart outlines SFSU patient use rates by diagnostic categories as compared to national averages. The five highlighted categories indicate areas in which the SFSU population is experiencing excessively higher rates of patient visits compared to the national average. From these figures it is clear that the SFSU population suffers from all but three general health conditions at a greater percentage than does the national population.

Availability of health services has a substantial impact on health measures. It has been demonstrated by interviews, health board reviews, statistics, and site visits that the SFSU services involving community clinics, outreach, education, and preventive health services are not adequate to meet needs, primarily due to budget restrictions.

Santa Fe Service Unit Outpatient Visit
Utilization vs. National Use Rates

ICD-9 Diagnostic Category (Patient Visits per 1,000 population)	(A) Service Unit Use Rate	(B) National Use Rate	Difference
Diseases of the Circulatory System	212.4	316.1	(103.7)
Diseases of the Digestive System	158.5	136.1	22.4
Diseases of the Genitourinary System	170.6	177.6	(7.0)
Diseases of the Musculoskeletal and Connective Tissue	331.7	273.8	57.9
Diseases of the Nervous System and Sense Organs	424.4	318.0	106.4
Diseases of the Respiratory System	718.2	467.7	250.5
Diseases of the Skin and Subcutaneous Tissue	187.9	170.1	17.8
Endocrine, Nutritional, Metabolic Diseases, And Immunity Disorders	474.8	206.7	268.1
Infectious and Parasitic Disease	320.0	107.4	212.7
Injury and Poisoning	338.1	303.8	34.3
Mental Disorders	501.8	168.8	333.0
Neoplasms	43.5	98.3	(54.8)
Other / Supplemental	3264.2	574.7	2,689.5
Symptoms, Signs, and Ill-defined Conditions	401.7	282.8	118.9
All Other	167.6	79.9	87.7

Data Source Notes: (A) Service Unit Use Rates are based on 2002 visit data and Census data (2002 population projected by applying Albuquerque area growth factor 2000-2002 to SFSU); (B) National Use Rates: 2002 National Hospital Ambulatory Medical Care Survey & National Ambulatory Medical Care Survey & National Hospital Ambulatory Medical Care Survey-ED data from the National Center for Health Statistics at the CDC.

Projected Service Need - Qualitative

Medicare and Medicaid Changes

SFSU (and indeed all of the Albuquerque Area IHS) has exponentially increased its reliance on Medicaid, which is a revenue stream that is increasingly at risk. With the federal budget deficit growing, the implications for health care are huge. Approximately one-quarter of the federal budget is made up of Medicare and Medicaid. As the number of Medicare enrollees increases with an aging population, it is estimated that by 2010, 70 million Americans will have two or more chronic conditions. In addition, the number of working Americans paying taxes to support the Medicare Hospital Insurance Trust Fund will begin decreasing dramatically by the year 2015. Current projections by the Social Security and Medicare Boards of Trustees expect the Trust Fund to go broke in the year 2019.

At the same time, Medicare and Medicaid funding requirements will become increasingly difficult, and IHS will be progressively more challenged to provide the infrastructure required to meet these new requirements. It is expected that some form of "pay for performance" will be instituted so that payment will be based on performance indicators rather than outcomes.

With more than 35% (and growing) of its budget dependent on Medicare and Medicaid funding, the SFSU will need to make difficult changes to accommodate its future existence.

Indian Self Determination Act (P.L. 93-638)

As tribal leaders search for better health care services for their members, interest has grown in exercising their rights under the Indian Self Determination Act (ISDA) to assume responsibility for providing health care services. In early 2005, the Pueblo of San Felipe applied for, but was denied, authority to contract 49% of its tribal share dollars in order to provide these services.

Comment [AG8]: Editor note: to whom?

National Patient Information Reporting System (NPIRS) and Government Performance Reporting Act (GPRA)

NPIRS is a method of measuring data for what services are being performed, how the services are being performed, and how well the services are being performed. It provides a measurement tool for health care delivery as well as evaluation standards for funding.

GPRA addresses clinical performance indicators and measures the number of patients with specific diseases. It establishes protocols for each disease.

GPRA defines national standards of care that must be met in order to continue receiving funding.

In providing health and diagnostic data to tribal leaders, the question of whether patients with diseases such as Diabetes Mellitus Type 2 or hypertension were receiving adequate care was often discussed.

The IHS' own Standard of Care for patients with type 2 diabetes is described in nine broad categories:

- Baseline studies, which should include recording patient height and date of diabetes diagnosis, obtaining a baseline Electrocardiogram (ECG) and then repeating it every one to five years as clinically indicated, documenting pulmonary function (PPD) to assess the presence of latent or active tuberculosis, and assessing and recording whether the patient also is diagnosed with depression;
- Clinic visits, which should include recording weight, blood glucose, and blood pressure and also conducting an examination of feet and nails;
- Annual tests, which should include complete urinary analysis, microalbuminuria, lipid profile, eye exam, dental exam, complete foot exam, and screening for neuropathy;
- Immunization and skin tests, including flu vaccine, vaccination against pneumovax, Td, hepatitis B, and PPD;
- Special aspects of diabetes care, which include antiplatelet therapy and avoidance of tobacco use;
- Self-care education, which includes nutrition, diabetes, exercise education as well as self-blood glucose monitoring;
- Routine health maintenance, including physical exam, pap smear/pelvic exam, breast exam, mammogram, rectal exam and prostate (PSA) and colorectal cancer screening;
- Pregnancy and diabetes, which includes pre-pregnancy counseling for optimizing metabolic control prior to conception and well as counseling regarding lifestyle modifications that will reduce or delay the development of type 2 diabetes; and
- Tuberculosis, which includes protocols for testing for latent or active tuberculosis infection and also describes treatment protocols.

Educating Consumers

There is an absence of brochures and pamphlets that describe services provided, hours of operation, availability of specialty clinics, and procedures for making appointments. Not having the information increases the number of walk-ins, creating a burden for the providers as well as crowding in the clinics.

Reminder calls could assist in decreasing the number of “no-shows,” which result inefficient use of providers.

Contract Health Summary

Rising Contract Health Service Expenditures

At SFSU, CHS expenditures are used to pay for services that may or may not be available directly from IHS and that are purchased under contract from community hospitals and specialty practitioners. CHS services are provided almost exclusively for the nine SFSU tribes, based on a ‘priority’ system, including Priorities One through Four.

Priority One

In June 2004 budget restrictions nationwide forced the IHS to limit access to CHS health care providers to Priority One—services which are required to prevent immediate death or serious impairments. These are:

- Obstetric and Pediatric Emergencies
- Medical emergencies
- Eye emergencies
- Psychiatric emergencies – up to 14 days
- Dental emergencies
- Renal replacement therapy, including transplant
- Emergency transportation
- Surgical emergencies, including orthopedic and gynecological
- Extra depth shoes with custom-molded inserts that meet specific criteria
- Ears, nose, throat (ENT) surgery required when immediate threat to development of speech language
- Gynecological tubal ligation

Other services, many of which are preventive or diagnostic in nature, are currently restricted and are not covered for IHS Contract Health Services. These include services designated as Priorities Two, Three, and Four.

Priority Two

Services are required for potentially life-threatening /severe handicapping conditions and to maintain JCAHO accreditation. In the past, most services listed under Priority Two have been available at IHS direct care facilities; however, loss of personnel who cannot be replaced or loss of services due to budget restrictions have increased the amount of services sent for CHS expenditures, thereby limiting the services covered under IHS criteria. Priority Two services include:

- Laboratory/radiology/nuclear medicine not available onsite
- Specialty consultation for acute care diagnosis, cancer, high risk OB, etc.
- Backfill for vacant positions in lab, x-ray, pharmacy, as well as physicians, nurses.
- Psychiatric ambulatory and inpatient services
- Nonemergency elective surgery
- Podiatry services – high risk medical
- Prosthetics and appliances

Priority Three

Services contribute to better patient functioning but are not necessarily to prevent death or serious impairment. These include:

- Patient rehabilitation
- Specialty consultation when less than Priority Two
- Hearing aids
- Podiatry / orthopedics – less than Priority Two
- Allergy services
- Preventive medicine / health promotion activities
- Orthodontic services

Priority Four

Services included:

- Long-term residential psychiatric care
- Rehabilitation surgery
- Nonemergency transportation
- Elective surgery–cosmetic

Every Service Unit has the ability to apply third party reimbursements to pay for services, including those listed under Priorities One, Two, Three, and Four. A Medical Priorities Committee within each Service Unit determines spending plans and authorizes payment for CHS referrals.

The result of these restrictions on expenditures for CHS providers can be devastating. For example, podiatry services are not provided full time, although diabetes is on the rise. If uncontrolled diabetes and poor foot care results in lower limb amputation, the patient may not receive a prosthetic limb if CHS dollars are overspent for the fiscal year. If dental services are restricted and a patient has teeth removed, IHS does not pay for orthodontics (a dental bridge or implant) to help with chewing of food and digestion, which can lead to other digestive complications down the line.

A list of CHS 'blanket' expenditures of the SFSU in FY 2003 for contracted services such as laboratory, X-Ray, transportation, and anesthesia totaling \$1,548,836 is contained in Appendix N. If facility usage trends and health indicators continue to change, and the Santa Fe Service Unit continues to outsource medical services, these numbers will increase exponentially.

The top ten reasons for hospitalizations at facilities other than the Santa Fe Indian Hospital are provided in Appendix O. These services were provided through Contract Health Services and represent individual purchase orders – patients who were admitted either through the emergency room or referred by IHS. In some instances, the services for in-hospital care cannot reasonably be expected to be provided by the SFIH due to restrictions on its equipment and staffing. Most small hospitals across America are facing similar restrictions and rely on larger regional medical facilities to make the capital investments to treat complicated cases.

Moreover, it was commonly discussed by patients and staff that the Service Unit often runs out of CHS dollars before the end of any given fiscal year. The exhaustion of CHS funds is not confined to SFSU, however, it is a commonly reported issue throughout IHS and across the country. If referrals are made, IHS may not be able to pay for the services rendered until the next fiscal year's budget is in operation. In some cases across the country (but not reported yet in Albuquerque Area or at SFSU) contract health providers have refused to see patients because they are due payment. In other cases, SFSU patients, health board members, and tribal administrations report that individuals are held responsible for payment of medical bills that IHS' CHS has assumed obligation to pay. When payments have not been received by providers in timely manner, individuals are reported to credit bureaus for negligence and their credit rating is negatively affected or sometimes ruined, because IHS has not paid the bill.

Facilities Master Plan

IHS Supportable Space - Health Systems Planning Criteria

The Health Systems Planning (HSP) process uses software that provides population, workload projections, and space requirements for new or remodeled health care facilities. This information is of special interest to planners, and some of it is needed to use the Resource Requirements Methodology, which determines the staffing needs for facilities.

The Health Systems Planning software for Santa Fe Indian Hospital was run with the Active User populations from Nambe, Pojoaque, and Tesuque Pueblos, along with Urban Indians. As a result, it does not truly reflect space needs of the SFIH, which saw over 70,000 outpatient patient visits in 2004. We have made adjustments to the database so that the SFIH HSP includes user populations from the nine SFSU tribes as well as Albuquerque Service Unit, Acoma-Canoncito-Laguna Service Unit, Taos-Picuris Service Unit, and Jicarilla Service Unit.

Resource Requirements Methodology

The IHS' Resources Requirements Methodology (RRM) is a system designed to project the staffing needs for a specific facility or primary service area. It is available in a computer spread sheet program to assist with the preparation of staffing estimates. To use the RRM, essential workload information is gathered and entered into the worksheets where it serves as the driving variables for each discipline. The goal of RRM is to help ensure that IHS provides appropriate, reasonable, and consistent staffing information to Congress and Tribes.

The main purpose of the RRM model is to project staffing that will be used in the development of Program Justification Documents (PJD), Project Summary Documents (PSD) or tribal requests for technical assistance in the submittal of HUD Block Grant Proposals. Experts in the various disciplines compared staffing ratios with industrial standards in developing the formulas for the program, as well as benchmark information from existing IHS facilities.

The RRM is reviewed annually and updates are made as they are needed. The current approved version of the RRM is RRM2004. The Preliminary RRM prepared for Santa Fe Indian Hospital is provided in Appendix P; it is being revised to include expanded populations for in-patient care and to add Active User populations from other Service Units of Albuquerque, Jicarilla, Taos-Picuris, Acoma-Canoncito-Laguna. RRMs for each SFSU facility are being

prepared. The Program Justification Documentation for each facility is included as Appendix Q.

Facilities Size, Age and Condition

Facility data sheets for the Santa Fe Hospital, the Cochiti Health Station, and the San Felipe, Santa Clara, and Santo Domingo Health Clinics on pages 20 through 25 include information from the FEDS Deficiencies list. All of the SFIH buildings are at least 30 years old; its Field Health building is on the New Mexico list of Historic Places. The standard life expectancy of medical facilities is approximately 40 years, meaning that in the private sector these buildings would be almost fully amortized and ready for major renovation.

Preliminary Santa Fe Indian Hospital Facility Review and Space Summary

- Santa Fe Indian Hospital Facility User Population : Outpatient / Ambulatory User Population = 4,465
- Inpatient User Population override of RRM system = 22,553 representing Active User Population from all nine Service Unit Tribes plus Jicarilla, Taos, Picuris, and percentage of Albuquerque Service Unit tribes.
- Existing Space: Total Area Inpatient and Outpatient: 9,282 square meters (99,911 square feet)
- Total Area Required for 2015 User Population Projections: Total 8,860 square meters (95,333 square feet).

Facility Review

The Santa Fe Hospital was originally built in 1978. Since opening, it has had a number of minor renovations and a small addition that accommodates a surgical waiting area on the west side of the building. The hospital also is occupying a few other facilities on the Santa Fe Indian school campus. The Field Health building is on the federal Historic Registry and so cannot easily be renovated or expanded.

The dental clinic is partially located in a trailer that is situated near the hospital's main entrance. There are five dental operatories in the trailer and three others in the main hospital building. This split configuration impedes the efficient operation of the clinic.

The hospital was designed to accommodate a total of 54 inpatient beds (31 medical/surgical, 12 pediatric, 6 obstetrics beds and 5 intensive care). At present, about 30 of these beds are being used. The ICU has been closed and converted to surgical recovery; the pediatric area has been reduced in

size; and several of the medical surgical rooms are being used for a variety of support and clinical functions. As a result, many of these spaces are inappropriately sized for the functions that they currently house.

As the inpatient workload has reduced, outpatient activity has expanded considerably. This has resulted in the conversion of a variety of spaces such as utility rooms and bedrooms into outpatient examination/treatment rooms, creating an outpatient clinic operation that is physically fragmented and operationally inefficient and making it difficult to separate inpatient and outpatient traffic flows within the hospital. Outpatient services would be more effectively provided if they were concentrated in one area of the Hospital, separated from the inpatient beds.

In order to accommodate growth in the pharmacy's workload, a large area that was formerly a waiting area for outpatients has been converted into staff office space. This has compromised the availability of outpatient waiting space.

Several administrative functions such as billing, contract health, and information technology have grown significantly during the past 27 years and have had to improvise to find adequate space. For example, the billing office occupies an area that was originally constructed as a maintenance shop, and information technology uses a former patient room as an office area.

The radiology area and the emergency department are located next to each other, which allows for easy patient movement. However, neither is located on an exterior wall, which would allow for easy expansion.

The obstetrics area, including labor, delivery, nurseries and post-partum care occupies a disproportionately large area for the small number of babies delivered. The surgery area also appears to be underutilized.

Existing space (SANTA FE HOSPITAL)

The net and gross areas for the proposed outpatient facility are summarized below. Data are provided by Resource Requirements Methodology (RRM) and will be adjusted.

<u>Department</u>	<u>Net Sq Meters</u>	<u>Conversion Factor</u>	<u>Department Gross sq m</u>
Ambulatory Care			
Primary Care	333.37	N/A	333.37
Eye Care	133.86	N/A	133.86
Audiology	10.00	N/A	10.00
Dental	265.40	N/A	265.40
Emerg/Urgent/Security	478.58	N/A	478.58
Inpatient Care			
Acute Care Nursing	820.79		820.79
Labor/Delivery/Nursery	499.20		499.20
Ancillary Services			
Surgery	544.57	N/A	544.57
Laboratory	191.66	N/A	191.66
Diagnostic Imaging	125.00	N/A	125.00
Pharmacy	189.03	N/A	189.03
Physical Therapy	64.93	N/A	64.93
Behavioral Health			
Mental Health	91.51	1.40	128.11
Administration Support			
Administration	53.30	1.40	74.62
Human Resources	117.96	1.40	165.14
Business Office	114.50	1.40	160.30
Operator/ Copier	22.11	1.40	30.95
Contract Health	37.92	1.40	53.08
Medical Office	72.25	1.40	101.15
Administration Clerk	9.13	1.40	12.78
Nursing Administration	59.00	1.40	82.60
Nurse Educator	23.42	1.40	32.78
Data Entry	26.63	1.20	31.95
Records	126.53	1.20	151.83
Technical Information	41.88	1.20	50.25
Education & Training	116.46	1.10	128.10
Employee facilities	122.56	1.10	134.81
Public Facilities	326.11	1.20	391.33
Facility Support			
Medical Supply	98.95		98.95
Property & Supply	330.22	N/A	330.22
Dietary	264.52		264.52

CONTINUED...

Housekeeping & Linen	70.55	1.10	77.61
Facility Management	261.92		261.92

Department Gross Square Meters	6419.39
Building Circulation & Envelope(.20)	1211.65

Floor Gross Square Meters	7631.04
Major Mechanical SPACE(.12)	
Building Gross Square Meters	

Parking Lot Count

Parking Area:

Northside Lot	6 parking area- North West of Facility
Eastside Lot	106 parking area- Front of main facility
Westside	Gravel area (no sections)
Southside	N/A

2015 Projected Space Summary (SANTA FE HOSPITAL)

Existing and projected net and gross areas for the proposed facility are summarized below.

Department	Net Sq Meters	Conversion Factor	Department Gross sq m. Current	Department Gross sq m. 2015
Additional Services				
X01		1.35		8.10
X02		1.35		27.00
X03		1.35		1035.99
Administration Support				
Administration	284.92	1.40	398.88	369.60
Business Office	224.67	1.40	314.51	186.20
Health Info Manage		1.25		326.25
Information Manage	195.04	1.20	234.04	82.80
Ambulatory Care				
Dental	265.40	N/A	265.40	739.00
Emerg/Urgent/Security	478.58	N/A	478.58	82.00
Eye Care	133.86	N/A	133.86	163.00
Primary Care	333.37	N/A	333.37	734.00
Acute Care Nursing	820.79		820.79	493.00
Labor/Delivery/Nursing	499.20		499.20	
Audiology	10.00		10.00	
Ancillary Services				
Surgery	544.57	N/A	544.57	
Diagnostic Imaging	125.00	N/A	125.00	126.00
Laboratory	191.66	N/A	191.66	
Pharmacy	189.03	N/A	189.03	333.00
Physical Therapy	64.93	N/A	64.93	149.00
Behavioral Health				
Mental Health/ Social Work	91.51	1.40	128.11	165.20
Medical Supply	98.95	N/A	98.95	
Dietary	264.52	N/A	264.52	
Facility Support				
Clinical Engineering		N/A		42.00
Facility Management	261.92	N/A	261.92	164.00

CONTUINED...

Preventive Management

Environmental Health				191.80
Health Education				32.20
Public Health Nursing				138.60
Public Health Nutrition				28.00

Nutrition Support Services

Education & (egc1)	116.46	1.10	128.10	74.00
Group Consultation				
Education & (EGC)				29.60
Group Consultation				
Employee Facilities	122.56	1.10	134.81	254.16
Housekeeping &	70.55	1.10	77.61	56.00
Linen (hl2)				
Housekeeping &				17.60
Linen (HL)				
Property & Supply	330.22	N/A	330.22	459.00
Public Facilities	326.11	1.20	391.33	86.40

	<u>Current</u>	<u>2015</u>
Department Gross Square Meters	6419.39	6592.50
Building Circulation & Envelope (.20)	1211.65	1318.50
Floor Gross Square Meters	7631.04	7911.00
Major Mechanical SPACE (.12)		949.32
Building Gross Square Meters		8860.32



Appendices

Final 1/12/06

Santa Fe Service Unit

New Mexico



CL Associates, Inc.

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Appendix A: Glossary

Glossary of Acronyms

AI	American Indian	JCAHO	Joint Commission on Accreditation of Healthcare Organizations
AN	Alaska Native	MCH	Maternal and Child Health
BIA	Bureau of Indian Affairs	NIHB	National Indian Health Board
CDC	Centers for Disease Control	NPIRS	National Patient Information Reporting System
CHA	Community Health Aide	OHPD	Office of Health Program Development
CHR	Community Health Representative	OTA	Office of Tribal Activities
CHS	Contract Health Services	PCC	Patient Care Component
COPC	Community-Oriented Primary Care	PHS	Public Health Service
DHHS	Department of Health and Human Services	PSA	Primary Service Area
ENT	Ear, Nose, and Throat	RPMS	Resource and Patient Management System
GPRA	Government Performance Reporting Act	RRM	Resource Requirements Methodology
HSP	Health Services Plan		
HUD	Housing & Urban Development		
IHPES	Indian Health Performance Evaluation System		
IHS	Indian Health Service		



Glossary of IHS Terms and Phrases

Active User Population

American Indians and Alaska Natives eligible for IHS services who have used those services at any IHS facility within the past three years. These numbers include all people who have ever registered to use a particular facility. The Active User Population of a Service Unit will reflect tribal members who are enrolled in tribes that belong to that particular Service Unit, regardless of where that person receives care throughout the IHS system nationwide. Active User Population also includes tribal members from tribes outside the Service Unit who have received care at a facility within the particular service unit. These numbers are not adjusted for deaths. It is the measure by which funds are allocated to a specific medical facility within the Service Unit, for both medical services and facilities support.

Area Office

A defined geographic region for Indian Health Service administrative purposes. Each Area Office administers several Service Units. In this case, the Albuquerque Area Office has management and coordination responsibilities for the nine Service Units.

Community Health Representative (CHR)

Indians selected, employed, and supervised by their tribes and trained by IHS to provide specific health care services at the community level.

Contract Health Services

Services not available directly from IHS or tribes that are purchased under contract from community hospitals and practitioners. CHS eligibility requirements: (1) must be a Native American or descendent from a federally-recognized Tribe; (2) must be a permanent resident of the county in which the Service Unit resides.

Government Performance and Results Act (GPRA)

A law requiring federal agencies to demonstrate effective use of funds in meeting their missions. The law requires agencies to have a five-year strategic plan (describing long-term goals) in place and to submit annual performance plans and reports (methods for accomplishing strategic plan using annual budget) with their budget requests.

Health Center

A facility, physically separated from a hospital, with a full range of ambulatory services, including at least primary care physicians, nursing, pharmacy, laboratory, and x-ray, that are available at least 40 hours a week for outpatient care.

Health Systems Plan

The HSP is designed to provide the documents necessary to plan and acquire approval for a medical program and then to communicate the necessary information to an Architect/Engineer for the design of a facility. This data is based on Active User Population and Projected User Population.



Health Station

A facility, physically separated from a hospital and health center, where primary care physician services are available on a regularly scheduled basis but for less than 40 hours a week.

Indian Health Performance Evaluation System (IHPEs)

The IHPEs appraises the quality of care and/or services provided by each participating facility by employing defined and measurable indicators. It is based on the hospital, ambulatory, and demographic information collected by the IHS Resource Patient Management System (RPMS) and provides a mechanism to meet the Joint Commission On Accreditation of Healthcare Organizations (JCAHO) ORYX initiative. The system also is used for the collection and measurement of indicators to meet the requirements of the Government Performance Results Act (GPRA).

Primary Service Area (PSA)

The geographic areas based on proximity in which IHS has responsibilities for planning and distributing health care resources "on or near" reservations; e.g., contract health service delivery areas.

Projected User Population

Based on the percentage of change in the 1990 – 2000 U.S. Census, population of the county where the reservation is located.

Q-Man

Database within RPMS system which contains disease-specific categorization by International Code of Disease (ICD-9).

Resource and Patient Management System (RPMS)

A standardized patient record system used exclusively by IHS to record patient data and provider workload.

Resource Requirements Methodology (RRM)

A computer spreadsheet program that is designed to project the staffing needs for a specific facility or primary service area. Its goal is to help ensure that IHS provides appropriate, reasonable and consistent staffing information to Congress and tribes. Information from the RRM is used in the development of Project Justification Documents (PJD), Project Summary Documents (PSD), or tribal requests for technical assistance in the submittal of HUD Block Grant Proposals.

Service Population

American Indians and Alaska Natives identified to be eligible for IHS services.

Service Unit

The local administrative unit of IHS, defined by geographic characteristics such as proximity of tribes and encompassing a defined Service Population.



Appendix B: Historical Information

Concerning Indian Health Care and the U.S. Commission on Civil Rights' Report: "Broken Promises"

History of Tribes and Medical Services Development

In November 1921, the U.S. Congress passed The Snyder Act (P.L. 94-482) to provide for, among other purposes, the benefit, care, and assistance of Indians throughout the U.S.

The Indian Health Service was created in 1955 to provide health services to Native Americans and Alaska Natives.

Beginning with the Indian Health Care Improvement Act (P.L. 94-437) of 1976, Congress was authorized to appropriate funds specifically for the health care of Indian people.

IHS MISSION: The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

IHS GOAL: To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

FOUNDATION of CARE: To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and culture and to honor and protect the inherent sovereign rights of Tribes.

This Act is considered for reauthorization every five years, providing opportunities for tribes and IHS administration to refine funding priorities in the hopes that Congress will increase appropriations to meet critical facility and service needs.

Annual budget appropriations provide operating revenue for hospitals, clinics, medical professionals, administrative staff, pharmacies, laboratories, and dental, mental health, diabetes education, and contracted health services to medical providers outside of the IHS system.

Three titles of the Indian Health Care Improvement Act (IHCA) are of particular relevance: Title III, which covers health facilities; Title IV, which covers access to health services; and Title V, which covers health services to urban Indians.



Title III of the IHCA focuses on ensuring that IHS facilities are fully capable of addressing the needs of the populations they are intended to serve. A number of proposed changes to the Act, as part of the reauthorization process, include consulting with tribes on facilities expenditures – with the goal of truly representing all unmet health care needs – as well as enabling smaller facilities to meet accreditation eligibility requirements for public insurance programs – with the goal of increasing health care services to tribal members. Other proposed changes have to do with increasing funding options to support the provision of health care services.

Title IV focuses on eliminating the barriers – social, logistical, financial – that prevent Indians from gaining access to and receiving public health care and that also limit reimbursement from third-party payers. Proposed changes under the reauthorization process include: authorizing reimbursement to IHS facilities for all Medicare/Medicaid-covered services; waiving all cost-sharing by IHS-eligible patients enrolled in public insurance programs; and waiving Medicare's late enrollment fee.

Title V focuses on improving the health status of urban Indians. Proposed changes focus on enhancing the U.S. Department of Health and Human Services (HHS)' authority to fund urban Indian health programs through a variety of means, such as grants and loans.

Another piece of federal legislation that is relevant to this plan is the Indian Self-Determination Act Amendments of 1994 (P.L. 103-413), which amend the Indian Self-Determination and Education Act (P.L. 93-638), a law giving tribes the authority to contract for the direct operation of programs serving their members. Title I of P.L. 103-413 significantly amends P.L. 93-638 by simplifying contracts entered into between the United States government and Indian tribes and tribal organizations. In particular, regulations published jointly by HHS and the Department of the Interior to implement P.L. 103-413 aimed at greatly reducing the paperwork required of Indian tribes applying to contract with HHS. The contracting process often is referred to in shorthand as the "638 process," in recognition of the original law.

It is important, however, to put these laws into context. Despite a legal and regulatory framework, "persistent discrimination and neglect continue to deprive Native Americans of a health system sufficient to provide health care equivalent to that provided to the vast majority of Americans," state the authors of "Broken Promises: Evaluating the Native American Health Care System." This report, drafted in July 2004 by the U.S. Commission on Civil Rights' Office of the General Counsel, details social, cultural, structural, and financial barriers that both limit Indians' access to health care and contribute to health disparities and also offers recommendations to close the health care gap for Indians, whether living in rural areas or in towns and cities across the United States.



Among the significant themes repeated in “Broken Promises” is the extent to which the health status of Indians is declining in relation to the general population. One finding is particularly relevant and poignant: Type 2 diabetes, once a disease afflicting adults, now is making a dramatic appearance among Indian youth, which only hastens the likely development of other serious and costly complications.

The report also emphasizes the causal relationship between poverty and substandard housing conditions – realities that many Indians face – and serious health effects. “Because Native Americans have the highest poverty and unemployment rates, their health is inevitably compromised,” the report’s authors state. Compounding this situation is another formidable barrier: limited access to health care services. For example, many Indians live in remote areas where roads can become impassable during certain times of the year, transportation is lacking, and facilities are under-equipped to provide diagnoses or services.

One positive step to addressing these and related deficiencies is IHS’ efforts to involve tribes in determining the location of IHS facilities and the kinds of services needed. In addition to the HSFMP, the Facilities Appropriation Advisory Board has provided input to the IHS on development of a facilities prioritization process that will result in a revised methodology for determining funding for facility renovation or replacement.



Appendix C: SFSU Health Board Strengths, Weaknesses, Opportunities and Threats

In November 2003, a committee of program / service managers within the Santa Fe Indian Hospital / Service Unit met to provide input to the HSFMP. Participants in the meetings are included in the list of contacts provided in Appendix D. The group developed a core list of Strengths, Weaknesses, Opportunities, and Threats (SWOT). This list was discussed at a later meeting of the Hospital's Executive Committee and again reviewed and amended by the Service Unit Health Board. The SWOT summary appears below.



SFSU Health Board Strengths, Weaknesses, Opportunities, and Threats

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Knowledge of the area and customers' needs and desires • Working partnership with tribes for more than 47 years • Knowledge of cultural values and practices • Predictable annual budget allocation from Congress • Continuum of care provided to patients, with follow-up, tracking, etc. "Wrap around" service • Dedicated staff • Close proximity to schools, colleges • Prime location for patients • JCAHO score of 93% • Highly functional business office and medical records departments • Waiting time reduced and patients get through the system within 90 minutes • In-house specialty services such as allergy, urology, nephrology, operating room, OB/GYN, podiatry • Partnering with universities to provide trainings to nursing students, etc. • Increased participation by pre/post doctoral students in behavioral health, pharmacy, MD residency and nurse practitioners • Lowered rates for "do not keep appointment" and "did not answer" • APA recognized • Services provided regardless of patient's ability to pay • IHS provides co-pay if a patient has private insurance but using the IHS system • Services are driven by tribal input 	<ul style="list-style-type: none"> • Outdated federal regulations prohibit better services and care • Poor personnel classifications restrict advancement, appropriate hiring • Procurement – e.g., diabetes program funding requires purchase of certain equipment/supplies, but federal procurement regulations prohibit purchase • Contract health rules / regulations have not been well communicated to patients and families and may prohibit payment for services • Limited financial resources – funding is based on old formulas. Funding also is being reduced by Congress • Unfunded mandates such as GPRA and Cost of Living Adjustments to salaries, but no increase in funding. This means more of the budget goes to salaries vs. program or facilities improvement • Limited and outdated technology • Employee rudeness – whether real or perceived by patients • Space utilization is weak and needs improvement. Need approximately \$4.5 – 9.0 million to finance renovations • Long waiting times – real or perceived by patients • High staff vacancy and turnover rates • Complexities of rules and regulations related to Human Resources • Human Resource's lack of timeliness in processing applications and recruitment • Unable to provide service to 2nd and 3rd tier of care • "Wrap around" or follow-up care is not separately reimbursed by Medicare. The more services provided, the less reimbursed • No detoxification center or services • Need podiatrist on staff • Anti-deficiency Act – SFSU budget cannot go into deficit. This prevents creativity and risk-taking • Diabetes program is inadequate. Most tribes have gone "638" with these funds and there is no accountability.



OPPORTUNITIES

- Regional planning approach to 638 process could provide alternative funding
- Identify staffing changes needed to “do more with less”
- Increase third party eligibility and increased offsite billing will improve and increase services
- Improved / increased billing and collection practices – can still do more
- Expanded services at field clinics also will increase third party billing
- Increase point-of-sale billings and third party billing
- Increase outpatient visits
- Increase inpatient admissions
- Improved marketing of services
- Build partnerships / coalitions for grant-seeking opportunities with health boards
- Create a Hospital Foundation
- Develop teleradiology and telemedicine capabilities
- Adopt concept / develop long-range plan to create Regional Centers of Excellence
- Collect more accurate data related to service population, billing, collections, etc.
- Recruit potential employees interested in working in SFIH and SFSU
- Accept bank credit cards
- Expand operating room / same day surgery, obstetrics, and outpatient services
- Improve transportation between clinics and SFIH
- Decentralize budget process and provide managers with more accountability, training and certification
- Opportunity is that IHS could provide training to help tribes develop programs, evaluation and measurable outcomes to achieve greater successes

THREATS

- Imminent implementation on cap on number of new hires
- Speed with which the SFSU is able to respond to technological changes and outdated equipment
- Stagnant budget allocations from Congress – unfunded mandates, etc.
- High vacancy and staff turnover rates – regional health care crisis resulting in difficulties to hire anyone in the area
- IHS personnel services are moving to Baltimore and creating administrative and hiring problems
- Tribes’ exercising 638 process with funds results in unplanned re-direction of funds and places even greater burden to “do more with less”
- The 638 process can result in a lack of coordination and fragmented approach to services
- The 638 funds are based on present-day population, while overall SFSU budget is based on outdated population numbers. So a tribe exercising 638 will take a larger proportion of the budget than the SFSU actually has to work with that population
- Voluntary early retirements
- RPMS formulas are based on old and inaccurate historical data of 25 years ago
- Lack of communication with Rockville, MD, headquarters and ABQ Area office regarding budget. SFSU higher cost of living (40-60% higher) prohibits retention of quality staff
- Travel restrictions prevent hiring/ retention of staff
- Insufficient opportunities for staff to obtain training and upgrade skills



Appendix D: Points of Contact

Name	Title, Organization / Facility	Mail Address & Physical Address	Telephone / Fax / Email
Albuquerque Area - Headquarters			
James Toya	Director, ABQ Area IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-8003
Russ Pederson	Director, OEHE IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	P: 505/248-4275 F: 505/248-4678 rpederson@abq.ihs.gov
Darrell LaRoche	Director, Health Facilities IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-4947 dlaroche@abq.ihs.gov
Santa Fe Service Unit Staff			
Jim Lyon	Chief Executive Officer	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 jlyon@abq.ihs.gov
Dr. Brett Smoker, MD	Clinical Director Santa Fe Service Unit	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 bsmoker@abq.ihs.gov
Dr. Susan Cameron, MD	Director, Quality Assurance & Risk Management	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 scameron@abq.ihs.gov
	Director, Psychosocial Services	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821
Fern Detsoi	Nursing Executive	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 fdetsoi@abq.ihs.gov
Earlene Groscclose	Public Health Nursing Services Director	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 egroscclose@abq.ihs.gov
Richanda BearsGhost	Northern Clinics Director	Santa Clara Health Center	505/753-9421 RbearsGhost@abq.ihs.gov
Milton Poola Wayne Lahi	Southern Clinics Directors	Santo Domingo Health Center	505-946-9237 mpoola@abq.ihs.gov wlahi@abq.ihs.gov
Leonard Montoya	Chief Administrative Officer	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 lmontoya@abq.ihs.gov
Bert Tallant	Laboratory Supervisor	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	(505) 946-9325 btallant@abq.ihs.gov
Carole Barber	Manager	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	
Cecilia Butler	Regis. Dietician, Nutritionalist, Diabetes Program	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505-946-9390



Martha Duganne	Physical Therapy	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505-946-9335 maduganne@abq.ihs.gov
Leeanna Travis		IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	
Dr. John Stadick	Optometry	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505-946-9219 jstadick@abq.ihs.gov
John Rael	Business Office Manager	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	
Jacqueline Candelaria	Medical Records	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	
Celeste Davis	Enviornmental Health	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	Ext 577
Don Smith	Facilities Engineering	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	Ext 453
SFSU Focus Group		IHS Hospital, 1700 Cerrillos Rd, Santa Fe, NM 87505	
Eileen Naranjo	Public Health Nursing	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 esisneros@abq.ihs.gov
Pat Cata	Contract Health Manager	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 pcata@abq.ihs.gov
Lena Gachupin	Behavioral Health	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 lgachupin@abq.ihs.gov
Carlos Bueno	In-patient Care	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 cbueno@abq.ihs.gov
Maria Chavez	Clinical Nurse Supervisor Southern Clinics	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 mchavez@abq.ihs.gov
Roxanne Webster	Business Office	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 rwebster@abq.ihs.gov
Anne Kuzava	Chief of Staff	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 akuzava@abq.ihs.gov
Ed Grant	Vice Chief of Staff	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 egrant@abq.ihs.gov
Jacque Candelaria	Medical Records Administration	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 jcandelaria@abq.ihs.gov
Larry Shub	Outpatient Clinic / Emergency Room	IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 lshub@abq.ihs.gov
Rozella Lapointe		IHS Hospital 1700 Cerrillos Road Santa Fe, NM 87505	505/988-9821 rlapointe@abq.ihs.gov



SFSU Health Board			
Shirley Shemayme Emmett Archuleta Alk'inibaa' Mermejo	Picuris Pueblo	PO Box 127 Penasco, NM 87553	505/587-2712 or 2519 505/587-1071 sshemayme@hotmail.com
Monica Vigil Victoria Parrill	Nambe Pueblo	Rt 1, Box 117-BB Santa Fe, NM 87506	P: 505/455-2036 F: 505/455-2038 povipin@aol.com
Thelma Gonzales	San Idelfonso Pueblo	Rt 5, Box 315A Santa Fe, NM 87506	P: 505/455-4114 F: 505/455-2682 tgonzales@sanipueblo.org
Mark Siemon Bruce Garcia	San Felipe Pueblo	PO Box 4339 Santa Fe, NM 87001	P: 505/867-9616 / 3381 F: 505/867-9617 / 3383 mcsiemon@abq.ihs.govt bruce@sanfelipe-pueblo.com
Barbara Chavarria Shirley Catanach	Pojoaque Pueblo	101 Lightning Loop Santa Fe, NM 87506	P: 505/455-9355 F: 505/455-3360
Grace Ortiz (former)	San Juan Pueblo	PO Box 1521 San Juan Pueblo, NM 87566	P: 505/852-2354 F: 505/852-4820
Virgil Lujan	Taos Pueblo	PO Box 1846 Taos, NM 87571	P: 505/758-8626 F: 505/758-8831 valujan@taospueblo.com
Christina Trujillo Marvin Lovato	Cochiti Pueblo	PO Box 70 Cochiti Pueblo, NM 87072	P: 505/465-2500 F: 505/465-1135
Charles Suazo Edwin Tafoya	Santa Clara Pueblo	PO Box 580 Espanola, NM 87532	P: 505/753-9421 / 7330 F: 505/753-5039 / 8988
Lourenia Tenorio (former) Lt. Governor Sammy Garcia (former) Leandro Garcia (former)	Santo Domingo Pueblo	PO Box 99 Santo Domingo Pueblo, NM 87052	P: 505/465-2214 F: 505/465-2688
Dolly Narang Bernard Mora (former) Liz Roybal (former) Charlotte Hena (former)	Tesuque Pueblo	Rt. 42, Box 360-T Santa Fe, NM 87506	P: 505/955-7770 F: 505/995-7794
Ms. Belle Nunez	Jicarilla Apache Nation	P. O. Box 609 Dulce, NM 87528	F: 505/759-3773



Appendix E: Results of Interviews with Key Staff for SFSU Facilities



INSTRUCTIONS:

When constructing and collating the document, please REMOVE THIS PAGE and REPLACE it with the separate document described here:

Results of Interviews with Key SFSU Staff,
an 11x17" spreadsheet printed separately and folded
accordian style to fit into 8 1/2x11" sized binder



Appendix F: Clinic Services and Frequency of Clinics

During the preparation of this Plan, the hours and services changed for the Service Unit facilities. Therefore, it was determined best not to list this information. For hours and services available, please contact the facility.



Appendix G: List of additional facilities within 50 miles

Santa Fe PHS Indian Hospital, 1700 Cerrillos Road, Santa Fe, NM 87505

SFSU	
HOSPITALS	CITY
WITHIN 20 MILES	
St. Vincent Hospital	Santa Fe
Los Alamos Medical Center	Espanola
The Espanola Hospital	Espanola
WITHIN 50 MILES	
Carrie Tinley Hospital	Albuquerque
Presbyterian Hospital	Albuquerque
Carrie Tingley Hospital	Albuquerque
Albuquerque Regional Medical Center	Albuquerque
OTHER IN-PATIENT FACILITIES	CITY
WITHIN 20 MILES	
Memorial Psychiatric	Albuquerque
HEALTH CARE CLINICS	CITY
WITHIN 10 MILES	
St. Francis Health Center	Santa Fe
Namaste Child & Family Development Center	Santa Fe
LA Familia Medical Center	Santa Fe
Millennium Treatment Services	Santa Fe
Rio Grande Planned Parenthood	Santa Fe
La Familia Medical & Dental Center	Santa Fe
Casa Real Care Center	Santa Fe
Arroyo Chamiso Pediatric Center	Santa Fe
Santa Fe Care Center	Santa Fe
Santa Fe Dialysis Center	Santa Fe
Southwest Care Center	Santa Fe
LA Familia Medical Center	Santa Fe
Santa Fe Imaging LLC	Santa Fe
Southwestern Counseling Center	Santa Fe
Su Vida	Santa Fe
Santa Fe Regional Medical Center	Santa Fe
Valley Radiotherapy Assoc. Medical Group	Santa Fe
Santa Fe Regional Medical Center	Santa Fe
New Mexico Veterans Health Care System	Santa Fe
Life Link	Santa Fe



HEALTH CARE CLINICS (cont.)	CITY
New Mexico Veterans Health Care System	Santa Fe
Villa Therese Catholic Clinic	Santa Fe
Brain Injury Community Services	Santa Fe
Ultimed	Santa Fe
Cancer Institute of New Mexico	Santa Fe
X-Ray Associates at Santa Fe	Santa Fe
LA Vida Hermosa	Santa Fe
Women's Health Services Family Care & Counseling Center	Santa Fe
Region 2 Behavioral Health Providers Inc.	Santa Fe
MI Casa	Santa Fe
WITHIN 30 MILES	
Hands Across Cultures	Espanola
Health Centers of Northern New Mexico – Coyote Clinic, E	Espanola
Los Alamos Medical Center	Espanola
Pojoaque Primary Care	Espanola
Espanola Dialysis	Espanola
Santa Clara Indian Health Center	Espanola
Eye Care Surgery	Espanola
Los Alamos Medical Center	Espanola
Bond Wellness Clinic	Espanola
Health Centers of Northern New Mexico	Espanola
Espanola Sports Medicine	Espanola
Espanola Therapy Center	Espanola
Hacienda de Salud	Espanola
Counseling Service Del Norte	Espanola
Cochiti PHS Health Clinic	Pena Blanca
PHS Health Clinic	Santo Domingo
WITHIN 40 MILES	
Hacienda Valmora	Alcalde
Health Centers of New Mexico	Embudo
Rio Grande Alcoholism Treatment Center	Embudo
Health Centers of Northern New Mexico	Chamisal
Las Clinicas Del Norte - Abiquiu	Abiquiu
Las Clinicas Del Norte - El Rito	Abiquiu
Las Clinicas Del Norte	Ojo Caliente
NURSING CARE FACILITIES	CITY
WITHIN 10 MILES	
Ponce de Leon Retirement Community	Santa Fe
First American Primecare	Santa Fe
Rosemont Assisted Living & Alzheimer's	Santa Fe
Sierra Vista	Santa Fe
LA Vida Hermosa	Santa Fe
Kingston Residence of Santa Fe	Santa Fe
El Castillo Retirement Residences	Santa Fe
MI Casa	Santa Fe



ALCOHOL & DRUG ABUSE TREATMENT	CITY
WITHIN 10 MILES	
Behavioral Health Network Service Center	Santa Fe
Hoy Recovery Program Inc	Espanola
Uan Alachemical Dependency	Espanola
IHS Recovery Program	Santa Fe
Millennium Treatment Services	Santa Fe
Alcoholics Anonymous	Santa Fe
Friendship Club	Santa Fe
LA Luz de Santa Fe Family Shelter	Santa Fe
Life Link	Santa Fe
Responsible Effort	Santa Fe
St Vincent Hospital - Mental Health and	Santa Fe
WITHIN 30 MILES	
Uan Alachemical Dependency	Espanola
WITHIN 50 MILES	
New Moon Treatment Facility	
PSYCHIATRIC, ALCOHOL & DRUG TREATMENT	CITY
WITHIN 10 MILES	
Al-Anon	Santa Fe
Region 2 Behavioral Health Providers Inc.	Santa Fe
The Dream Zone	Santa Fe
WITHIN 20 MILES	
Hands Across Cultures	Espanola
Hoy Recovery Program Inc.	Espanola
Human Resources	Espanola
WITHIN 40 MILES	
Rio Grande Alcoholism Treatment Center	Embudo
HOSPICE	CITY
WITHIN 10 MILES	
Community Volunteer Care	Santa Fe
Hospice Center	Santa Fe
Odyssey Healthcare of Santa Fe	Santa Fe
OTHER SPECIALTY CLINICS	CITY
WITHIN 50 MILES	
Fresinius - Santa Fe Dialysis Center	Santa Fe
DCI - Espanola Dialysis Center	Espanola
DCI Dialysis of Rio Arriba & Albuquerque	Santa Fe
Endoscopy of Santa Fe	Santa Fe
Eye Surgery Centers of New Mexico	Santa Fe
Southwestern Same Day Surgery	Santa Fe
Southwestern Ear & Throat Associates	Santa Fe



Appendix H-1: SFSU 2004 Outpatient Visit Volume by Diagnoses

Group	Santa Fe	
	Visits	% of Total
Diseases of the Respiratory System	9,849	9%
Endocrine, nutritional, metabolic diseases, and imm	7,042	6%
Diseases of the Nervous System and Sense Organs	6,468	6%
Diseases of the Musculoskeletal and Connective Tis	5,900	5%
Mental Disorders	8,619	8%
Symptoms, Signs, and Ill-defined conditions	5,888	5%
Injury and Poisoning	4,704	4%
Diseases of the Circulatory System	3,210	3%
Infectious and Parasitic Disease	2,894	3%
Diseases of the Genitourinary System	2,403	2%
Diseases of the Skin and Subcutaneous Tissue	2,716	2%
Diseases of the Digestive System	2,414	2%
Complications of Pregnancy, Childbirth, and the Puerpe	1,598	1%
Diseases of the Blood and Blood-Forming Organs	600	1%
Neoplasms	489	0%
Congenital Anomalies	153	0%
Certain Conditions Originating in the Perinatal Period	75	0%
Other / Supplemental	49,460	43%
Prescriptions	12,682	11%
Dental	12,845	11%
Lab	2,006	2%
eye	2,471	2%
Vaccination	2,327	2%
Pregnancy	1,852	2%
Routine Infant or Child Health Check	2,048	2%
Contraception	1,305	1%
Other Encounter for Administrative Purposes	131	0%
GYN Exam	1,225	1%
Health Education / Instruction	222	0%
Health Exams of Defined Subpops	410	0%
TB	1,081	1%
Other medical exam for admin purposes	853	1%
PT	581	1%
Dietary	496	0%
Radiological exam	306	0%
Other	6,619	6%
Total	114,482	100%



Appendix H-2: Outpatient Visit Volume by Age Group

2004 Patient Visits by Primary, Secondary, and Tertiary Diagnostic Groups

Cochiti Health Center

San Felipe Health Center

Santa Fe Indian Hospital

Santo Domingo Health Center



Diagnosis #	Diagnostic Category	0	1-14	15-44	45-64	65+	Total	% of Total				
								Diagnostic Group	0	1-14	15-44	45-64
COCHITI H:ST												
Primary	Other / Supplemental	22	181	427	375	519	1,524	1%	12%	28%	25%	34%
	Diseases of the Respiratory System	5	64	92	52	37	250	2%	26%	37%	21%	15%
	Diseases of the Circulatory System			20	55	140	215	0%	0%	9%	26%	65%
	Endocrine, nutritional, metabolic diseases, and immunity disorders			23	65	93	181	0%	0%	13%	36%	51%
	Diseases of the Musculoskeletal and Connective Tissue		12	47	42	72	173	0%	7%	27%	24%	42%
	Diseases of the Nervous System and Sense Organs	3	33	34	46	31	147	0%	22%	23%	31%	21%
	Symptoms, Signs, and Ill-defined conditions	4	28	33	26	39	130	3%	22%	25%	20%	30%
	Mental Disorders		8	37	9	70	124	0%	6%	30%	7%	56%
	Diseases of the Skin and Subcutaneous Tissue	3	18	55	25	16	117	3%	15%	47%	21%	14%
	Injury and Poisoning	2	24	26	10	20	82	2%	29%	32%	12%	24%
	Infectious and Parasitic Disease	2	15	23	12	25	77	3%	19%	30%	16%	24%
	Diseases of the Digestive System	2	16	5	11	10	44	5%	36%	11%	25%	23%
	Diseases of the Genitourinary System		2	13	16	13	44	0%	5%	30%	36%	30%
	Diseases of the Blood and Blood-Forming Organs		5			26	31	0%	0%	16%	0%	84%
	Complications of Pregnancy, Childbirth, and the Puerperium		7			1	7	0%	0%	100%	0%	0%
	Neoplasms	1	1		4		6	0%	0%	17%	67%	17%
	Certain Conditions Originating in the Perinatal Period						1	100%	0%	0%	0%	0%
	Congenital Anomalies				1		1	0%	0%	0%	100%	0%
Primary Total		44	401	848	749	1,112	3,154	1%	13%	27%	24%	35%
Secondary	Diseases of the Circulatory System		19	93	178	290		0%	0%	7%	32%	61%
	Endocrine, nutritional, metabolic diseases, and immunity disorders		30	102	130	262		0%	0%	11%	39%	50%
	Other / Supplemental	8	23	66	70	54	221	4%	10%	30%	32%	24%
	Diseases of the Respiratory System	1	24	44	25	47	141	1%	17%	31%	18%	33%
	Diseases of the Musculoskeletal and Connective Tissue		1	23	65	112	105	0%	2%	21%	21%	58%
	Symptoms, Signs, and Ill-defined conditions	1	2	37	23	42	105	1%	1%	35%	22%	40%
	Mental Disorders		10	37	19	19	85	0%	12%	44%	22%	22%
	Diseases of the Nervous System and Sense Organs		14	16	20	28	78	0%	18%	21%	26%	36%
	Diseases of the Genitourinary System		1	20	12	40	73	0%	1%	27%	16%	55%
	Infectious and Parasitic Disease		4	23	6	22	55	3%	7%	42%	11%	40%
	Diseases of the Skin and Subcutaneous Tissue		11	12	10	14	52	10%	21%	23%	19%	27%
	Diseases of the Digestive System	5	5	9	13	17	44	0%	11%	20%	30%	39%
	Injury and Poisoning	3	5	5	6	13	27	0%	11%	19%	22%	48%
	Diseases of the Blood and Blood-Forming Organs		3	5	1	15	24	0%	13%	21%	4%	63%
	Complications of Pregnancy, Childbirth, and the Puerperium		4				4	0%	0%	100%	0%	0%
	Neoplasms				4		4	0%	0%	0%	100%	0%
Secondary Total		15	101	350	427	684	1,577	1%	6%	22%	27%	43%
Tertiary	Endocrine, nutritional, metabolic diseases, and immunity disorders		10	3	45	65	120	0%	0%	8%	38%	54%
	Diseases of the Circulatory System	7	14	17	39	77	119	0%	0%	3%	33%	65%
	Other / Supplemental			15	21	13	72	10%	19%	24%	29%	18%
	Mental Disorders	1	3	13	8	15	56	0%	0%	27%	11%	63%
	Diseases of the Respiratory System		6	10	17	33	40	0%	8%	33%	20%	38%
	Symptoms, Signs, and Ill-defined conditions		1	1	10	19	30	0%	0%	18%	30%	52%
	Diseases of the Musculoskeletal and Connective Tissue		6	8	11	26	50	0%	4%	3%	33%	63%
	Diseases of the Digestive System		4	4	2	16	22	0%	0%	18%	9%	73%
	Diseases of the Genitourinary System		1	4	3	9	16	0%	6%	17%	22%	56%
	Diseases of the Nervous System and Sense Organs		2	3	2	9	16	0%	13%	19%	13%	56%
	Diseases of the Skin and Subcutaneous Tissue		1	1	1	13	15	0%	0%	7%	7%	87%
	Diseases of the Blood and Blood-Forming Organs		5	1	3	9	9	0%	0%	56%	11%	33%
	Infectious and Parasitic Disease		1		4	4	9	0%	0%	20%	0%	80%
	Injury and Poisoning		2		2	2	4	0%	0%	0%	50%	50%
	Neoplasms						4	0%	0%	0%	0%	0%
Tertiary Total		8	21	89	158	309	585	1%	4%	15%	27%	53%



Diagnosis #	Diagnostic Category	0	1-14	15-44	45-64	65+	Total	% of Total					
								Diagnostic Group	0	1-14	15-44	45-64	65+
SANTA CLARA													
Primary	Other / Supplemental Diseases of the Respiratory System	207	1,534	2,898	2,280	1,508	8,427	49%	2%	18%	34%	27%	18%
	Mental Disorders	87	516	542	248	114	1,507	9%	6%	34%	36%	16%	8%
	Endocrine, nutritional, metabolic diseases, and immunity disorders		26	693	435	86	1,240	7%	0%	0%	56%	35%	7%
	Diseases of the Musculoskeletal and Connective Tissue		5	163	511	514	1,193	7%	0%	0%	14%	43%	43%
	Diseases of the Circulatory System		34	426	321	85	866	5%	0%	4%	49%	37%	10%
	Symptoms, Signs, and Ill-defined conditions	10	102	216	189	306	607	4%	0%	0%	18%	31%	50%
	Diseases of the Nervous System and Sense Organs	15	160	194	155	116	599	3%	2%	27%	36%	22%	19%
	Injury and Poisoning	3	109	272	116	77	573	3%	3%	18%	34%	22%	13%
	Infectious and Parasitic Disease	18	159	169	79	63	488	3%	1%	20%	49%	21%	9%
	Diseases of the Skin and Subcutaneous Tissue	8	65	126	73	43	315	3%	3%	33%	35%	16%	13%
	Diseases of the Genitourinary System	3	20	90	72	80	265	2%	1%	8%	40%	23%	14%
	Diseases of the Digestive System	8	60	81	45	34	228	1%	4%	26%	36%	27%	30%
	Complications of the Blood and Blood-Forming Organs		4	11	48	162	225	1%	0%	0%	5%	21%	15%
	Neoplasms	12	3	111	1	1	112	1%	0%	0%	99%	1%	0%
	Complications of Pregnancy, Childbirth, and the Puerperium	2	2	2	13	9	38	0%	32%	8%	3%	3%	24%
	Congenital Anomalies	4	2	2	4	4	14	0%	14%	14%	14%	29%	29%
	Certain Conditions Originating in the Perinatal Period	4	1	1	1	4	6	0%	67%	17%	17%	0%	0%
Primary Total		377	2,800	6,108	4,717	3,251	17,253	100%	2%	16%	35%	27%	19%
Secondary	Endocrine, nutritional, metabolic diseases, and immunity disorders		47	385	832	629	1,893	22%	0%	2%	20%	4%	33%
	Diseases of the Circulatory System		171	297	403	536	1,110	13%	0%	0%	15%	36%	48%
	Diseases of the Respiratory System	25	219	171	181	91	686	9%	3%	27%	37%	22%	11%
	Other / Supplemental	24	116	400	251	73	764	9%	3%	15%	52%	20%	10%
	Symptoms, Signs, and Ill-defined conditions	15	63	256	226	126	686	8%	2%	9%	37%	33%	18%
	Mental Disorders	2	18	318	210	50	598	7%	0%	3%	53%	35%	8%
	Diseases of the Musculoskeletal and Connective Tissue		9	186	218	121	534	6%	0%	2%	35%	41%	23%
	Diseases of the Nervous System and Sense Organs	12	88	120	138	143	501	6%	2%	18%	24%	28%	29%
	Diseases of the Genitourinary System		3	85	145	142	375	4%	0%	1%	23%	33%	38%
	Diseases of the Skin and Subcutaneous Tissue	14	93	120	64	56	347	4%	4%	27%	35%	18%	16%
	Diseases of the Blood and Blood-Forming Organs	6	23	28	119	133	309	4%	2%	7%	9%	33%	43%
	Diseases of the Digestive System	4	16	79	72	48	219	3%	2%	7%	36%	33%	22%
	Infectious and Parasitic Disease	4	30	104	46	33	217	3%	2%	14%	48%	21%	15%
	Injury and Poisoning		20	96	32	21	169	2%	0%	12%	57%	19%	12%
	Neoplasms		2	1	20	26	49	1%	0%	4%	2%	41%	53%
	Complications of Pregnancy, Childbirth, and the Puerperium	4	3	24	2	5	24	0%	0%	0%	100%	0%	0%
	Congenital Anomalies		4	4	2	2	18	0%	22%	17%	22%	11%	28%
	Certain Conditions Originating in the Perinatal Period	12	1	1	1	4	13	0%	92%	0%	8%	0%	0%
Secondary Total		122	750	2,675	2,859	2,233	8,639	100%	1%	9%	31%	33%	26%
Tertiary	Endocrine, nutritional, metabolic diseases, and immunity disorders		9	166	292	275	742	22%	0%	1%	22%	39%	37%
	Diseases of the Circulatory System		1	76	172	264	513	15%	0%	0%	15%	34%	51%
	Symptoms, Signs, and Ill-defined conditions	3	9	135	112	64	323	10%	1%	3%	42%	35%	20%
	Other / Supplemental	8	21	103	81	39	252	8%	3%	8%	41%	32%	15%
	Diseases of the Musculoskeletal and Connective Tissue		5	51	100	67	223	7%	0%	2%	23%	45%	30%
	Diseases of the Genitourinary System		4	30	109	79	222	7%	0%	2%	14%	49%	36%
	Diseases of the Respiratory System	2	54	62	70	34	222	7%	1%	24%	28%	32%	15%
	Mental Disorders		1	117	74	21	213	6%	0%	0%	55%	35%	10%
	Diseases of the Nervous System and Sense Organs	2	13	32	55	65	167	5%	1%	8%	19%	33%	38%
	Diseases of the Blood and Blood-Forming Organs	1	3	6	22	62	94	3%	1%	3%	6%	23%	66%
	Diseases of the Skin and Subcutaneous Tissue	1	13	20	32	32	94	3%	1%	14%	30%	21%	34%
	Diseases of the Digestive System	1	1	27	37	1	86	3%	0%	31%	43%	24%	24%
	Infectious and Parasitic Disease	2	6	28	22	19	77	3%	2%	8%	36%	29%	25%
	Injury and Poisoning	1	3	23	10	10	47	1%	2%	6%	49%	21%	21%
	Neoplasms		3	10	12	10	23	1%	0%	0%	4%	52%	43%
	Complications of Pregnancy, Childbirth, and the Puerperium	1	3	4	1	1	10	0%	0%	0%	100%	0%	0%
	Congenital Anomalies		1	1	1	1	4	0%	0%	0%	50%	13%	0%
	Certain Conditions Originating in the Perinatal Period	21	147	900	1,189	1,062	3,319	0%	33%	33%	33%	0%	32%
Tertiary Total		21	147	900	1,189	1,062	3,319	100%	1%	4%	27%	36%	32%

Diagnosis #	Diagnostic Category	% of Total						Total	Diagnostic Group	1-14	15-44	45-64	65+
		0	1-14	15-44	45-64	65+							
SAN FELIPE HS													
Primary													
	Other / Supplemental	111	1,134	1,928	1,361	920	5,454	61%	2%	21%	35%	25%	17%
	Endocrine, nutritional, metabolic diseases, and immunity disorders		14	261	404	244	923	10%	0%	2%	28%	44%	26%
	Diseases of the Respiratory System	42	275	255	66	35	673	8%	6%	41%	38%	10%	5%
	Diseases of the Nervous System and Sense Organs	22	118	80	46	32	298	3%	7%	40%	27%	15%	11%
	Symptoms, Signs, and Ill-defined conditions	14	73	60	45	32	234	3%	6%	31%	26%	19%	18%
	Diseases of the Musculoskeletal and Connective Tissue		17	91	60	36	204	2%	0%	8%	45%	29%	18%
	Diseases of the Circulatory System			29	90	71	190	2%	0%	0%	15%	47%	37%
	Diseases of the Skin and Subcutaneous Tissue	10	53	66	37	23	189	2%	5%	28%	35%	20%	12%
	Infectious and Parasitic Disease	10	70	49	24	36	189	2%	5%	37%	26%	20%	19%
	Injury and Poisoning		57	58	16	21	152	2%	0%	38%	13%	11%	14%
	Diseases of the Digestive System	5	41	34	26	10	116	1%	4%	35%	29%	22%	9%
	Diseases of the Genitourinary System		8	45	24	33	110	1%	0%	7%	41%	22%	30%
	Mental Disorders		27	45	16	9	97	1%	0%	28%	46%	16%	9%
	Complications of Pregnancy, Childbirth, and the Puerperium			68			68	1%	0%	0%	100%	0%	0%
	Diseases of the Blood and Blood-Forming Organs	1	9	27	14	11	62	1%	2%	15%	44%	23%	18%
	Neoplasms			2	4	5	11	0%	0%	0%	18%	36%	45%
	Congenital Anomalies		2	1			3	0%	0%	67%	33%	0%	0%
Primary Total		215	1,898	3,099	2,233	1,528	8,973	100%	2%	21%	35%	25%	17%
Secondary													
	Endocrine, nutritional, metabolic diseases, and immunity disorders	3	58	290	479	413	1,243	25%	0%	5%	23%	39%	33%
	Other / Supplemental	25	132	231	128	106	622	13%	4%	21%	37%	21%	17%
	Diseases of the Circulatory System		1	108	268	238	615	12%	0%	0%	18%	44%	39%
	Diseases of the Respiratory System	42	190	172	83	39	526	11%	8%	36%	33%	16%	7%
	Symptoms, Signs, and Ill-defined conditions	15	64	108	81	20	328	7%	5%	20%	33%	25%	18%
	Diseases of the Genitourinary System		3	83	84	82	252	5%	0%	1%	33%	33%	33%
	Infectious and Parasitic Disease	8	111	70	29	19	237	5%	3%	47%	30%	12%	8%
	Diseases of the Nervous System and Sense Organs	12	57	54	58	52	233	5%	5%	24%	23%	25%	22%
	Mental Disorders		65	62	30	17	174	4%	0%	37%	36%	17%	10%
	Diseases of the Musculoskeletal and Connective Tissue	2	60	60	69	40	171	3%	0%	1%	35%	40%	23%
	Diseases of the Skin and Subcutaneous Tissue	9	56	38	36	26	165	3%	5%	34%	23%	22%	16%
	Diseases of the Digestive System	7	27	29	39	36	138	3%	5%	20%	21%	28%	26%
	Diseases of the Blood and Blood-Forming Organs	6	11	25	38	25	105	2%	6%	10%	24%	36%	24%
	Injury and Poisoning	2	9	33	18	18	80	2%	3%	11%	41%	23%	23%
	Neoplasms				10	23	34	1%	0%	3%	0%	29%	68%
	Complications of Pregnancy, Childbirth, and the Puerperium	1	8				15	0%	0%	0%	100%	0%	0%
	Congenital Anomalies	1	1				2	0%	7%	53%	40%	0%	0%
	Certain Conditions Originating in the Perinatal Period	1	1				2	0%	50%	0%	0%	0%	0%
Secondary Total		131	796	1,392	1,450	1,194	4,963	100%	3%	16%	28%	29%	24%
Tertiary													
	Diseases of the Circulatory System	2	12	37	170	179	406	22%	0%	0%	14%	42%	44%
	Endocrine, nutritional, metabolic diseases, and immunity disorders	9	60	69	37	42	262	14%	1%	5%	14%	40%	40%
	Other / Supplemental	12	18	46	49	30	155	12%	4%	28%	32%	17%	19%
	Symptoms, Signs, and Ill-defined conditions	7	47	41	37	15	147	8%	5%	32%	30%	25%	19%
	Diseases of the Respiratory System		1	29	40	56	126	7%	0%	0%	23%	32%	44%
	Diseases of the Genitourinary System	3	16	11	26	35	91	5%	3%	18%	12%	29%	38%
	Diseases of the Nervous System and Sense Organs	8	10	28	19	14	79	4%	10%	13%	35%	24%	18%
	Diseases of the Skin and Subcutaneous Tissue		4	16	43	14	77	4%	0%	5%	21%	56%	18%
	Diseases of the Musculoskeletal and Connective Tissue		9	27	15	19	70	4%	0%	13%	39%	21%	27%
	Mental Disorders	3	6	28	11	7	55	3%	5%	11%	51%	20%	13%
	Infectious and Parasitic Disease	4	3	8	13	19	47	3%	3%	6%	17%	28%	40%
	Diseases of the Digestive System	1	1	13	10	15	40	2%	3%	3%	33%	25%	38%
	Diseases of the Blood and Blood-Forming Organs		6	10	5	8	29	2%	0%	21%	34%	17%	28%
	Injury and Poisoning		2	3			5	0%	0%	0%	100%	0%	0%
	Complications of Pregnancy, Childbirth, and the Puerperium		1				1	0%	0%	40%	60%	0%	0%
	Congenital Anomalies		1				1	0%	0%	25%	25%	0%	50%
	Neoplasms		1				1	0%	0%	0%	0%	0%	0%
Tertiary Total		49	196	431	581	550	1,817	100%	3%	11%	24%	32%	31%



Diagnosis #	Diagnostic Category	% of Total						Total	Diagnostic Group				
		0	1-14	15-44	45-64	65+	65+						
SANTA FE HOSPITAL													
Primary													
Other / Supplemental		890	5,097	12,530	6,513	2,497	27,527	38%	3%	19%	46%	24%	9%
Mental Disorders		3	1,351	3,755	1,499	363	6,971	9%	0%	19%	54%	22%	5%
Diseases of the Respiratory System		528	2,481	2,339	737	372	6,457	9%	8%	38%	36%	11%	6%
Diseases of the Nervous System and Sense Organs		124	1,199	1,891	1,139	562	4,915	7%	3%	24%	38%	23%	11%
Diseases of the Musculoskeletal and Connective Tissue		1	190	2,188	1,586	354	4,319	6%	0%	4%	51%	37%	8%
Symptoms, Signs, and Ill-defined conditions		156	722	1,902	1,056	472	4,308	6%	4%	17%	44%	25%	11%
Injury and Poisoning		27	1,040	1,788	553	221	3,629	5%	1%	29%	49%	15%	6%
Endocrine, nutritional, metabolic diseases, and immunity disorders		14	67	857	1,569	1,044	3,551	5%	0%	2%	24%	44%	29%
Infectious and Parasitic Disease		109	597	808	311	140	1,965	3%	6%	30%	41%	16%	7%
Diseases of the Circulatory System		4	7	378	776	776	1,901	3%	0%	0%	20%	39%	41%
Diseases of the Skin and Subcutaneous Tissue		41	342	937	776	161	1,892	3%	2%	18%	50%	22%	9%
Diseases of the Genitourinary System		15	136	846	480	388	1,885	3%	1%	7%	45%	26%	21%
Diseases of the Digestive System		124	412	746	428	169	1,879	3%	7%	22%	40%	23%	9%
Complications of Pregnancy, Childbirth, and the Puerperium				1,376			1,376	2%	0%	0%	100%	0%	0%
Neoplasms		3	8	92	182	129	414	1%	1%	2%	22%	44%	31%
Diseases of the Blood and Blood-Forming Organs		8	30	66	51	73	228	0%	4%	13%	28%	22%	32%
Congenital Anomalies		10	49	25	17	9	61	0%	9%	45%	23%	15%	8%
Certain Conditions Originating in the Perinatal Period		58	2	1			61	0%	95%	3%	2%	0%	0%
Primary Total		2,115	13,730	32,525	17,278	7,740	73,388	100%	3%	19%	44%	24%	11%
Secondary													
Mental Disorders		2	619	1,879	1,060	176	3,736	13%	0%	17%	50%	28%	5%
Other / Supplemental		112	450	1,755	687	247	3,251	11%	3%	14%	54%	21%	8%
Endocrine, nutritional, metabolic diseases, and immunity disorders		17	188	912	1,395	735	3,227	11%	1%	5%	28%	43%	23%
Diseases of the Nervous System and Sense Organs		125	538	890	792	439	2,784	10%	4%	19%	32%	28%	16%
Diseases of the Respiratory System		120	921	1,065	451	114	2,671	9%	4%	34%	40%	17%	4%
Symptoms, Signs, and Ill-defined conditions		93	364	1,150	670	253	2,553	9%	4%	14%	45%	26%	11%
Diseases of the Circulatory System		9	9	525	1,163	808	2,514	9%	0%	0%	21%	46%	32%
Diseases of the Musculoskeletal and Connective Tissue		2	44	975	964	298	2,283	8%	0%	2%	39%	42%	13%
Diseases of the Genitourinary System		5	33	492	430	288	1,248	4%	0%	3%	39%	34%	23%
Infectious and Parasitic Disease		71	156	534	222	70	1,053	4%	7%	15%	51%	21%	7%
Diseases of the Skin and Subcutaneous Tissue		64	205	429	219	82	999	3%	6%	21%	43%	22%	8%
Diseases of the Digestive System		43	73	390	354	132	992	3%	3%	7%	39%	36%	13%
Injury and Poisoning		11	146	459	201	76	893	3%	1%	16%	51%	22%	9%
Diseases of the Blood and Blood-Forming Organs		13	37	193	89	65	397	1%	3%	9%	49%	22%	16%
Complications of Pregnancy, Childbirth, and the Puerperium		1	4	63	86	80	234	1%	0%	2%	100%	0%	0%
Neoplasms		13	31	20	13	6	83	0%	16%	37%	24%	16%	7%
Congenital Anomalies		30	2				32	0%	94%	6%	0%	0%	0%
Certain Conditions Originating in the Perinatal Period		731	3,800	12,054	8,736	3,892	29,273	100%	2%	13%	41%	30%	13%
Secondary Total													
Mental Disorders		2	189	614	461	51	1,325	13%	0%	15%	46%	35%	4%
Endocrine, nutritional, metabolic diseases, and immunity disorders		29	128	340	447	265	1,209	12%	0%	2%	28%	46%	24%
Diseases of the Nervous System and Sense Organs		4	2	210	524	294	1,034	10%	0%	0%	20%	37%	22%
Diseases of the Circulatory System		75	180	392	262	124	1,033	10%	7%	17%	38%	25%	12%
Other / Supplemental		31	96	383	287	118	915	9%	3%	10%	42%	31%	13%
Symptoms, Signs, and Ill-defined conditions		23	158	257	198	65	701	7%	3%	23%	37%	28%	9%
Diseases of the Respiratory System		2	3	129	251	143	528	5%	0%	1%	24%	48%	27%
Diseases of the Musculoskeletal and Connective Tissue		2	5	153	149	476	776	5%	0%	1%	32%	35%	31%
Diseases of the Genitourinary System		11	18	113	159	87	388	4%	3%	5%	29%	41%	22%
Diseases of the Digestive System		28	34	145	135	369	669	4%	8%	9%	39%	37%	7%
Infectious and Parasitic Disease		11	50	146	89	32	328	3%	3%	15%	45%	27%	10%
Diseases of the Skin and Subcutaneous Tissue		1	9	60	83	63	216	2%	0%	4%	28%	38%	29%
Diseases of the Blood and Blood-Forming Organs		1	16	128	39	30	214	2%	0%	7%	60%	18%	14%
Injury and Poisoning				149			149	1%	0%	0%	100%	0%	0%
Complications of Pregnancy, Childbirth, and the Puerperium		1	10	19	37	14	149	1%	0%	0%	70%	53%	20%
Neoplasms		8		11	10	4	36	0%	3%	28%	31%	28%	11%
Congenital Anomalies				1			9	0%	89%	0%	11%	0%	0%
Certain Conditions Originating in the Perinatal Period		229	929	3,619	3,745	1,779	10,301	100%	2%	9%	35%	36%	17%
Tertiary Total		229	929	3,619	3,745	1,779	10,301	100%	2%	9%	35%	36%	17%

Diagnosis #	Diagnostic Category	0	1-14	15-44	45-64	65+	Total	% of Total				
								Diagnostic Group	0	1-14	15-44	45-64
SANTO DOMINGO												
Primary												
Other / Supplemental	Endocrine, nutritional, metabolic diseases, and immunity disorders	140	1,341	1,914	1,851	1,190	6,436	56%	2%	21%	30%	18%
Diseases of the Respiratory System		4	4	109	569	482	1,164	10%	0%	0%	9%	41%
Symptoms, Signs, and Ill-defined conditions		84	371	312	137	949	45	8%	9%	39%	33%	5%
Diseases of the Nervous System and Sense Organs		60	208	146	130	59	603	5%	10%	34%	24%	10%
Diseases of the Musculoskeletal and Connective Tissue		54	238	111	74	52	529	5%	10%	45%	21%	10%
Injury and Poisoning		6	105	88	137	53	330	3%	0%	4%	38%	16%
Diseases of the Circulatory System		3	29	100	100	40	290	2%	2%	36%	30%	14%
Diseases of the Skin and Subcutaneous Tissue		7	76	57	38	20	198	2%	4%	38%	29%	10%
Infectious and Parasitic Disease		4	61	43	41	24	173	2%	1%	35%	25%	14%
Mental Disorders		1	40	81	33	17	172	1%	13%	23%	47%	10%
Diseases of the Digestive System		18	52	44	20	8	142	1%	2%	37%	31%	6%
Diseases of the Genitourinary System		2	7	36	22	32	99	1%	0%	7%	16%	32%
Diseases of the Blood and Blood-Forming Organs		3	8	8	4	35	50	0%	0%	6%	16%	70%
Complications of Pregnancy, Childbirth, and the Puerperium		2	34	3	2	6	25	0%	8%	100%	0%	0%
Congenital Anomalies		2	10	5	2	12	20	0%	0%	40%	20%	24%
Neoplasms		6	1	1	5	3	20	0%	86%	10%	5%	60%
Certain Conditions Originating in the Perinatal Period		384	2,535	3,145	3,214	2,209	11,487	100%	3%	22%	27%	19%
Secondary												
Endocrine, nutritional, metabolic diseases, and immunity disorders		3	15	158	805	606	1,587	29%	0%	1%	10%	38%
Diseases of the Circulatory System		52	196	151	156	119	679	12%	0%	7%	7%	56%
Other / Supplemental		44	272	148	107	624	674	12%	7%	29%	22%	18%
Diseases of the Respiratory System		36	138	148	128	41	481	9%	7%	28%	30%	8%
Symptoms, Signs, and Ill-defined conditions		19	70	44	79	64	276	5%	7%	25%	16%	23%
Diseases of the Nervous System and Sense Organs		1	7	39	104	114	265	5%	0%	3%	15%	43%
Diseases of the Genitourinary System		6	31	69	42	25	167	4%	0%	19%	18%	35%
Diseases of the Musculoskeletal and Connective Tissue		7	61	52	24	19	163	3%	4%	37%	32%	15%
Mental Disorders		6	22	37	23	11	93	2%	0%	24%	40%	12%
Infectious and Parasitic Disease		6	21	25	28	7	87	2%	7%	24%	29%	8%
Injury and Poisoning		6	9	31	20	15	81	1%	5%	11%	38%	19%
Diseases of the Skin and Subcutaneous Tissue		2	3	17	6	14	42	1%	0%	7%	40%	33%
Diseases of the Digestive System		2	3	22	12	5	22	0%	0%	0%	100%	0%
Diseases of the Blood and Blood-Forming Organs		1	3	1	1	3	9	0%	11%	33%	11%	26%
Complications of Pregnancy, Childbirth, and the Puerperium		5	1	1	1	1	5	0%	100%	0%	0%	0%
Congenital Anomalies		182	861	1,023	1,876	1,542	5,484	100%	3%	16%	19%	28%
Certain Conditions Originating in the Perinatal Period		1	1	7	155	204	367	21%	0%	0%	2%	42%
Diseases of the Circulatory System		1	1	20	153	163	338	19%	0%	0%	6%	45%
Other / Supplemental		31	78	44	55	44	252	14%	12%	31%	17%	17%
Symptoms, Signs, and Ill-defined conditions		9	33	24	55	39	160	9%	6%	21%	15%	24%
Diseases of the Genitourinary System		9	33	11	56	68	135	8%	0%	0%	8%	50%
Diseases of the Respiratory System		7	24	5	28	47	114	6%	6%	22%	17%	11%
Diseases of the Nervous System and Sense Organs		1	14	14	36	21	72	4%	0%	1%	19%	29%
Mental Disorders		2	11	11	33	21	66	4%	0%	2%	17%	32%
Diseases of the Musculoskeletal and Connective Tissue		2	2	11	12	6	31	2%	0%	6%	35%	19%
Diseases of the Digestive System		3	3	17	9	1	30	2%	0%	10%	57%	3%
Injury and Poisoning		2	1	11	10	3	27	2%	4%	4%	41%	11%
Infectious and Parasitic Disease		1	2	5	9	6	23	1%	0%	9%	22%	39%
Diseases of the Skin and Subcutaneous Tissue		1	5	3	4	8	20	1%	0%	25%	15%	20%
Diseases of the Blood and Blood-Forming Organs		2	1	1	1	6	8	0%	0%	13%	0%	75%
Neoplasms		62	187	204	657	650	1,760	100%	4%	11%	12%	37%
Certain Conditions Originating in the Perinatal Period		1	1	2	1	2	2	0%	0%	100%	0%	0%
Complications of Pregnancy, Childbirth, and the Puerperium		1	1	1	1	1	2	0%	0%	0%	0%	0%
Congenital Anomalies		1	1	1	1	1	2	0%	0%	0%	0%	0%
Tertiary Total		62	187	204	657	650	1,760	100%	4%	11%	12%	37%

Appendix H-3: Top 50 Diagnoses

SANTA FE HOSPITAL			2004		1999-2004
ICD DIAGNOSIS NAME	1999	2004	% of Total	Cum % Total	% Change
DENTAL EXAMINATION	4,613	7,117	10%	10%	54%
ISSUE REPEAT PRESCRIPT	3,741	4,819	7%	16%	29%
DIAB UNCOMP TYP II/NIDDM	1,922	2,332	3%	19%	21%
FIT CONTACT LENS/GLASSES	1,047	1,845	3%	22%	76%
ACUTE URI NOS	1,462	1,807	2%	24%	24%
VACCINE AND INOCULA INFLUENZA		1,458	2%	26%	
SUPERVIS OTH NORMAL PREG	879	1,351	2%	28%	54%
ROUTIN CHILD HEALTH EXAM	951	1,326	2%	30%	39%
REFRACTION DISORDER NOS	12	1,253	2%	32%	10342%
HYPERTENSION NOS	1,047	1,218	2%	33%	16%
LUMBAGO	369	881	1%	35%	139%
ACUTE PHARYNGITIS	701	792	1%	36%	13%
GYNECOLOGIC EXAMINATION	640	729	1%	37%	14%
REASON FOR CONSULT NEC	1083	703	1%	38%	-35%
ABDOMINAL PAIN, UNS SITE	432	652	1%	39%	51%
LABORATORY EXAMINATION	632	651	1%	39%	3%
ASTHMA UNSPECIFIED	920	613	1%	40%	-33%
PROLONG POSTTRAUM STRESS	201	586	1%	41%	192%
PHYSICAL THERAPY NEC	592	581	1%	42%	-2%
HEADACHE	325	580	1%	43%	78%
OTITIS MEDIA NOS	1034	546	1%	43%	-47%
DEPRESSIVE DISORDER NEC	375	532	1%	44%	42%
CHRONIC SINUSITIS NOS	580	521	1%	45%	-10%
SCREENING-PULMONARY TB	286	517	1%	46%	81%
ALCOH DEP NEC/NOS-UNSPEC	455	497	1%	46%	9%
FLU W RESP MANIFEST NEC	343	488	1%	47%	42%
NONINF GASTROENTERIT NEC	339	469	1%	48%	38%
ALLERGIC RHINITIS NOS	397	462	1%	48%	16%
UNSPEC VIRAL INFECTIONS	88	460	1%	49%	423%
ATTN DEFICIT W HYPERACT	327	448	1%	49%	37%
JOINT PAIN-L/LEG	204	432	1%	50%	112%
URIN TRACT INFECTION NOS	327	425	1%	51%	30%
EYE & VISION EXAMINATION	352	416	1%	51%	18%
MED EXAM NEC-ADMIN PURP	252	408	1%	52%	62%
RECUR DEPR PSYC-PART REM	66	393	1%	52%	495%
DIETARY SURVEIL/COUNSEL	476	388	1%	53%	-18%
UNSP MIG W/O INTRACT MIG	161	363	0%	53%	125%
PAIN IN LIMB	189	354	0%	54%	87%
COUGH	263	340	0%	54%	29%
ADJUSTMENT REACTION NOS	42	318	0%	55%	657%
ADJ REACT-MIXED EMOTION	89	308	0%	55%	246%
CHRONIC RENAL FAILURE	365	306	0%	55%	-16%
BRONCHITIS NOS	395	290	0%	56%	-27%
JOINT PAIN-SHLDER	135	277	0%	56%	105%
BRIEF DEPRESSIVE REACT	152	274	0%	57%	80%
RECURR DEPR PSYCHOS-MOD	170	272	0%	57%	60%
ALCOHOL ABUSE-UNSPEC	143	270	0%	57%	89%
CURR USE ANTICOAGULANTS	7	264	0%	58%	3671%
INGROWING NAIL	167	263	0%	58%	57%
CONTRACEPT SURVEILL NEC	203	260	0%	58%	28%
CONJUNCTIVITIS NOS	215	256	0%	59%	19%
All Other	33,401	30,277	41%	100%	-9%
Total	63,567	73,388	100%		15%



COCHITI HEALTH STATION			2004	1999-2004
ICD DIAGNOSIS NAME	1999	2004	% of Total	% Change
ISSUE REPEAT PRESCRIPT	496	709	22%	43%
DENTAL EXAMINATION	641	319	10%	-50%
HYPERTENSION NOS	212	183	6%	-14%
DIAB UNCOMP TYP II/NIDDM	137	111	4%	-19%
LABORATORY EXAMINATION	85	97	3%	14%
ACUTE URI NOS	107	74	2%	-31%
GYNECOLOGIC EXAMINATION	75	58	2%	-23%
ALLERGIC RHINITIS NOS	43	49	2%	14%
UNSP MIG W/O INTRACT MIG	3	41	1%	1267%
ACUTE PHARYNGITIS	34	39	1%	15%
DERMATOPHYTOSIS OF NAIL	45	39	1%	-13%
ROUTIN CHILD HEALTH EXAM	33	38	1%	15%
VACCINE AND INOCULA INFLUENZA		38	1%	
SCREENING-PULMONARY TB	18	37	1%	106%
DERMATITIS NOS	14	35	1%	150%
HYPOTHYROIDISM NOS	20	34	1%	70%
COUGH	20	31	1%	55%
LUMBAGO	15	30	1%	100%
OTITIS MEDIA NOS	28	30	1%	7%
ASTHMA UNSPECIFIED	39	28	1%	-28%
INGROWING NAIL	28	25	1%	-11%
GENERAL MEDICAL EXAM NOS	19	24	1%	26%
REASON FOR CONSULT NEC	41	23	1%	-44%
CHRONIC SINUSITIS NOS	19	22	1%	16%
CONJUNCTIVITIS NOS	27	22	1%	-19%
I.ST Total	3,403	3,154		-7%

SAN FELIPE HEALTH STATION			2004	1999-2004
ICD DIAGNOSIS NAME	1999	2004	% of Total	% Change
ISSUE REPEAT PRESCRIPT	1,118	2,261	25%	102%
DENTAL EXAMINATION	2,180	1,775	20%	-19%
DIAB UNCOMP TYP II/NIDDM	408	778	9%	91%
ACUTE URI NOS	394	275	3%	-30%
ROUTIN CHILD HEALTH EXAM	166	225	3%	36%
LABORATORY EXAMINATION	246	199	2%	-19%
HYPERTENSION NOS	169	167	2%	-1%
GYNECOLOGIC EXAMINATION	98	135	2%	38%
ACUTE PHARYNGITIS	123	120	1%	-2%
ASTHMA UNSPECIFIED	39	115	1%	195%
SCREENING-PULMONARY TB	85	103	1%	21%
CONTRACEPT SURVEILL NEC	80	102	1%	28%
VACCINE AND INOCULA INFLUENZA		90	1%	
CONJUNCTIVITIS NOS	58	85	1%	47%
OTITIS MEDIA NOS	206	84	1%	-59%
VACINE FOR VIRAL HEPATIT	114	75	1%	-34%
NONINF GASTROENTERIT NEC	69	64	1%	-7%
SUPERVIS OTH NORMAL PREG	197	64	1%	-68%
ANEMIA NOS	12	57	1%	375%
CHRONIC SINUSITIS NOS	51	57	1%	12%
DERMATITIS NOS	19	52	1%	174%
HYPOTHYROIDISM NOS	15	51	1%	240%
URIN TRACT INFECTION NOS	26	51	1%	96%
HEALTH EXAM-GROUP SURVEY	254	49	1%	-81%
DIAB RENAL MANIF TYP II/	16	48	1%	200%
IPE HS Total	8,696	8,973		3%



SANTO DOMINGO HST			2004	1999-2004	
ICD DIAGNOSIS NAME	1999	2004	% of Total	% Change	
ISSUE REPEAT PRESCRIPT	1,570	2,100	18%	34%	
DENTAL EXAMINATION	2,508	2,029	18%	-19%	
DIAB UNCOMP TYP II/NIDDM	659	948	8%	44%	
ACUTE URI NOS	366	338	3%	-8%	
LABORATORY EXAMINATION	431	307	3%	-29%	
ACUTE PHARYNGITIS	256	269	2%	5%	
OTITIS MEDIA NOS	243	259	2%	7%	
SCREENING-PULMONARY TB	109	250	2%	129%	
HYPERTENSION NOS	226	231	2%	2%	
ROUTIN CHILD HEALTH EXAM	246	206	2%	-16%	
COUGH	14	136	1%	871%	
VACINE FOR VIRAL HEPATIT	507	131	1%	-74%	
VACCINE AND INOCULA INFLUENZA		129	1%		
HEALTH EXAM-GROUP SURVEY	125	118	1%	-6%	
CONJUNCTIVITIS NOS	110	112	1%	2%	
REASON FOR CONSULT NEC	155	106	1%	-32%	
CONTRACEPT SURVEILL NEC	125	105	1%	-16%	
GYNECOLOGIC EXAMINATION	169	105	1%	-38%	
FEVER	18	101	1%	461%	
BRONCHITIS NOS	132	87	1%	-34%	
GENERAL MEDICAL EXAM NOS	40	76	1%	90%	
SUPERVIS OTH NORMAL PREG	99	76	1%	-23%	
TETANUS-DIPHThERIA [TD] [DT]	17	73	1%	329%	
DIAB RENAL MANIF TYP II/	2	70	1%	3400%	
NONINF GASTROENTERIT NEC	43	69	1%	60%	
SANTO DOMINGO HST	Total	11,336	11,487	100%	1%



Appendix I: Questions Presented to Health Board

Santa Fe Service Unit Master Plan Questionnaire Health Board and Tribal Consultation Questions

General Questions for Discussion

1. What characteristics and services of the SFSU should determine priority for funding?
 - a. Distance to care – how it affects access to care.
 - b. Number of patients who actually use the SFIH / clinic services.
 - c. Quality of health and incidence of disease – review historical epidemiology statistics.
 - d. Quality of care vs. proximity to care—are issues of quality of care more or less important than convenience/location of service?
 - e. Others ... ?

2. Which of the services that SFIH presently refers out, or contracts for services, do you believe could be adequately located in the SFIH – *See CHS Summary*

3. How can we improve the health care delivery of the SFSU area? Be specific about improvements.
 - a. How to improve existing services within the hospital and the clinics?
 - b. New services within the hospital and the clinics?
 - i. What is being considered?
 - ii. What should be considered?
 - c. Improved facilities / SFIH and clinics ?
 - d. New facilities / SFIH and clinics?
 - e. Service improvements
 - i. Improve/revive SFIH in-patient services, surgeries, etc.
 - ii. Close SFIH in-patient and expand contract services.

4. Are there communities or geographic groups of communities that are specifically underserved in relationship to access to primary care?
Please list.

5. Should we re-define the communities and the service centers they fall under? Is everyone included?

6. What is the best strategy to provide care for the urban Indians?



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Appendix J: Results of SFSU Health Board Service Prioritization

LEVEL OF CARE BY DISTANCE							
Health Service	Services should be provided at each Pueblo Clinic	Services should be provided at SFIH	Services should be provided within Santa Fe but not SFIH	Services should be provided within 24 miles or less	Services should be provided within 59 miles or less	Services should be provided within 94 miles or less	Services should be provided within 129 miles or less
Physician Care							
Family Practice	x						
Internal Medicine		x					
Pediatric	x						
Gynecology	x						
Orthopedics		x					
Ophthalmology		x					
Dermatology		x					
Radiology	x						
General Surgery							
Otolaryngology			x				
Cardiology			x				
Urology			x				
Neurology			x				
Nephrology			x				
Allergy		x					
Pulmonology			x				
Gerontology	x						
Gastroenterology		x					
Rheumatology		x					
Oncology			x				
Traditional Healing		x					
Surgical Subspecialties			x				
Pediatric Subspecialties			x				
Dental	x						
Oral Surgery		x					
Labor & Delivery – home births	x						
Emergency/ICU							
After Hours Urgent Care		x					
Emergency		x					
Ground Ambulance	x						
Air Ambulances: Rotor			x				
Air Ambulance: Fixed			x				



LEVEL OF CARE BY DISTANCE							
Health Service	Services should be provided at each Pueblo Clinic	Services should be provided at SFIH	Services should be provided within Santa Fe but not SFIH	Services should be provided within 24 miles or less	Services should be provided within 59 miles or less	Services should be provided within 94 miles or less	Services should be provided within 129 miles or less
Ambulatory Care Services							
Nutrition	x						
Optometry	x						
Podiatry	x						
Dialysis	Referral / CHS						
Audiology	x						
Chiropractic	x						
Acupuncture	x						
Behavioral Health							
Psychiatry	x						
Mental Health	x						
Social Services	x						
Alcohol & Substance Abuse - After Care, Rehab, Follow-up	x						
Substance Abuse Transitional Care		x					
Medical Detox			x				
Ancillary Services							
Staffed Pharmacy	x						
Lab Specimen Collection	x						
Clinical Lab	x						
Microbiology Lab	x						
Anatomical Pathology			x				
X-Rays	x						
Ultrasound Level II			x				
Fluoroscopy			x				
CT			x				
MRI			x				
Nuclear Medicine			x				
Radiation Oncology			x				
Medical Oncology (Chemo)			x				
Physical Therapy	x						
Occupational Therapy		x					
Speech Therapy	x						
Respiratory Therapy	x						
Outpatient Endoscopy			x				
Outpatient Surgery		x					
Inpatient Surgery			x				
Elder Care							

LEVEL OF CARE BY DISTANCE							
Health Service	Services should be provided at each Pueblo Clinic	Services should be provided at SFIH	Services should be provided within Santa Fe but not SFIH	Services should be provided within 24 miles or less	Services should be provided within 59 miles or less	Services should be provided within 94 miles or less	Services should be provided within 129 miles or less
Skilled Nursing	x						
Assisted Living							
Hospice							
Home Health Care							
Well Baby / Well Child							
Post partum baby checks	x						
Vaccinations	x						
Preventive Medicine							
Diabetes	x						
Hypertension	x						
Women's Care							
Mammography	x						
Ultrasound – OB		x					
Pap smears	x						
STD treatment / counseling	x						
Birth Control counseling	x						
Men's Clinics							
Prostate screening	x						
STD treatment / counseling	x						
Birth Control counseling	x						
Inpatient Care							
Labor & Delivery – low risk		x					
Labor & Delivery – high risk			x				
Medical Inpatient		x					
Surgical Inpatient							
Pediatric		x					
Intensive Care							
Sub Acute / Transitional Care							
Acute Dialysis							
Substance Abuse							
Adolescent Substance Abuse Treatment							
Adult Substance Abuse Treatment							



LEVEL OF CARE BY DISTANCE							
Health Service	Services should be provided at each Pueblo Clinic	Services should be provided at SFIH	Services should be provided within Santa Fe but not SFIH	Services should be provided within 24 miles or less	Services should be provided within 59 miles or less	Services should be provided within 94 miles or less	Services should be provided within 129 miles or less

Psychiatric – low acuity							
Psychiatric – high acuity							
Other Services							
Case Management	x						
Environmental Health	x						
Transportation							
Public Health Nursing	x						
Public Health Nutrition	x						
Health Education	x						
School Education-dental	x						
School Education-prevention	x						
After Hour & Weekend clinics	x						
Diabetes Clinics	x						
Epidemiology Services	x						
Coding and Medical Records	x						
Benefits Coordinator	x						
Adult and Child Protection, Intervention	x						



Appendix K: Staffing Needs Summary



Appendix L: Provider Workload and Facility Need Projected to 2015



Appendix M: SFSU Clinic Migration Data

Appendix M includes the following tables:

1. List of Communities Within Service Unit
2. Detailed chart of 2004 Patient Visits which shows the migratory pattern of how members of other tribes and Urban Indians use this Service Unit facilities and services. This data indicates the number of patient visits per tribe within each community receiving care at the Service Unit facilities.
3. Patient Visits by Albuquerque Area Tribe in FY 2004

COMMUNITIES WITHIN SFSU
ABIQUIU
ALCALDE
CERRILLOS
COCHITI
COCHITI LAKE
EDGEWOOD
EL RITO
EMBUDO
ESPANOLA
FAIRVIEW
GLORIETA
LAMY
LOS ALAMOS O
NAMBE
PENA BLANCA
POJOAQUE
RIO ARRIBA
S ILDEFONSO
SAINT CATHERINES IND SCH
SAN FELIPE
SAN ILDEFONSO
SAN JUAN
SANT DOMINGO
SANTA CLARA
SANTA CRUZ
SANTA FE
SANTA FE INDIAN SCH
SNTA FE,IAIA
TESUQUE



SFSU-Santa Fe

FY 2004 Patient Visits

Community	Tribe	# of Patien Visits
ABIQUIU	NARRAGANSETT INDIAN TRIBE, RI	1
	NAVAJO TRIBE, AZ NM AND UT	10
	PRAIRIE BAND POTAWATOMI, KS	10
	PUEBLO OF SAN JUAN, NM	2
ABIQUIU Total		23
ACOMA	PUEBLO OF ACOMA, NM	17
	PUEBLO OF SANTO DOMINGO, NM	2
ACOMA Total		19
ALAMO	NAVAJO TRIBE, AZ NM AND UT	2
ALAMO Total		2
ALAMOGORDO	JICARILLA APACHE TRIBE, NM	11
ALAMOGORDO Total		11
ALBUQUERQUE	ABSENTEE-SHAWNEE TRIBE, OK	1
	ARAPAHO TRIBE,WIND RIVER RES, WY	7
	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	4
	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-ASSINIB	7
	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-SIOUX	5
	BLACKFEET TRIBE, MT	3
	CADDO TRIBE INDIAN, OK	3
	CHEROKEE NATION, OK	56
	CHEYENNE RIVER SIOUX TRIBE, SD	62
	CHEYENNE-ARAPAHO TRIBES, OK	9
	CHICKASAW NATION, OK	45
	CHIPPEWA-CREE INDIANS,ROCKY BOY RES, MT	4
	CHOCTAW NATION, OK	6
	CITIZEN BAND POTAWATOMI, OK	2
	COMANCHE INDIAN TRIBE, OK	15
	CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	1
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	1
	CREEK NATION, OK	5
	CROW TRIBE, MT	5
	DELAWARE TRIBE, WESTERN OK	1
	DOYAN, LIMITED	13
	FLANDREAU SANTEE SIOUX TRIBE, SD	3
	FORT BELKNAP IND COMM, GROS VENTRE, MT	4
	FORT SILL APACHE TRIBE, OK	1
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	2
	GRAND TRAVERSE BAND, OTTAWA/CHIPPEWA, MI	1
	HO-CHUNK NATION - WISCONSIN	2
	HOPi TRIBE, AZ	9
	HUALAPAI TRIBE, AZ	22
	JICARILLA APACHE TRIBE, NM	123
	KICKAPOO TRIBE, KS	2
	KIOWA INDIAN TRIBE,OK	7
	LOWER BRULE SIOUX TRIBE, SD	5
	MANDAN,THREE AFFIL TRBS, FT BERTHOLD RS,ND	15
	MESCALERO APACHE TRIBE, NM	2
	NAVAJO TRIBE, AZ NM AND UT	742
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	20
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	4
	NORTHERN CHEYENNE TRIBE, MT	2
	OGLALA SIOUX TRIBE, SD	53
	OMAHA TRIBE, NE	4
	ONEIDA TRIBE OF INDIANS, WI	1
	OSAGE TRIBE, OK	5
	OTOE-MISSOURIA TRIBE, OK	4
	PAWNEE INDIAN TRIBE, OK	18
	PUEBLO OF ACOMA, NM	41
	PUEBLO OF COCHITI, NM	93
	PUEBLO OF ISLETA, NM	4
	PUEBLO OF JEMEZ, NM	40
	PUEBLO OF LAGUNA, NM	104
	PUEBLO OF NAMBE, NM	6
	PUEBLO OF PICURIS, NM	4
	PUEBLO OF POJOAQUE, NM	9
PUEBLO OF SAN FELIPE, NM	30	
PUEBLO OF SAN ILDEFONSO, NM	64	
PUEBLO OF SAN JUAN, NM	53	
PUEBLO OF SANTA CLARA, NM	46	
PUEBLO OF SANTO DOMINGO, NM	212	
PUEBLO OF TAOS, NM	74	
PUEBLO OF TESUQUE, NM	10	
ROSEBUD SIOUX TRIBE, SD	9	

SFSU-Santa Fe

Community	Tribe	# of Patient Visits
	SAC AND FOX TRIBE, OK	7
	SAN CARLOS APACHE TRIBE, AZ	37
	SISSETON WAHPETON OYATE, SD	5
	SOUTHERN UTE TRIBE, CO	4
	STANDING ROCK SIOUX TRIBE, ND AND SD	11
	THREE AFFILIATED TRIBES, HIDATSA, ND	3
	TLINGIT & HAIDA INDIANS OF ALASKA	1
	TOHONO O'ODHAM NATION, AZ (FORMERLY PAPAGO)	10
	TURTLE MOUNTAIN BAND CHIPPEWA, ND	28
	WHITE MOUNTAIN APACHE TRB, AZ	8
	WINNEBAGO TRIBE, NE	1
	YANKTON SIOUX TRIBE, SD	5
	ZUNI TRIBE, NM	67
	All Other (tribes with <50 visits at any facility in 2004)	16
ALBUQUERQUE Total		2308
ALCALDE	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	5
	JICARILLA APACHE TRIBE, NM	14
	NAVAJO TRIBE, AZ NM AND UT	8
	PUEBLO OF COCHITI, NM	5
	PUEBLO OF SAN ILDEFONSO, NM	9
	PUEBLO OF SAN JUAN, NM	18
	PUEBLO OF SANTA CLARA, NM	1
	PUEBLO OF SANTO DOMINGO, NM	1
	ZUNI TRIBE, NM	1
ALCALDE Total		62
ALGODONES	NAVAJO TRIBE, AZ NM AND UT	9
	PUEBLO OF COCHITI, NM	3
	PUEBLO OF JEMEZ, NM	8
	PUEBLO OF LAGUNA, NM	13
	PUEBLO OF SAN FELIPE, NM	41
	PUEBLO OF SANTO DOMINGO, NM	69
ALGODONES Total		143
ARIZONA UNK	NAVAJO TRIBE, AZ NM AND UT	24
	OGLALA SIOUX TRIBE, SD	2
	PUEBLO OF SANTA CLARA, NM	2
	PUEBLO OF SANTO DOMINGO, NM	3
	WHITE MOUNTAIN APACHE TRB, AZ	1
ARIZONA UNK Total		32
AZTEC	HOPI TRIBE, AZ	1
	NAVAJO TRIBE, AZ NM AND UT	4
AZTEC Total		5
BELEN	CREEK NATION, OK	2
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	3
	All Other (tribes with <50 visits at any facility in 2004)	3
BELEN Total		8
BERNAL CO OT	NAVAJO TRIBE, AZ NM AND UT	10
	PUEBLO OF SAN FELIPE, NM	10
BERNAL CO OT Total		20

SFSU-Santa Fe

Community	Tribe	# of Patient Visits
BERNALILLO	ARAPAHO TRIBE,WIND RIVER RES, WY	3
	CHEYENNE-ARAPAHO TRIBES, OK	2
	CHICKASAW NATION, OK	12
	CHOCTAW NATION, OK	1
	CROW TRIBE, MT	2
	HOPI TRIBE, AZ	7
	JICARILLA APACHE TRIBE, NM	31
	NAVAJO TRIBE, AZ NM AND UT	7
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	5
	ONEIDA TRIBE OF INDIANS, WI	2
	PUEBLO OF COCHITI, NM	3
	PUEBLO OF JEMEZ, NM	9
	PUEBLO OF LAGUNA, NM	7
	PUEBLO OF NAMBE, NM	5
	PUEBLO OF SAN FELIPE, NM	31
	PUEBLO OF SAN JUAN, NM	4
	PUEBLO OF SANDIA, NM	3
	PUEBLO OF SANTA CLARA, NM	1
PUEBLO OF SANTO DOMINGO, NM	65	
PUEBLO OF TAOS, NM	8	
BERNALILLO Total		208
BLOOMFIELD	JICARILLA APACHE TRIBE, NM	1
BLOOMFIELD Total		1
BOSQUE FARMS	CHEROKEE NATION, OK	20
	NAVAJO TRIBE, AZ NM AND UT	27
	PUEBLO OF ISLETA, NM	1
BOSQUE FARMS Total		48
CALIFORNIA UNK	NAVAJO TRIBE, AZ NM AND UT	2
	PUEBLO OF LAGUNA, NM	3
	PUEBLO OF SANTO DOMINGO, NM	1
	TLINGIT & HAIDA INDIANS OF ALASKA	2
CALIFORNIA UNK Total		8
CANONCITO	NAVAJO TRIBE, AZ NM AND UT	31
CANONCITO Total		31
CARLSBAD	CHOCTAW NATION, OK	1
CARLSBAD Total		1
CERRILLOS	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-ASSINIB	51
	CHEROKEE NATION, OK	7
	NAVAJO TRIBE, AZ NM AND UT	10
	PUEBLO OF COCHITI, NM	10
	PUEBLO OF SANTO DOMINGO, NM	2
	WINNEBAGO TRIBE, NE	12
CERRILLOS Total		92
CHAMA	JICARILLA APACHE TRIBE, NM	1
	NAVAJO TRIBE, AZ NM AND UT	2
	OSAGE TRIBE, OK	15
	PUEBLO OF ACOMA, NM	1
	PUEBLO OF SAN JUAN, NM	2
	SHOSHONE TRIBE WIND RIVER RES, WY	2
CHAMA Total		23
CHINLE	NAVAJO TRIBE, AZ NM AND UT	2
CHINLE Total		2
CLOVIS	CHEROKEE NATION, OK	27
CLOVIS Total		27

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Community	Tribe	# of Patient Visits
COCHITI	CHEYENNE-ARAPAHO TRIBES, OK	16
	CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	18
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	17
	FORT MOJAVE INDIAN TRIBE, AZ	4
	HOPI TRIBE, AZ	31
	JICARILLA APACHE TRIBE, NM	7
	KICKAPOO TRIBE, KS	16
	KIOWA INDIAN TRIBE,OK	3
	MESCALERO APACHE TRIBE, NM	13
	NAVAJO TRIBE, AZ NM AND UT	114
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	6
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	13
	NORTHERN CHEYENNE TRIBE, MT	9
	OGLALA SIOUX TRIBE, SD	1
	OMAHA TRIBE, NE	24
	PUEBLO OF ACOMA, NM	3
	PUEBLO OF COCHITI, NM	2788
	PUEBLO OF JEMEZ, NM	6
	PUEBLO OF LAGUNA, NM	22
	PUEBLO OF PICURIS, NM	12
	PUEBLO OF SAN FELIPE, NM	27
	PUEBLO OF SAN ILDEFONSO, NM	109
	PUEBLO OF SAN JUAN, NM	54
	PUEBLO OF SANTA ANA, NM	6
	PUEBLO OF SANTA CLARA, NM	24
	PUEBLO OF SANTO DOMINGO, NM	46
	PUEBLO OF TAOS, NM	46
PUEBLO OF TESUQUE, NM	24	
SAC AND FOX TRIBE OF THE MISSISSIPPI, IA	1	
WHITE MOUNTAIN APACHE TRB, AZ	7	
ZUNI TRIBE, NM	11	
COCHITI Total		3478
COCHITI LAKE	CHEYENNE-ARAPAHO TRIBES, OK	3
	CONFEDERATED TRIBES,COLVILLE RES, WA	11
	HOPI TRIBE, AZ	5
	KIOWA INDIAN TRIBE,OK	4
	NAVAJO TRIBE, AZ NM AND UT	4
	OGLALA SIOUX TRIBE, SD	15
	OMAHA TRIBE, NE	9
	PUEBLO OF ACOMA, NM	9
	PUEBLO OF COCHITI, NM	50
	PUEBLO OF SAN FELIPE, NM	5
	PUEBLO OF SAN ILDEFONSO, NM	1
	PUEBLO OF SAN JUAN, NM	7
	PUEBLO OF TESUQUE, NM	1
SHOSHONE TRIBE WIND RIVER RES, WY	8	
TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	4	
COCHITI LAKE Total		136
COLFAX CO OT	CHEROKEE NATION, OK	23
	NAVAJO TRIBE, AZ NM AND UT	3
COLFAX CO OT Total		26

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Community	Tribe	# of Patient Visits
COLORADO UNK	CHEROKEE NATION, OK	2
	CHEYENNE-ARAPAHO TRIBES, OK	1
	COMANCHE INDIAN TRIBE, OK	6
	LOWER BRULE SIOUX TRIBE, SD	10
	NAVAJO TRIBE, AZ NM AND UT	10
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	2
	PUEBLO OF JEMEZ, NM	1
	PUEBLO OF SAN ILDEFONSO, NM	1
	PUEBLO OF TESUQUE, NM	3
	SALT RIVER PIMA-MARICOPA IND COMM, AZ	1
	SAN CARLOS APACHE TRIBE, AZ	9
	SOUTHERN UTE TRIBE, CO	1
	All Other (tribes with <50 visits at any facility in 2004)	4
COLORADO UNK Total		51
CORRALES	NAVAJO TRIBE, AZ NM AND UT	14
	PUEBLO OF LAGUNA, NM	7
	TURTLE MOUNTAIN BAND CHIPPEWA, ND	1
	WHITE MOUNTAIN APACHE TRB, AZ	8
CORRALES Total		30
CORTEZ	NAVAJO TRIBE, AZ NM AND UT	1
CORTEZ Total		1
CROWNPOINT	NAVAJO TRIBE, AZ NM AND UT	12
CROWNPOINT Total		12
CUBA	CHEROKEE NATION, OK	1
	FORT BELKNAP IND COMM, GROS VENTRE, MT	4
	JICARILLA APACHE TRIBE, NM	2
	NAVAJO TRIBE, AZ NM AND UT	86
SOUTHERN UTE TRIBE, CO	2	
CUBA Total		95
DULCE	ARAPAHO TRIBE, WIND RIVER RES, WY	3
	COLORADO RIVER INDIANS, AZ AND CA	3
	HOPI TRIBE, AZ	1
	JICARILLA APACHE TRIBE, NM	707
	MESCALERO APACHE TRIBE, NM	5
	NAVAJO TRIBE, AZ NM AND UT	51
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	3
	PAIUTE-SHOSHONE IND BISHOP COMM, CA	1
	PUEBLO OF JEMEZ, NM	5
	PUEBLO OF LAGUNA, NM	8
	PUEBLO OF SAN JUAN, NM	4
	PUEBLO OF SANTA ANA, NM	1
	PUEBLO OF SANTA CLARA, NM	3
	PUEBLO OF SANTO DOMINGO, NM	3
	SAN CARLOS APACHE TRIBE, AZ	2
SISSETON WAHPETON OYATE, SD	3	
SOUTHERN UTE TRIBE, CO	1	
DULCE Total		804
DURANGO	PUEBLO OF SAN FELIPE, NM	1
DURANGO Total		1
EDGEWOOD	HOPI TRIBE, AZ	23
	NAVAJO TRIBE, AZ NM AND UT	3
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	5
	PUEBLO OF PICURIS, NM	14
	ROSEBUD SIOUX TRIBE, SD	4
	WHITE MOUNTAIN APACHE TRB, AZ	7
ZUNI TRIBE, NM	1	
EDGEWOOD Total		57
EL RITO	NAVAJO TRIBE, AZ NM AND UT	1
	OSAGE TRIBE, OK	2
	PUEBLO OF ACOMA, NM	49
	PUEBLO OF SANTA CLARA, NM	18
EL RITO Total		70

SFSU-Santa Fe

Community	Tribe	# of Patient Visits
ESPANOLA	ALEUT CORPORATION	10
	ARIKARA, THREE AFFIL TRBS FT BERTHOLD RS, ND	6
	ASSINIBOINE/SIOUX TRBS, FT PECK, MT-ASSINIB	18
	ASSINIBOINE/SIOUX TRBS, FT PECK, MT-SIOUX	1
	CADDO TRIBE INDIAN, OK	22
	CHEROKEE NATION, OK	7
	CHEYENNE-ARAPAHO TRIBES, OK	8
	CHOCTAW NATION, OK	5
	COMANCHE INDIAN TRIBE, OK	2
	CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	44
	CONFEDERATED TRIBES, COLVILLE RES, WA	2
	CREEK NATION, OK	3
	CROW TRIBE, MT	13
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	4
	HO-CHUNK NATION - WISCONSIN	3
	HOPi TRIBE, AZ	2
	JICARILLA APACHE TRIBE, NM	57
	KIOWA INDIAN TRIBE, OK	21
	MESCALERO APACHE TRIBE, NM	31
	MINNESOTA CHIPPEWA, WHITE EARTH BAND, MN	2
	NARRAGANSETT INDIAN TRIBE, RI	19
	NAVAJO TRIBE, AZ NM AND UT	293
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	5
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	34
	OGLALA SIOUX TRIBE, SD	2
	PAIUTE-SHOSHONE IND DUCK VALLEY, NV	3
	PUEBLO OF COCHITI, NM	20
	PUEBLO OF JEMEZ, NM	23
	PUEBLO OF LAGUNA, NM	27
	PUEBLO OF NAMBE, NM	23
	PUEBLO OF PICURIS, NM	19
	PUEBLO OF POJOAQUE, NM	25
	PUEBLO OF SAN ILDEFONSO, NM	17
	PUEBLO OF SAN JUAN, NM	194
	PUEBLO OF SANDIA, NM	1
	PUEBLO OF SANTA CLARA, NM	282
	PUEBLO OF SANTO DOMINGO, NM	40
	PUEBLO OF TAOS, NM	35
	PUEBLO OF TESUQUE, NM	3
	PUEBLO OF ZIA, NM	20
	ROSEBUD SIOUX TRIBE, SD	2
SANTEE SIOUX NATION, NE	6	
SEMINOLE NATION, OK	14	
SHOSHONE TRIBE WIND RIVER RES, WY	1	
SHOSHONE-BANNOCK TRIBES FORT HALL RES, ID	4	
THIRTEENTH REGIONAL CORPORATION	4	
ZUNI TRIBE, NM	35	
All Other (tribes with <50 visits at any facility in 2004)	3	
ESPANOLA Total		1415
FAIRVIEW	CHEROKEE NATION, OK	20
	NAVAJO TRIBE, AZ NM AND UT	5
	PUEBLO OF NAMBE, NM	22
	PUEBLO OF PICURIS, NM	10
	PUEBLO OF SAN JUAN, NM	42
	PUEBLO OF SANTA CLARA, NM	2
FAIRVIEW Total		101
FARMINGTON	CHICKASAW NATION, OK	18
	EASTERN BAND OF CHEROKEE IND, NC	2
	NAVAJO TRIBE, AZ NM AND UT	10
FARMINGTON Total		30

SFSU-Santa Fe

Community	Tribe	# of Patient Visits
FORT WINGATE	NAVAJO TRIBE, AZ NM AND UT	2
FORT WINGATE Total		2
FRUITLAND	NAVAJO TRIBE, AZ NM AND UT	4
FRUITLAND Total		4
GALISTEO	CHEROKEE NATION, OK PUEBLO OF NAMBE, NM	3 82
GALISTEO Total		85
GALLUP	CHOCTAW NATION, OK NAVAJO TRIBE, AZ NM AND UT NON-INDIAN (AND NON-FED RECOGNIZED INDIAN) PUEBLO OF SAN JUAN, NM	2 21 5 2
GALLUP Total		30
GAMERCO	PUEBLO OF SANTO DOMINGO, NM	1
GAMERCO Total		1
GLORIETA	NAVAJO TRIBE, AZ NM AND UT OGLALA SIOUX TRIBE, SD PUEBLO OF ACOMA, NM PUEBLO OF ISLETA, NM PUEBLO OF LAGUNA, NM PUEBLO OF SAN FELIPE, NM All Other (tribes with <50 visits at any facility in 2004)	6 5 4 19 5 9 3
GLORIETA Total		51
GRANTS	NAVAJO TRIBE, AZ NM AND UT	3
GRANTS Total		3
IGNACIO	PUEBLO OF SANTA CLARA, NM	43
IGNACIO Total		43
ISLETA PUEBL	PUEBLO OF ISLETA, NM PUEBLO OF SAN FELIPE, NM PUEBLO OF SANTO DOMINGO, NM PUEBLO OF TAOS, NM	23 1 2 2
ISLETA PUEBL Total		28
JEMEZ PUEBLO	ARAPAHO TRIBE, WIND RIVER RES, WY NAVAJO TRIBE, AZ NM AND UT PUEBLO OF JEMEZ, NM PUEBLO OF SAN JUAN, NM PUEBLO OF TAOS, NM All Other (tribes with <50 visits at any facility in 2004)	1 1 64 11 1 3
JEMEZ PUEBLO Total		81
JEMEZ SPRING	CHICKASAW NATION, OK NAVAJO TRIBE, AZ NM AND UT	4 1
JEMEZ SPRING Total		5
KIRTLAND	NAVAJO TRIBE, AZ NM AND UT	4
KIRTLAND Total		4
LAGUNA-NEW	NAVAJO TRIBE, AZ NM AND UT PUEBLO OF ACOMA, NM PUEBLO OF LAGUNA, NM PUEBLO OF POJOAQUE, NM	6 1 40 1
LAGUNA-NEW Total		48
LAGUNA-OLD	NAVAJO TRIBE, AZ NM AND UT PUEBLO OF LAGUNA, NM	2 6
LAGUNA-OLD Total		8
LAS CRUCES	CHEROKEE NATION, OK NAVAJO TRIBE, AZ NM AND UT	1 1
LAS CRUCES Total		2

SFSU-Santa Fe

Community	Tribe	# of Patient Visits
LAS VEGAS	CHEROKEE NATION, OK	19
	CONFEDERATED TRIBES, COLVILLE RES, WA	7
	JICARILLA APACHE TRIBE, NM	1
	METLAKATLA COMM, ANNETTE ISL RESERVE, AK	16
	NAVAJO TRIBE, AZ NM AND UT	107
	PAWNEE INDIAN TRIBE, OK	1
	PUEBLO OF ISLETA, NM	8
	PUEBLO OF LAGUNA, NM	13
	PUEBLO OF SAN FELIPE, NM	1
	PUEBLO OF SAN JUAN, NM	22
	PUEBLO OF TAOS, NM	3
	SHOSHONE TRIBE WIND RIVER RES, WY	1
	ZUNI TRIBE, NM	1
All Other (tribes with <50 visits at any facility in 2004)	29	
LAS VEGAS Total		229
LINCOLN CO O	PUEBLO OF SANTO DOMINGO, NM	1
LINCOLN CO O Total		1
LOS ALAMOS O	CHEYENNE-ARAPAHO TRIBES, OK	1
	CROW TRIBE, MT	5
	NAVAJO TRIBE, AZ NM AND UT	59
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	6
	PUEBLO OF LAGUNA, NM	10
	PUEBLO OF SAN JUAN, NM	59
	PUEBLO OF SANTA CLARA, NM	4
	PUEBLO OF TESUQUE, NM	44
SISSETON WAHPETON OYATE, SD	3	
LOS ALAMOS O Total		191
LOS LUNAS	CHICKASAW NATION, OK	4
	NAVAJO TRIBE, AZ NM AND UT	19
	PUEBLO OF ISLETA, NM	16
	PUEBLO OF NAMBE, NM	1
	PUEBLO OF TAOS, NM	1
SAC AND FOX TRIBE OF THE MISSISSIPPI, IA	2	
LOS LUNAS Total		43
MCCARTYS	PUEBLO OF ACOMA, NM	2
MCCARTYS Total		2
MENTMORE	NAVAJO TRIBE, AZ NM AND UT	4
MENTMORE Total		4
MESCALERO OS	JICARILLA APACHE TRIBE, NM	1
	MESCALERO APACHE TRIBE, NM	2
	PUEBLO OF SANTO DOMINGO, NM	3
MESCALERO OS Total		6
MESCALRO RES	MESCALERO APACHE TRIBE, NM	1
MESCALRO RES Total		1
MESITA	PUEBLO OF LAGUNA, NM	1
MESITA Total		1
MOHAVE VALLE	HAVASUPAI TRIBE, AZ	1
MOHAVE VALLE Total		1
MORIARTY	CHOCTAW NATION, OK	1
	COMANCHE INDIAN TRIBE, OK	5
	NAVAJO TRIBE, AZ NM AND UT	37
	PUEBLO OF JEMEZ, NM	2
	PUEBLO OF NAMBE, NM	16
PUEBLO OF SAN JUAN, NM	3	
MORIARTY Total		64

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Community	Tribe	# of Patient Visits
NAMBE	CHEROKEE NATION, OK	1
	CHEYENNE-ARAPAHO TRIBES, OK	7
	NAVAJO TRIBE, AZ NM AND UT	12
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	26
	OGLALA SIOUX TRIBE, SD	13
	PASCUA YAQUI TRIBE, AZ	17
	PUEBLO OF COCHITI, NM	17
	PUEBLO OF JEMEZ, NM	9
	PUEBLO OF LAGUNA, NM	64
	PUEBLO OF NAMBE, NM	3099
	PUEBLO OF POJOAQUE, NM	7
	PUEBLO OF SAN JUAN, NM	119
	PUEBLO OF SANTA CLARA, NM	24
	PUEBLO OF SANTO DOMINGO, NM	49
	PUEBLO OF TAOS, NM	3
	PUEBLO OF TESUQUE, NM	13
STANDING ROCK SIOUX TRIBE, ND AND SD	8	
ZUNI TRIBE, NM	34	
NAMBE Total		3522
NEW MEXICO UNK	CHEROKEE NATION, OK	6
	CHEYENNE-ARAPAHO TRIBES, OK	13
	CHOCTAW NATION, OK	54
	CITIZEN BAND POTAWATOMI, OK	11
	CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	9
	CONFEDERATED TRIBES,COLVILLE RES, WA	30
	HOPI TRIBE, AZ	4
	JICARILLA APACHE TRIBE, NM	2
	KIOWA INDIAN TRIBE,OK	9
	MINNESOTA CHIPPEWA, LEECH LAKE BAND, MN	5
	NAVAJO TRIBE, AZ NM AND UT	154
	NEZ PERCE TRIBE, ID	3
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	7
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	18
	ONEIDA NATION, NY	2
	ONEIDA TRIBE OF INDIANS, WI	14
	PAIUTE-SHOSHONE IND DUCK VALLEY, NV	7
	PUEBLO OF ACOMA, NM	18
	PUEBLO OF COCHITI, NM	57
	PUEBLO OF PICURIS, NM	22
	PUEBLO OF SAN FELIPE, NM	3
	PUEBLO OF SAN JUAN, NM	49
	PUEBLO OF SANTA CLARA, NM	66
	PUEBLO OF SANTO DOMINGO, NM	7
	PUEBLO OF TAOS, NM	4
	ROSEBUD SIOUX TRIBE, SD	2
	All Other (tribes with <50 visits at any facility in 2004)	5
NEW MEXICO UNK Total		581
OJO ENCINO	NAVAJO TRIBE, AZ NM AND UT	5
OJO ENCINO Total		5
OTERO CO OTH	MESCALERO APACHE TRIBE, NM	2
	SHOSHONE TRIBE WIND RIVER RES, WY	1
OTERO CO OTH Total		3
PAGUATE	PUEBLO OF LAGUNA, NM	18
PAGUATE Total		18

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Community	Tribe	# of Patient Visits
PECOS	CHEROKEE NATION, OK	67
	CHEYENNE-ARAPAHO TRIBES, OK	1
	CHOCTAW NATION, OK	17
	EASTERN BAND OF CHEROKEE IND, NC	15
	HANNAHVILLE IND COMM POTAWATOMIE IND, MI	40
	KIOWA INDIAN TRIBE, OK	2
	NAVAJO TRIBE, AZ NM AND UT	43
	OGLALA SIOUX TRIBE, SD	2
	OMAHA TRIBE, NE	25
	ONEIDA TRIBE OF INDIANS, WI	40
	PUEBLO OF ISLETA, NM	31
	PUEBLO OF NAMBE, NM	2
	PUEBLO OF TAOS, NM	6
	PUEBLO OF TESUQUE, NM	3
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	1
All Other (tribes with <50 visits at any facility in 2004)	5	
PECOS Total		300
PENA BLANCA	CHICKASAW NATION, OK	2
	NAVAJO TRIBE, AZ NM AND UT	22
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	3
	PUEBLO OF COCHITI, NM	9
	PUEBLO OF PICURIS, NM	4
	PUEBLO OF SAN FELIPE, NM	9
PENA BLANCA Total		101
PENASCO	NAVAJO TRIBE, AZ NM AND UT	1
	PUEBLO OF COCHITI, NM	3
	PUEBLO OF PICURIS, NM	2
	PUEBLO OF SAN JUAN, NM	3
	PUEBLO OF TAOS, NM	4
PENASCO Total		15
PICURIS	CADDO TRIBE INDIAN, OK	31
	MESCALERO APACHE TRIBE, NM	11
	NAVAJO TRIBE, AZ NM AND UT	2
	OMAHA TRIBE, NE	2
	PUEBLO OF COCHITI, NM	4
	PUEBLO OF PICURIS, NM	150
	PUEBLO OF SAN JUAN, NM	7
	PUEBLO OF SANTA CLARA, NM	2
PUEBLO OF TESUQUE, NM	6	
PICURIS Total		215
PINEHILL	NAVAJO TRIBE, AZ NM AND UT	1
PINEHILL Total		1
POJOAQUE	BLACKFEET TRIBE, MT	30
	CHEROKEE NATION, OK	18
	COMANCHE INDIAN TRIBE, OK	4
	CREEK NATION, OK	26
	CROW TRIBE, MT	1
	NAVAJO TRIBE, AZ NM AND UT	177
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	4
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	9
	PUEBLO OF COCHITI, NM	18
	PUEBLO OF LAGUNA, NM	1
	PUEBLO OF NAMBE, NM	68
	PUEBLO OF POJOAQUE, NM	1613
	PUEBLO OF SAN ILDEFONSO, NM	153
	PUEBLO OF SAN JUAN, NM	28
	PUEBLO OF SANTA CLARA, NM	62
	PUEBLO OF TAOS, NM	11
	PUEBLO OF ZIA, NM	6
	SAC AND FOX TRIBE, OK	2
	SEMINOLE NATION, OK	14
	ST. REGIS BAND, MOHAWK INDIANS, NY	11
THIRTEENTH REGIONAL CORPORATION	1	
ZUNI TRIBE, NM	1	
All Other (tribes with <50 visits at any facility in 2004)	1	
POJOAQUE Total		2259

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Community	Tribe	# of Patient Visits
PREWITT	NAVAJO TRIBE, AZ NM AND UT	9
PREWITT Total		9
QUAY CO. OTH	CHEROKEE NATION, OK	7
	NAVAJO TRIBE, AZ NM AND UT	24
QUAY CO. OTH Total		31
RAMAH RESERV	NAVAJO TRIBE, AZ NM AND UT	3
RAMAH RESERV Total		3
REGINA	CHEROKEE NATION, OK	1
	JICARILLA APACHE TRIBE, NM	9
REGINA Total		10
RIO ARRIBA	CHEYENNE-ARAPAHO TRIBES, OK	7
	CROW TRIBE, MT	3
	NARRAGANSETT INDIAN TRIBE, RI	40
	NAVAJO TRIBE, AZ NM AND UT	4
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	34
	PUEBLO OF SAN JUAN, NM	45
	PUEBLO OF SANTA CLARA, NM	9
	PUEBLO OF SANTO DOMINGO, NM	16
	PUEBLO OF TAOS, NM	6
	ROSEBUD SIOUX TRIBE, SD	1
	THIRTEENTH REGIONAL CORPORATION	1
	All Other (tribes with <50 visits at any facility in 2004)	1
RIO ARRIBA Total		167
RIO RANCHO	CHEYENNE-ARAPAHO TRIBES, OK	8
	CHOCTAW NATION, OK	32
	COMANCHE INDIAN TRIBE, OK	2
	CROW TRIBE, MT	3
	DELAWARE TRIBE, WESTERN OK	17
	FORT BELKNAP INDIAN COMM - ASSINIBOINE, MT	3
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	29
	JICARILLA APACHE TRIBE, NM	7
	KICKAPOO TRIBE, KS	3
	KIOWA INDIAN TRIBE, OK	1
	MESCALERO APACHE TRIBE, NM	13
	NAVAJO TRIBE, AZ NM AND UT	190
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	11
	PUEBLO OF COCHITI, NM	5
	PUEBLO OF LAGUNA, NM	5
	PUEBLO OF NAMBE, NM	1
	PUEBLO OF SAN FELIPE, NM	16
	PUEBLO OF SAN JUAN, NM	1
	PUEBLO OF SANTA CLARA, NM	3
	PUEBLO OF SANTO DOMINGO, NM	13
	PUEBLO OF TAOS, NM	6
	PUEBLO OF ZIA, NM	3
	SAULT STE. MARIE CHIPPEWA TRIBE, MI	1
	SEMINOLE NATION, OK	1
	ST. REGIS BAND, MOHAWK INDIANS, NY	4
	TURTLE MOUNTAIN BAND CHIPPEWA, ND	1
	YUROK TRIBE HOOPA VALLEY RES, CA	4
	ZUNI TRIBE, NM	76
	All Other (tribes with <50 visits at any facility in 2004)	11
RIO RANCHO Total		470
ROSEWELL	NAVAJO TRIBE, AZ NM AND UT	2
	PUEBLO OF SAN JUAN, NM	5
ROSEWELL Total		7

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Community	Tribe	# of Patient Visits
S ILDEFONSO	ABSENTEE-SHAWNEE TRIBE, OK	1
	CHOCTAW NATION, OK	38
	COMANCHE INDIAN TRIBE, OK	8
	HOPI TRIBE, AZ	19
	NARRAGANSETT INDIAN TRIBE, RI	1
	NAVAJO TRIBE, AZ NM AND UT	18
	PUEBLO OF ACOMA, NM	43
	PUEBLO OF COCHITI, NM	41
	PUEBLO OF ISLETA, NM	110
	PUEBLO OF JEMEZ, NM	5
	PUEBLO OF LAGUNA, NM	59
	PUEBLO OF NAMBE, NM	8
	PUEBLO OF POJOAQUE, NM	5
	PUEBLO OF SAN ILDEFONSO, NM	1880
	PUEBLO OF SAN JUAN, NM	71
	PUEBLO OF SANTA CLARA, NM	73
	PUEBLO OF SANTO DOMINGO, NM	18
	PUEBLO OF TAOS, NM	11
PUEBLO OF TESUQUE, NM	28	
PUEBLO OF ZIA, NM	4	
S ILDEFONSO Total		2441
SAN FELIPE	BLACKFEET TRIBE, MT	5
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	29
	CREEK NATION, OK	2
	HO-CHUNK NATION - WISCONSIN	1
	HOPI TRIBE, AZ	36
	MESCALERO APACHE TRIBE, NM	8
	NAVAJO TRIBE, AZ NM AND UT	130
	OGLALA SIOUX TRIBE, SD	9
	OSAGE TRIBE, OK	5
	PUEBLO OF ACOMA, NM	31
	PUEBLO OF COCHITI, NM	27
	PUEBLO OF ISLETA, NM	61
	PUEBLO OF JEMEZ, NM	23
	PUEBLO OF LAGUNA, NM	70
	PUEBLO OF NAMBE, NM	4
	PUEBLO OF SAN FELIPE, NM	6779
	PUEBLO OF SAN ILDEFONSO, NM	26
	PUEBLO OF SAN JUAN, NM	55
	PUEBLO OF SANDIA, NM	2
	PUEBLO OF SANTA ANA, NM	19
	PUEBLO OF SANTA CLARA, NM	14
	PUEBLO OF SANTO DOMINGO, NM	154
	PUEBLO OF TESUQUE, NM	9
	PUEBLO OF ZIA, NM	1
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	9
	UTE MOUNTAIN TRB, CO NM AND UT	13
	WASHOE TRIBE OF NV, CA	11
WHITE MOUNTAIN APACHE TRB, AZ	6	
WINNEBAGO TRIBE, NE	1	
ZUNI TRIBE, NM	46	
SAN FELIPE Total		7586

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Community	Tribe	# of Patient Visits
SAN JUAN	BLACKFEET TRIBE, MT	65
	CHEYENNE RIVER SIOUX TRIBE, SD	2
	CHEYENNE-ARAPAHO TRIBES, OK	20
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	51
	CREEK NATION, OK	2
	CROW TRIBE, MT	7
	EASTERN BAND OF CHEROKEE IND, NC	7
	JICARILLA APACHE TRIBE, NM	28
	KIOWA INDIAN TRIBE, OK	23
	LOWER BRULE SIOUX TRIBE, SD	2
	MESCALERO APACHE TRIBE, NM	2
	NAVAJO TRIBE, AZ NM AND UT	195
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	12
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	30
	NORTHERN CHEYENNE TRIBE, MT	3
	OGLALA SIOUX TRIBE, SD	4
	OSAGE TRIBE, OK	9
	PUEBLO OF COCHITI, NM	33
	PUEBLO OF ISLETA, NM	25
	PUEBLO OF JEMEZ, NM	1
	PUEBLO OF LAGUNA, NM	36
	PUEBLO OF NAMBE, NM	25
	PUEBLO OF PICURIS, NM	9
	PUEBLO OF SAN FELIPE, NM	48
	PUEBLO OF SAN ILDEFONSO, NM	19
	PUEBLO OF SAN JUAN, NM	5338
	PUEBLO OF SANTA CLARA, NM	142
	PUEBLO OF SANTO DOMINGO, NM	50
	PUEBLO OF TAOS, NM	1
	PUEBLO OF TESUQUE, NM	45
	PYRAMID LAKE PAIUTE TRIBE, NV	6
	QUECHAN TRIBE, CA	1
	ROSEBUD SIOUX TRIBE, SD	4
	SAN CARLOS APACHE TRIBE, AZ	16
	SEMINOLE NATION, OK	6
	SISSETON WAHPETON OYATE, SD	1
	ST. REGIS BAND, MOHAWK INDIANS, NY	3
	UTE MOUNTAIN TRB, CO NM AND UT	7
	WHITE MOUNTAIN APACHE TRB, AZ	2
	WINNEBAGO TRIBE, NE	5
	ZUNI TRIBE, NM	15
	All Other (tribes with <50 visits at any facility in 2004)	17
SAN JUAN Total		6317
SAN MIGUEL	HO-CHUNK NATION - WISCONSIN	2
	NAVAJO TRIBE, AZ NM AND UT	19
	PUEBLO OF ISLETA, NM	28
	PUEBLO OF TESUQUE, NM	9
SAN MIGUEL Total		61
SANDERS	NAVAJO TRIBE, AZ NM AND UT	2
SANDERS Total		2
SANDIA	PUEBLO OF COCHITI, NM	2
	PUEBLO OF SANDIA, NM	2
	ZUNI TRIBE, NM	3
SANDIA Total		7

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Community	Tribe	# of Patien Visits
SANT DOMINGO	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	1
	CONFEDERATED TRIBES GOSHUTE RES, NV & UT	11
	CONFEDERATED TRIBES,COLVILLE RES, WA	7
	FORT BELKNAP IND COMM, GROS VENTRE, MT	13
	HOPI TRIBE, AZ	15
	MESCALERO APACHE TRIBE, NM	1
	NAVAJO TRIBE, AZ NM AND UT	114
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	1
	OGLALA SIOUX TRIBE, SD	91
	PUEBLO OF ACOMA, NM	34
	PUEBLO OF COCHITI, NM	79
	PUEBLO OF ISLETA, NM	9
	PUEBLO OF JEMEZ, NM	42
	PUEBLO OF LAGUNA, NM	64
	PUEBLO OF SAN FELIPE, NM	141
	PUEBLO OF SAN ILDEFONSO, NM	2
	PUEBLO OF SAN JUAN, NM	63
	PUEBLO OF SANTA ANA, NM	17
	PUEBLO OF SANTO DOMINGO, NM	12341
	PUEBLO OF TAOS, NM	4
	PUEBLO OF TESUQUE, NM	13
	PUEBLO OF ZIA, NM	11
	QUECHAN TRIBE, CA	7
	THIRTEENTH REGIONAL CORPORATION	2
WHITE MOUNTAIN APACHE TRB, AZ	2	
YANKTON SIOUX TRIBE, SD	5	
ZUNI TRIBE, NM	29	
All Other (tribes with <50 visits at any facility in 2004)	2	
SANT DOMINGO Total		13121
SANTA ANA	PUEBLO OF JEMEZ, NM	2
	PUEBLO OF SAN FELIPE, NM	2
	PUEBLO OF SANTA ANA, NM	21
	PUEBLO OF SANTO DOMINGO, NM	28
	PUEBLO OF TAOS, NM	9
SANTA ANA Total		62
SANTA CLARA	ARAPAHO TRIBE,WIND RIVER RES, WY	16
	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	1
	BLACKFEET TRIBE, MT	8
	CADDO TRIBE INDIAN, OK	5
	COMANCHE INDIAN TRIBE, OK	51
	CONFEDERATED TRIBES,COLVILLE RES, WA	1
	CREEK NATION, OK	1
	CROW CREEK SIOUX TRIBE, SD	1
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	27
	HOPI TRIBE, AZ	82
	JICARILLA APACHE TRIBE, NM	64
	KIOWA INDIAN TRIBE,OK	54
	MESCALERO APACHE TRIBE, NM	15
	NAVAJO TRIBE, AZ NM AND UT	270
	NORTHERN CHEYENNE TRIBE, MT	9
	OMAHA TRIBE, NE	17
	PAIUTE-SHOSHONE IND DUCK VALLEY, NV	8
	PUEBLO OF ACOMA, NM	27
	PUEBLO OF COCHITI, NM	45
	PUEBLO OF ISLETA, NM	6
	PUEBLO OF JEMEZ, NM	2
	PUEBLO OF LAGUNA, NM	50
	PUEBLO OF PICURIS, NM	5
	PUEBLO OF POJOAQUE, NM	27
	PUEBLO OF SAN ILDEFONSO, NM	27
	PUEBLO OF SAN JUAN, NM	180
	PUEBLO OF SANTA CLARA, NM	3475
	PUEBLO OF SANTO DOMINGO, NM	44
	PUEBLO OF TAOS, NM	33
	PUEBLO OF TESUQUE, NM	30
	PUEBLO OF ZIA, NM	32
	PYRAMID LAKE PAIUTE TRIBE, NV	12
	ROSEBUD SIOUX TRIBE, SD	2
	SENECA NATION, NY	5
SHOSHONE-BANNOCK TRIBES FORT HALL RES, ID	4	
SISSETON WAHPETON OYATE, SD	10	
THIRTEENTH REGIONAL CORPORATION	2	
UTE MOUNTAIN TRB, CO NM AND UT	1	
ZUNI TRIBE, NM	17	
SANTA CLARA Total		4666

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Community	Tribe	# of Patien Visits
SANTA CRUZ	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-SIOUX	2
	CITIZEN BAND POTAWATOMI, OK	2
	CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	2
	FORT BELKNAP INDIAN COMM - ASSINIBOINE, MT	15
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	7
	PUEBLO OF ACOMA, NM	1
	PUEBLO OF NAMBE, NM	24
	PUEBLO OF SAN JUAN, NM	24
	PUEBLO OF SANTA CLARA, NM	15
	PUEBLO OF TAOS, NM	33
	SISSETON WAHPETON OYATE, SD	1
	All Other (tribes with <50 visits at any facility in 2004)	1
SANTA CRUZ Total		127
SANTA FE	ABSENTEE-SHAWNEE TRIBE, OK	60
	ALEUT CORPORATION	6
	ARAPAHO TRIBE,WIND RIVER RES, WY	67
	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	7
	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-ASSINIB	33
	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-SIOUX	42
	BAD RIVER BAND LAKE SUPERIOR, CHIPPEWA, WI	13
	BERING STRAITS NATIVE CORPORATION	69
	BLACKFEET TRIBE, MT	69
	CADDO TRIBE INDIAN, OK	61
	CHEROKEE NATION, OK	454
	CHEYENNE RIVER SIOUX TRIBE, SD	75
	CHEYENNE-ARAPAHO TRIBES, OK	92
	CHICKASAW NATION, OK	52
	CHIPPEWA-CREE INDIANS,ROCKY BOY RES, MT	27
	CHOCTAW NATION, OK	337
	CITIZEN BAND POTAWATOMI, OK	77
	COMANCHE INDIAN TRIBE, OK	126
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	61
	CONFEDERATED TRIBES,COLVILLE RES, WA	14
	COOK INLET REGION, INC.	41
	CREEK NATION, OK	161
	CROW CREEK SIOUX TRIBE, SD	3
	CROW TRIBE, MT	44
	DOYAN, LIMITED	6
	DUCKWATER SHOSHONE TRIBE, NV	35
	EASTERN BAND OF CHEROKEE IND, NC	115
	FLANDREAU SANTEE SIOUX TRIBE, SD	19
	FORT BELKNAP IND COMM, GROS VENTRE, MT	1
	FORT BELKNAP INDIAN COMM - ASSINIBOINE, MT	13
	FORT MOJAVE INDIAN TRIBE, AZ	42
	FORT SILL APACHE TRIBE, OK	52
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	6
	GRAND TRAVERSE BAND, OTTAWA/CHIPPEWA, MI	7
	HANNAHVILLE IND COMM POTAWATOMIE IND, MI	9
	HOPI TRIBE, AZ	126
	HUALAPAI TRIBE, AZ	81
	INUPIAT COMMUNITY OF THE ARTIC SLOPE	29
	IOWA TRIBE, KS AND NE	27
	JICARILLA APACHE TRIBE, NM	275
	KAW INDIAN TRIBE, OK	16
	KIOWA INDIAN TRIBE,OK	185
	LOWER BRULE SIOUX TRIBE, SD	13
	MANDAN,THREE AFFIL TRBS, FT BERTHOLD RS,ND	30
	MENOMINEE IND TRIBE, WI	57
	MESCALERO APACHE TRIBE, NM	54
	MINNESOTA CHIPPEWA, LEECH LAKE BAND, MN	38
	MINNESOTA CHIPPEWA, WHITE EARTH BAND, MN	30
	MISSISSIPPI BAND CHOCTAW INDIANS, MS	14
	NAVAJO TRIBE, AZ NM AND UT	3791
	NEZ PERCE TRIBE, ID	34
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	784
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	102
NORTHERN CHEYENNE TRIBE, MT	173	
OGLALA SIOUX TRIBE, SD	127	
OMAHA TRIBE, NE	11	
ONEIDA NATION, NY	81	
ONEIDA TRIBE OF INDIANS, WI	30	
ONONDAGA NATION, NY	3	
OSAGE TRIBE, OK	124	
OTOE-MISSOURIA TRIBE, OK	9	
PAWNEE INDIAN TRIBE, OK	120	

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Community	Tribe	# of Patient Visits
	PONCA TRIBE, OK	8
	PRAIRIE BAND POTAWATOMI, KS	6
	PUEBLO OF ACOMA, NM	328
	PUEBLO OF COCHITI, NM	610
	PUEBLO OF ISLETA, NM	107
	PUEBLO OF JEMEZ, NM	96
	PUEBLO OF LAGUNA, NM	429
	PUEBLO OF NAMBE, NM	795
	PUEBLO OF PICURIS, NM	185
	PUEBLO OF POJOAQUE, NM	57
	PUEBLO OF SAN FELIPE, NM	42
	PUEBLO OF SAN ILDEFONSO, NM	171
	PUEBLO OF SAN JUAN, NM	420
	PUEBLO OF SANTA ANA, NM	1
	PUEBLO OF SANTA CLARA, NM	359
	PUEBLO OF SANTO DOMINGO, NM	520
	PUEBLO OF TAOS, NM	300
	PUEBLO OF TESUQUE, NM	169
	PUEBLO OF ZIA, NM	95
	QUAPAW TRIBE, OK	15
	QUECHAN TRIBE, CA	3
	RED LAKE BAND OF CHIPPEWA, MN	3
	RENO-SPARKS INDIAN COLONY, PAIUTE, NV	59
	ROSEBUD SIOUX TRIBE, SD	63
	SAC AND FOX TRIBE OF THE MISSISSIPPI, IA	16
	SAC AND FOX TRIBE, OK	35
	SAGINAW CHIPPEWA TRIBE, ISABELLA RES, MI	21
	SAN CARLOS APACHE TRIBE, AZ	22
	SAULT STE. MARIE CHIPPEWA TRIBE, MI	11
	SEMINOLE NATION, OK	71
	SENECA NATION, NY	97
	SHOSHONE TRIBE WIND RIVER RES, WY	20
	SHOSHONE-BANNOCK TRIBES FORT HALL RES, ID	3
	SISSETON WAHPETON OYATE, SD	10
	SOUTHERN UTE TRIBE, CO	8
	ST. REGIS BAND, MOHAWK INDIANS, NY	47
	STANDING ROCK SIOUX TRIBE, ND AND SD	142
	THIRTEENTH REGIONAL CORPORATION	5
	THREE AFFILIATED TRIBES, HIDATSA, ND	9
	TLINGIT & HAIDA INDIANS OF ALASKA	53
	TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	125
	TURTLE MOUNTAIN BAND CHIPPEWA, ND	191
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	27
	UTE MOUNTAIN TRB, CO NM AND UT	4
	WHITE MOUNTAIN APACHE TRB, AZ	82
	WINNEBAGO TRIBE, NE	26
	YANKTON SIOUX TRIBE, SD	6
	YSLETA DEL-SUR PUEBLO, TX	45
	YUROK TRIBE HOOPA VALLEY RES, CA	13
	ZUNI TRIBE, NM	103
	All Other (tribes with <50 visits at any facility in 2004)	434
SANTA FE Total		15127

SFSU-Santa Fe

Community	Tribe	# of Patient Visits
SANTA FE INDIAN SCHOOL	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-ASSINIB	1
	CHEYENNE RIVER SIOUX TRIBE, SD	10
	CHEYENNE-ARAPAHO TRIBES, OK	29
	CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	1
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	9
	HOPI TRIBE, AZ	15
	JICARILLA APACHE TRIBE, NM	35
	NAVAJO TRIBE, AZ NM AND UT	245
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	4
	OMAHA TRIBE, NE	1
	PUEBLO OF ACOMA, NM	31
	PUEBLO OF COCHITI, NM	9
	PUEBLO OF ISLETA, NM	12
	PUEBLO OF JEMEZ, NM	101
	PUEBLO OF LAGUNA, NM	68
	PUEBLO OF SAN FELIPE, NM	95
	PUEBLO OF SAN ILDEFONSO, NM	8
	PUEBLO OF SAN JUAN, NM	13
	PUEBLO OF SANTA CLARA, NM	47
	PUEBLO OF SANTO DOMINGO, NM	56
	PUEBLO OF TAOS, NM	9
PUEBLO OF ZIA, NM	3	
TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	1	
ZUNI TRIBE, NM	19	
SANTA FE INDIAN SCHOOL Total		822
SHIPROCK	NAVAJO TRIBE, AZ NM AND UT	42
	PUEBLO OF SANTO DOMINGO, NM	3
SHIPROCK Total		45
SOCORRO	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-ASSINIB	1
	NAVAJO TRIBE, AZ NM AND UT	1
	PUEBLO OF POJOAQUE, NM	6
SOCORRO Total		8
TAOS	CHEROKEE NATION, OK	6
	CHEYENNE-ARAPAHO TRIBES, OK	1
	CHOCTAW NATION, OK	1
	BAD RIVER BAND LAKE SUPERIOR, CHIPPEWA, WI	3
	DOYAN, LIMITED	2
	HOPI TRIBE, AZ	4
	INUPIAT COMMUNITY OF THE ARTIC SLOPE	8
	JICARILLA APACHE TRIBE, NM	4
	KIOWA INDIAN TRIBE,OK	2
	MISSISSIPPI BAND CHOCTAW INDIANS, MS	1
	NAVAJO TRIBE, AZ NM AND UT	18
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	35
	PUEBLO OF COCHITI, NM	2
	PUEBLO OF LAGUNA, NM	8
	PUEBLO OF SAN FELIPE, NM	2
PUEBLO OF SAN ILDEFONSO, NM	3	
PUEBLO OF SAN JUAN, NM	4	
PUEBLO OF SANTA CLARA, NM	1	
PUEBLO OF SANTO DOMINGO, NM	2	
PUEBLO OF TAOS, NM	112	
ROSEBUD SIOUX TRIBE, SD	4	
SAN CARLOS APACHE TRIBE, AZ	5	
SISSETON WAHPETON OYATE, SD	2	
TURTLE MOUNTAIN BAND CHIPPEWA, ND	2	
TAOS Total		238
TAOS CO OTH	LOWER BRULE SIOUX TRIBE, SD	1
	NAVAJO TRIBE, AZ NM AND UT	5
	PUEBLO OF TAOS, NM	27
TAOS CO OTH Total		33
TAOS PUEBLO	JICARILLA APACHE TRIBE, NM	2
	PONCA TRIBE, OK	3
	PUEBLO OF COCHITI, NM	1
	PUEBLO OF SANTA ANA, NM	3
	PUEBLO OF SANTA CLARA, NM	4
	PUEBLO OF SANTO DOMINGO, NM	2
	PUEBLO OF TAOS, NM	323
ZUNI TRIBE, NM	5	
TAOS PUEBLO Total		343

SFSU-Santa Fe

Community	Tribe	# of Patient Visits
TESUQUE	ARAPAHO TRIBE,WIND RIVER RES, WY	34
	CHEYENNE RIVER SIOUX TRIBE, SD	9
	CHEYENNE-ARAPAHO TRIBES, OK	14
	CHOCTAW NATION, OK	10
	COMANCHE INDIAN TRIBE, OK	20
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	11
	COVELO INDIAN COMM ROUND VALLEY RES, CA	21
	EASTERN BAND OF CHEROKEE IND, NC	3
	HOPI TRIBE, AZ	19
	JICARILLA APACHE TRIBE, NM	36
	MESCALERO APACHE TRIBE, NM	95
	NAVAJO TRIBE, AZ NM AND UT	126
	OTOE-MISSOURIA TRIBE, OK	6
	PUEBLO OF ACOMA, NM	36
	PUEBLO OF COCHITI, NM	24
	PUEBLO OF JEMEZ, NM	14
	PUEBLO OF LAGUNA, NM	86
	PUEBLO OF NAMBE, NM	108
	PUEBLO OF PICURIS, NM	9
	PUEBLO OF SAN ILDEFONSO, NM	20
	PUEBLO OF SAN JUAN, NM	124
	PUEBLO OF SANTA CLARA, NM	16
	PUEBLO OF SANTO DOMINGO, NM	4
	PUEBLO OF TESUQUE, NM	2843
	ROSEBUD SIOUX TRIBE, SD	51
	SAC AND FOX TRIBE OF THE MISSISSIPPI, IA	3
	SAN CARLOS APACHE TRIBE, AZ	25
SISSETON WAHPETON OYATE, SD	14	
ST. REGIS BAND, MOHAWK INDIANS, NY	1	
ZUNI TRIBE, NM	1	
All Other (tribes with <50 visits at any facility in 2004)	21	
TESUQUE Total		3804
TEXAS UNK	CADDO TRIBE INDIAN, OK	1
	NAVAJO TRIBE, AZ NM AND UT	4
	OSAGE TRIBE, OK	13
	PUEBLO OF SAN JUAN, NM	6
TEXAS UNK Total		24
THOREAU	NAVAJO TRIBE, AZ NM AND UT	10
THOREAU Total		10
TIJERAS	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	4
	OGLALA SIOUX TRIBE, SD	5
	ONEIDA NATION, NY	16
TIJERAS Total		25
TORRANCE CO	CHEROKEE NATION, OK	10
	NAVAJO TRIBE, AZ NM AND UT	1
	PUEBLO OF NAMBE, NM	4
TORRANCE CO Total		15
TORREON	FORT BELKNAP IND COMM, GROS VENTRE, MT	1
	NAVAJO TRIBE, AZ NM AND UT	19
TORREON Total		20
UNKNOWN	CHEYENNE-ARAPAHO TRIBES, OK	3
	CHOCTAW NATION, OK	1
	NAVAJO TRIBE, AZ NM AND UT	1
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	PUEBLO OF POJOAQUE, NM	13
UNKNOWN Total		19
WINDOW ROCK	NAVAJO TRIBE, AZ NM AND UT	9
WINDOW ROCK Total		9
ZIA	PUEBLO OF ACOMA, NM	2
	PUEBLO OF COCHITI, NM	3
	PUEBLO OF ZIA, NM	12
ZIA Total		17
ZUNI PUEBLO	ZUNI TRIBE, NM	34
ZUNI PUEBLO Total		34
All Other (communities with <50 visits at any facility in 2004)		368
Total		73387

SFSU-Cochiti

FY 2004 Patient Visits

Community	Tribe	# of Patient Visits
ALBUQUERQUE	NAVAJO TRIBE, AZ NM AND UT	3
	PUEBLO OF COCHITI, NM	20
	PUEBLO OF LAGUNA, NM	2
	ZUNI TRIBE, NM	3
ALBUQUERQUE Total		28
BERNALILLO	PUEBLO OF COCHITI, NM	1
BERNALILLO Total		1
COCHITI	BAD RIVER BAND LAKE SUPERIOR, CHIPPEWA, WI	10
	CHEYENNE-ARAPAHO TRIBES, OK	17
	COMANCHE INDIAN TRIBE, OK	2
	CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	6
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	19
	CROW TRIBE, MT	1
	FORT MOJAVE INDIAN TRIBE, AZ	7
	HOPI TRIBE, AZ	25
	KICKAPOO TRIBE, KS	8
	KIOWA INDIAN TRIBE,OK	7
	MESCALERO APACHE TRIBE, NM	19
	NAVAJO TRIBE, AZ NM AND UT	56
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	3
	NORTHERN CHEYENNE TRIBE, MT	32
	OMAHA TRIBE, NE	19
	PUEBLO OF ACOMA, NM	1
	PUEBLO OF COCHITI, NM	2483
	PUEBLO OF JEMEZ, NM	2
	PUEBLO OF PICURIS, NM	14
	PUEBLO OF SAN FELIPE, NM	10
	PUEBLO OF SAN ILDEFONSO, NM	35
	PUEBLO OF SAN JUAN, NM	23
	PUEBLO OF SANTA ANA, NM	16
	PUEBLO OF SANTA CLARA, NM	16
	PUEBLO OF SANTO DOMINGO, NM	33
	PUEBLO OF TESUQUE, NM	2
	SAC AND FOX TRIBE OF THE MISSISSIPPI, IA	2
WHITE MOUNTAIN APACHE TRB, AZ	2	
ZUNI TRIBE, NM	10	
COCHITI Total		2880
COCHITI LAKE	CONFEDERATED TRIBES,COLVILLE RES, WA	3
	NAVAJO TRIBE, AZ NM AND UT	4
	OMAHA TRIBE, NE	2
	PUEBLO OF ACOMA, NM	6
	PUEBLO OF COCHITI, NM	23
	PUEBLO OF SAN FELIPE, NM	8
	PUEBLO OF SAN JUAN, NM	6
	PUEBLO OF SANTO DOMINGO, NM	2
	PUEBLO OF TESUQUE, NM	3
TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	1	
COCHITI LAKE Total		58
CORRALES	NAVAJO TRIBE, AZ NM AND UT	1
CORRALES Total		1
GRANTS	PUEBLO OF ACOMA, NM	4
GRANTS Total		4
MESCALERO OS	PUEBLO OF COCHITI, NM	1
MESCALERO OS Total		1
PENA BLANCA	NAVAJO TRIBE, AZ NM AND UT	14
	PUEBLO OF COCHITI, NM	10
	WHITE MOUNTAIN APACHE TRB, AZ	2
PENA BLANCA Total		26
RIO RANCHO	KICKAPOO TRIBE, KS	1
RIO RANCHO Total		1

SFSU-Cochiti

Community	Tribe	# of Patient Visits
SAN FELIPE	PUEBLO OF SAN FELIPE, NM	9
SAN FELIPE Total		9
SANT DOMINGO	PUEBLO OF COCHITI, NM	11
	PUEBLO OF SANTO DOMINGO, NM	60
SANT DOMINGO Total		71
SANTA CLARA	PUEBLO OF COCHITI, NM	15
SANTA CLARA Total		15
SANTA FE	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	4
	PUEBLO OF COCHITI, NM	41
SANTA FE Total		45
SANTA FE INDIAN SCHOOL	NAVAJO TRIBE, AZ NM AND UT	1
	PUEBLO OF COCHITI, NM	8
SANTA FE INDIAN SCHOOL Total		9
TAOS	PUEBLO OF COCHITI, NM	1
TAOS Total		1
TESUQUE	PUEBLO OF COCHITI, NM	1
TESUQUE Total		1
ZUNI PUEBLO	ZUNI TRIBE, NM	1
ZUNI PUEBLO Total		1
All Other (communities with <50 visits at any facility in 2004)		2
Total		3154

SFSU-Santo Domingo

FY 2004 Patient Visits

Community	Tribe	# of Patient Visits
ALBUQUERQUE	BLACKFEET TRIBE, MT	1
	COMANCHE INDIAN TRIBE, OK	7
	NAVAJO TRIBE, AZ NM AND UT	17
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	15
	PAWNEE INDIAN TRIBE, OK	1
	PUEBLO OF COCHITI, NM	1
	PUEBLO OF LAGUNA, NM	23
	PUEBLO OF SAN FELIPE, NM	6
	PUEBLO OF SANTO DOMINGO, NM	68
	SISSETON WAHPETON OYATE, SD	1
ALBUQUERQUE Total		140
ALGODONES	PUEBLO OF SANTO DOMINGO, NM	2
ALGODONES Total		2
ARIZONA UNK	PUEBLO OF SANTO DOMINGO, NM	2
ARIZONA UNK Total		2
BERNALILLO	PUEBLO OF JEMEZ, NM	3
	PUEBLO OF SANTO DOMINGO, NM	23
BERNALILLO Total		26
CALIFORNIA UNK	PUEBLO OF SANTO DOMINGO, NM	1
CALIFORNIA UNK Total		1
COCHITI	BAD RIVER BAND LAKE SUPERIOR, CHIPPEWA, WI	1
	HOPI TRIBE, AZ	10
	NAVAJO TRIBE, AZ NM AND UT	5
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	OGLALA SIOUX TRIBE, SD	2
	PUEBLO OF ACOMA, NM	6
	PUEBLO OF COCHITI, NM	132
	PUEBLO OF JEMEZ, NM	2
	PUEBLO OF SAN ILDEFONSO, NM	1
	PUEBLO OF SAN JUAN, NM	1
	PUEBLO OF SANTO DOMINGO, NM	6
WHITE MOUNTAIN APACHE TRB, AZ	1	
COCHITI Total		168
COCHITI LAKE	PUEBLO OF SAN FELIPE, NM	2
	SHOSHONE TRIBE WIND RIVER RES, WY	2
COCHITI LAKE Total		4
CORRALES	KIOWA INDIAN TRIBE, OK	2
CORRALES Total		2
DULCE	PUEBLO OF SANTO DOMINGO, NM	1
DULCE Total		1
EDGEWOOD	PUEBLO OF SANTO DOMINGO, NM	2
EDGEWOOD Total		2
GALLUP	PUEBLO OF SANTO DOMINGO, NM	1
GALLUP Total		1
ISLETA PUEBL	PUEBLO OF ISLETA, NM	1
	PUEBLO OF SANTO DOMINGO, NM	2
ISLETA PUEBL Total		3
LAGUNA-NEW	PUEBLO OF LAGUNA, NM	2
LAGUNA-NEW Total		2
NEW MEXICO UNK	PUEBLO OF SAN FELIPE, NM	18
	PUEBLO OF SANTO DOMINGO, NM	2
NEW MEXICO UNK Total		20
OTERO CO OTH	PUEBLO OF SANTO DOMINGO, NM	1
OTERO CO OTH Total		1
PAGUATE	PUEBLO OF LAGUNA, NM	1
PAGUATE Total		1
PENA BLANCA	NAVAJO TRIBE, AZ NM AND UT	10
	PUEBLO OF COCHITI, NM	1
	PUEBLO OF SANTO DOMINGO, NM	41
PENA BLANCA Total		52

SFSU-Santo Domingo

Community	Tribe	# of Patient Visits
POJOAQUE	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	4
POJOAQUE Total		4
RIO RANCHO	NAVAJO TRIBE, AZ NM AND UT	3
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	12
	PUEBLO OF LAGUNA, NM	6
	PUEBLO OF SANTO DOMINGO, NM	1
	ZUNI TRIBE, NM	5
RIO RANCHO Total		27
S ILDEFONSO	PUEBLO OF COCHITI, NM	2
S ILDEFONSO Total		2
SAN FELIPE	PUEBLO OF SAN FELIPE, NM	97
	PUEBLO OF SANTO DOMINGO, NM	42
SAN FELIPE Total		139
SANT DOMINGO	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	3
	CONFEDERATED TRIBES GOSHUTE RES, NV & UT	1
	FORT BELKNAP IND COMM, GROS VENTRE, MT	9
	HOPi TRIBE, AZ	14
	NAVAJO TRIBE, AZ NM AND UT	61
	OGLALA SIOUX TRIBE, SD	47
	PUEBLO OF ACOMA, NM	36
	PUEBLO OF COCHITI, NM	33
	PUEBLO OF ISLETA, NM	3
	PUEBLO OF JEMEZ, NM	76
	PUEBLO OF LAGUNA, NM	68
	PUEBLO OF SAN FELIPE, NM	92
	PUEBLO OF SAN ILDEFONSO, NM	1
	PUEBLO OF SAN JUAN, NM	50
	PUEBLO OF SANTA ANA, NM	3
	PUEBLO OF SANTA CLARA, NM	1
	PUEBLO OF SANTO DOMINGO, NM	10228
	PUEBLO OF TAOS, NM	1
	PUEBLO OF TESUQUE, NM	22
	QUECHAN TRIBE, CA	7
	THIRTEENTH REGIONAL CORPORATION	2
	WHITE MOUNTAIN APACHE TRB, AZ	3
	YANKTON SIOUX TRIBE, SD	9
ZUNI TRIBE, NM	2	
All Other (tribes with <50 visits at any facility in 2004)	1	
SANT DOMINGO Total		10773
SANTA ANA	PUEBLO OF SANTO DOMINGO, NM	5
SANTA ANA Total		5
SANTA CLARA	PUEBLO OF COCHITI, NM	1
	PUEBLO OF SANTA CLARA, NM	8
	PUEBLO OF SANTO DOMINGO, NM	1
SANTA CLARA Total		10
SANTA FE	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	9
	PUEBLO OF COCHITI, NM	1
	PUEBLO OF SANTO DOMINGO, NM	53
SANTA FE Total		63
SANTA FE INDIAN SCHOOL	PUEBLO OF SANTO DOMINGO, NM	15
SANTA FE INDIAN SCHOOL Total		15
SHIPROCK	PUEBLO OF SANTO DOMINGO, NM	1
SHIPROCK Total		1
TESUQUE	PUEBLO OF TESUQUE, NM	2
TESUQUE Total		2
All Other (communities with <50 visits at any facility in 2004) Total		18
Total		11487

SFSU-San Felipe

FY 2004 Patient Visits

Community	Tribe	# of Patient Visits
ALBUQUERQUE	CHEYENNE-ARAPAHO TRIBES, OK	43
	MESCALERO APACHE TRIBE, NM	5
	NAVAJO TRIBE, AZ NM AND UT	33
	PUEBLO OF COCHITI, NM	1
	PUEBLO OF LAGUNA, NM	2
	PUEBLO OF SAN FELIPE, NM	89
ALBUQUERQUE Total		173
ALGODONES	PUEBLO OF JEMEZ, NM	4
	PUEBLO OF LAGUNA, NM	14
	PUEBLO OF SAN FELIPE, NM	49
ALGODONES Total		67
BERNAL CO OT	PUEBLO OF SAN FELIPE, NM	4
BERNAL CO OT Total		4
BERNALILLO	PUEBLO OF SAN FELIPE, NM	20
	PUEBLO OF SANTO DOMINGO, NM	6
BERNALILLO Total		26
BLOOMFIELD	PUEBLO OF SAN FELIPE, NM	8
BLOOMFIELD Total		8
COCHITI	KIOWA INDIAN TRIBE, OK	6
	NAVAJO TRIBE, AZ NM AND UT	1
	PUEBLO OF COCHITI, NM	4
	PUEBLO OF LAGUNA, NM	3
	PUEBLO OF SAN FELIPE, NM	1
COCHITI Total		15
CORRALES	PUEBLO OF SAN FELIPE, NM	1
CORRALES Total		1
ISLETA PUEBL	PUEBLO OF ISLETA, NM	1
ISLETA PUEBL Total		1
JEMEZ PUEBLO	PUEBLO OF JEMEZ, NM	1
JEMEZ PUEBLO Total		1
PENA BLANCA	PUEBLO OF SAN FELIPE, NM	10
PENA BLANCA Total		10
RIO RANCHO	CHEYENNE-ARAPAHO TRIBES, OK	1
	PUEBLO OF SAN FELIPE, NM	58
	SEMINOLE NATION, OK	14
	ZUNI TRIBE, NM	10
RIO RANCHO Total		83
SAN FELIPE	BLACKFEET TRIBE, MT	1
	CHEYENNE RIVER SIOUX TRIBE, SD	3
	CHEYENNE-ARAPAHO TRIBES, OK	4
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	24
	HOPI TRIBE, AZ	8
	MESCALERO APACHE TRIBE, NM	1
	NAVAJO TRIBE, AZ NM AND UT	50
	PUEBLO OF ACOMA, NM	20
	PUEBLO OF COCHITI, NM	17
	PUEBLO OF ISLETA, NM	54
	PUEBLO OF JEMEZ, NM	4
	PUEBLO OF LAGUNA, NM	8
	PUEBLO OF NAMBE, NM	15
	PUEBLO OF SAN FELIPE, NM	8044
	PUEBLO OF SAN ILDEFONSO, NM	4
	PUEBLO OF SAN JUAN, NM	35
	PUEBLO OF SANTA ANA, NM	13
	PUEBLO OF SANTO DOMINGO, NM	73
	PUEBLO OF TAOS, NM	6
	WASHOE TRIBE OF NV, CA	14
WHITE MOUNTAIN APACHE TRB, AZ	2	
ZUNI TRIBE, NM	23	
SAN FELIPE Total		8423

SFSU-San Felipe

Community	Tribe	# of Patient Visits
SAN JUAN	PUEBLO OF SAN JUAN, NM	30
SAN JUAN Total		30
SANT DOMINGO	PUEBLO OF ISLETA, NM	1
	PUEBLO OF SAN FELIPE, NM	15
	PUEBLO OF SANTO DOMINGO, NM	48
SANT DOMINGO Total		64
SANTA ANA	PUEBLO OF SAN FELIPE, NM	5
	PUEBLO OF SANTA ANA, NM	1
SANTA ANA Total		6
SANTA FE	NAVAJO TRIBE, AZ NM AND UT	2
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	PUEBLO OF SAN FELIPE, NM	6
SANTA FE Total		9
SANTA FE INDIAN SCHOOL	PUEBLO OF SAN FELIPE, NM	28
SANTA FE INDIAN SCHOOL Total		28
TAOS	CHEYENNE-ARAPAHO TRIBES, OK	1
TAOS Total		1
ZUNI PUEBLO	ZUNI TRIBE, NM	4
ZUNI PUEBLO Total		4
All Other (communities with <50 visits at any facility in 2004) Total		19
Total		8973

SFSU-Santa Clara

FY 2004 Patient Visits

Community	Tribe	# of Patient Visits
ABIQUIU	NARRAGANSETT INDIAN TRIBE, RI	3
	NAVAJO TRIBE, AZ NM AND UT	30
	PUEBLO OF SAN JUAN, NM	3
	PUEBLO OF SANTA CLARA, NM	16
ABIQUIU Total		52
ALBUQUERQUE	MANDAN,THREE AFFIL TRBS, FT BERTHOLD RS,ND	19
	NAVAJO TRIBE, AZ NM AND UT	4
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	PUEBLO OF SAN JUAN, NM	10
	PUEBLO OF SANTA CLARA, NM	16
ALBUQUERQUE Total		57
ALCALDE	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	1
	NAVAJO TRIBE, AZ NM AND UT	29
	PUEBLO OF SAN FELIPE, NM	3
	PUEBLO OF SAN ILDEFONSO, NM	3
	PUEBLO OF SAN JUAN, NM	12
	PUEBLO OF SANTA CLARA, NM	10
ALCALDE Total		58
ARIZONA UNK	NAVAJO TRIBE, AZ NM AND UT	2
ARIZONA UNK Total		2
BERNALILLO	PUEBLO OF SAN JUAN, NM	1
BERNALILLO Total		1
CALIFORNIA UNK	PUEBLO OF SANTA CLARA, NM	1
CALIFORNIA UNK Total		1
COCHITI	PUEBLO OF COCHITI, NM	1
COCHITI Total		1
COLORADO UNK	PUEBLO OF JEMEZ, NM	4
COLORADO UNK Total		4
CUBA	ROSEBUD SIOUX TRIBE, SD	1
CUBA Total		1
DULCE	JICARILLA APACHE TRIBE, NM	7
	PUEBLO OF SANTA CLARA, NM	3
DULCE Total		10
EL RITO	COMANCHE INDIAN TRIBE, OK	1
	PUEBLO OF ACOMA, NM	4
	PUEBLO OF SANTA CLARA, NM	10
EL RITO Total		15
ESPANOLA	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	14
	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-SIOUX	1
	CADDO TRIBE INDIAN, OK	1
	CHEROKEE NATION, OK	1
	CHEYENNE RIVER SIOUX TRIBE, SD	7
	CHEYENNE-ARAPAHO TRIBES, OK	2
	CHOCTAW NATION, OK	3
	COMANCHE INDIAN TRIBE, OK	12
	CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	12
	CREEK NATION, OK	9
	CROW TRIBE, MT	4
	EASTERN BAND OF CHEROKEE IND, NC	2
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	2
	HOPI TRIBE, AZ	61
	JICARILLA APACHE TRIBE, NM	62
	LOWER BRULE SIOUX TRIBE, SD	7
	MESCALERO APACHE TRIBE, NM	20
	MINNESOTA CHIPPEWA, LEECH LAKE BAND, MN	1
	MINNESOTA CHIPPEWA, WHITE EARTH BAND, MN	4
	NAVAJO TRIBE, AZ NM AND UT	139
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	4
	OMAHA TRIBE, NE	10
	PAIUTE-SHOSHONE IND DUCK VALLEY, NV	1
	PUEBLO OF ACOMA, NM	4
	PUEBLO OF COCHITI, NM	6
	PUEBLO OF JEMEZ, NM	8
	PUEBLO OF LAGUNA, NM	12
PUEBLO OF NAMBE, NM	17	

SFSU-Santa Clara

Community	Tribe	# of Patient Visits
	PUEBLO OF PICURIS, NM	15
	PUEBLO OF POJOAQUE, NM	11
	PUEBLO OF SAN ILDEFONSO, NM	16
	PUEBLO OF SAN JUAN, NM	180
	PUEBLO OF SANTA CLARA, NM	131
	PUEBLO OF SANTO DOMINGO, NM	55
	PUEBLO OF TAOS, NM	145
	PUEBLO OF TESUQUE, NM	4
	PUEBLO OF ZIA, NM	10
	ROSEBUD SIOUX TRIBE, SD	11
	SHOSHONE TRIBE WIND RIVER RES, WY	22
	SISSETON WAHPETON OYATE, SD	7
	THIRTEENTH REGIONAL CORPORATION	1
	UTE MOUNTAIN TRB, CO NM AND UT	4
	ZUNI TRIBE, NM	2
	All Other (tribes with <50 visits at any facility in 2004)	2
ESPANOLA Total		1042
FAIRVIEW	DOYAN, LIMITED	3
	GRAND TRAVERSE BAND, OTTAWA/CHIPPEWA, MI	1
	PUEBLO OF SAN JUAN, NM	5
	PUEBLO OF SANTA CLARA, NM	13
FAIRVIEW Total		22
FARMINGTON	KIOWA INDIAN TRIBE, OK	1
	NAVAJO TRIBE, AZ NM AND UT	1
FARMINGTON Total		2
FRUITLAND	NAVAJO TRIBE, AZ NM AND UT	3
FRUITLAND Total		3
GALLUP	PUEBLO OF JEMEZ, NM	1
GALLUP Total		1
IGNACIO	PUEBLO OF SANTA CLARA, NM	1
IGNACIO Total		1
ISLETA PUEBL	PUEBLO OF ISLETA, NM	2
	PUEBLO OF SANTA CLARA, NM	19
ISLETA PUEBL Total		21
JEMEZ PUEBLO	PUEBLO OF JEMEZ, NM	4
JEMEZ PUEBLO Total		4
LAGUNA-NEW	PUEBLO OF LAGUNA, NM	1
LAGUNA-NEW Total		1
LOS ALAMOS O	CHEYENNE-ARAPAHO TRIBES, OK	3
	LOWER BRULE SIOUX TRIBE, SD	1
	NAVAJO TRIBE, AZ NM AND UT	22
	PUEBLO OF LAGUNA, NM	11
	PUEBLO OF SAN JUAN, NM	5
	PUEBLO OF TESUQUE, NM	2
LOS ALAMOS O Total		44
NAMBE	CHEROKEE NATION, OK	18
	NAVAJO TRIBE, AZ NM AND UT	14
	OGLALA SIOUX TRIBE, SD	4
	PUEBLO OF NAMBE, NM	443
	PUEBLO OF SAN ILDEFONSO, NM	6
	PUEBLO OF SAN JUAN, NM	4
	PUEBLO OF TESUQUE, NM	1
NAMBE Total		490
NEW MEXICO UNK	NAVAJO TRIBE, AZ NM AND UT	6
	PAIUTE-SHOSHONE IND DUCK VALLEY, NV	1
	PUEBLO OF SAN JUAN, NM	5
NEW MEXICO UNK Total		12
PENASCO	JICARILLA APACHE TRIBE, NM	48
	OSAGE TRIBE, OK	2
	PUEBLO OF ISLETA, NM	1
	PUEBLO OF SAN JUAN, NM	6
	PUEBLO OF TAOS, NM	6
PENASCO Total		63
PICURIS	CADDO TRIBE INDIAN, OK	4
	PUEBLO OF PICURIS, NM	8
	PUEBLO OF SAN JUAN, NM	3
PICURIS Total		15

SFSU-Santa Clara

Community	Tribe	# of Patient Visits
POJOAQUE	NAVAJO TRIBE, AZ NM AND UT	3
	PUEBLO OF NAMBE, NM	10
	PUEBLO OF POJOAQUE, NM	180
	PUEBLO OF SAN ILDEFONSO, NM	6
	PUEBLO OF SAN JUAN, NM	23
	PUEBLO OF SANTA CLARA, NM	11
	SAC AND FOX TRIBE, OK	1
POJOAQUE Total		234
RIO ARRIBA	ARAPAHO TRIBE,WIND RIVER RES, WY	3
	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-ASSINIB	2
	CHEYENNE-ARAPAHO TRIBES, OK	1
	CITIZEN BAND POTAWATOMI, OK	2
	COMANCHE INDIAN TRIBE, OK	4
	CROW TRIBE, MT	13
	JICARILLA APACHE TRIBE, NM	11
	KIOWA INDIAN TRIBE,OK	2
	NARRAGANSETT INDIAN TRIBE, RI	10
	NAVAJO TRIBE, AZ NM AND UT	84
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	12
	PUEBLO OF COCHITI, NM	22
	PUEBLO OF JEMEZ, NM	4
	PUEBLO OF PICURIS, NM	4
	PUEBLO OF POJOAQUE, NM	3
	PUEBLO OF SAN ILDEFONSO, NM	6
	PUEBLO OF SAN JUAN, NM	58
	PUEBLO OF SANTA CLARA, NM	102
	PUEBLO OF TAOS, NM	14
	PUEBLO OF TESUQUE, NM	4
ROSEBUD SIOUX TRIBE, SD	1	
SHOSHONE TRIBE WIND RIVER RES, WY	3	
ZUNI TRIBE, NM	1	
RIO ARRIBA Total		366
RIO RANCHO	NAVAJO TRIBE, AZ NM AND UT	1
RIO RANCHO Total		1
S ILDEFONSO	CREEK NATION, OK	3
	CROW TRIBE, MT	2
	HOPI TRIBE, AZ	5
	MESCALERO APACHE TRIBE, NM	1
	NAVAJO TRIBE, AZ NM AND UT	22
	PUEBLO OF ACOMA, NM	4
	PUEBLO OF COCHITI, NM	19
	PUEBLO OF ISLETA, NM	14
	PUEBLO OF JEMEZ, NM	2
	PUEBLO OF LAGUNA, NM	28
	PUEBLO OF POJOAQUE, NM	7
	PUEBLO OF SAN ILDEFONSO, NM	1366
	PUEBLO OF SAN JUAN, NM	36
	PUEBLO OF SANTA CLARA, NM	37
	PUEBLO OF TAOS, NM	3
PUEBLO OF TESUQUE, NM	7	
PUEBLO OF ZIA, NM	8	
S ILDEFONSO Total		1564
SAN FELIPE	PUEBLO OF SAN FELIPE, NM	1
SAN FELIPE Total		1

SFSU-Santa Clara

Community	Tribe	# of Patient Visits
SAN JUAN	ARAPAHO TRIBE,WIND RIVER RES, WY	2
	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	6
	BLACKFEET TRIBE, MT	1
	CADDO TRIBE INDIAN, OK	33
	CHEROKEE NATION, OK	10
	CHEYENNE-ARAPAHO TRIBES, OK	1
	CHICKASAW NATION, OK	25
	CHOCTAW NATION, OK	14
	COMANCHE INDIAN TRIBE, OK	1
	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	6
	CREEK NATION, OK	16
	CROW TRIBE, MT	4
	EASTERN BAND OF CHEROKEE IND, NC	3
	HOPI TRIBE, AZ	8
	JICARILLA APACHE TRIBE, NM	25
	KIOWA INDIAN TRIBE,OK	62
	MESCALERO APACHE TRIBE, NM	18
	NAVAJO TRIBE, AZ NM AND UT	130
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	3
	NORTHERN CHEYENNE TRIBE, MT	8
	OSAGE TRIBE, OK	1
	PUEBLO OF COCHITI, NM	10
	PUEBLO OF ISLETA, NM	19
	PUEBLO OF JEMEZ, NM	19
	PUEBLO OF LAGUNA, NM	127
	PUEBLO OF NAMBE, NM	1
	PUEBLO OF PICURIS, NM	3
	PUEBLO OF SAN FELIPE, NM	5
	PUEBLO OF SAN ILDEFONSO, NM	15
	PUEBLO OF SAN JUAN, NM	5317
	PUEBLO OF SANTA CLARA, NM	192
	PUEBLO OF SANTO DOMINGO, NM	14
	PUEBLO OF TAOS, NM	66
	PUEBLO OF TESUQUE, NM	9
	PYRAMID LAKE PAIUTE TRIBE, NV	2
	QUECHAN TRIBE, CA	6
	ROSEBUD SIOUX TRIBE, SD	1
	SAN CARLOS APACHE TRIBE, AZ	3
	SEMINOLE NATION, OK	1
	SISSETON WAHPETON OYATE, SD	1
	UTE MOUNTAIN TRB, CO NM AND UT	10
	WHITE MOUNTAIN APACHE TRB, AZ	6
WINNEBAGO TRIBE, NE	11	
ZUNI TRIBE, NM	15	
All Other (tribes with <50 visits at any facility in 2004)	1	
SAN JUAN Total		6231
SANT DOMINGO	PUEBLO OF SANTA CLARA, NM	6
	PUEBLO OF SANTO DOMINGO, NM	4
SANT DOMINGO Total		10

SFSU-Santa Clara

Community	Tribe	# of Patient Visits
SANTA CLARA	ARAPAHO TRIBE,WIND RIVER RES, WY	29
	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	6
	BAD RIVER BAND LAKE SUPERIOR, CHIPPEWA, WI	2
	BLACKFEET TRIBE, MT	2
	CADDO TRIBE INDIAN, OK	4
	CHEYENNE-ARAPAHO TRIBES, OK	4
	COMANCHE INDIAN TRIBE, OK	95
	CONFEDERATED TRIBES,COLVILLE RES, WA	56
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	26
	GRAND TRAVERSE BAND, OTTAWA/CHIPPEWA, MI	1
	HOPI TRIBE, AZ	86
	JICARILLA APACHE TRIBE, NM	131
	KIOWA INDIAN TRIBE,OK	2
	MESCALERO APACHE TRIBE, NM	7
	NAVAJO TRIBE, AZ NM AND UT	207
	NORTHERN CHEYENNE TRIBE, MT	3
	OGLALA SIOUX TRIBE, SD	19
	OMAHA TRIBE, NE	35
	PUEBLO OF COCHITI, NM	14
	PUEBLO OF ISLETA, NM	6
	PUEBLO OF JEMEZ, NM	1
	PUEBLO OF LAGUNA, NM	40
	PUEBLO OF NAMBE, NM	4
	PUEBLO OF PICURIS, NM	14
	PUEBLO OF POJOAQUE, NM	48
	PUEBLO OF SAN ILDEFONSO, NM	55
	PUEBLO OF SAN JUAN, NM	228
	PUEBLO OF SANTA ANA, NM	2
	PUEBLO OF SANTA CLARA, NM	4923
	PUEBLO OF SANTO DOMINGO, NM	119
	PUEBLO OF TAOS, NM	85
	PUEBLO OF TESUQUE, NM	47
	PUEBLO OF ZIA, NM	9
	ROSEBUD SIOUX TRIBE, SD	28
	SAN CARLOS APACHE TRIBE, AZ	4
	SHOSHONE-BANNOCK TRIBES FORT HALL RES, ID	5
	SISSETON WAHPETON OYATE, SD	72
	TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	13
	ZUNI TRIBE, NM	16
	All Other (tribes with <50 visits at any facility in 2004)	5
SANTA CLARA Total		6453
SANTA CRUZ	DOYAN, LIMITED	3
	PUEBLO OF NAMBE, NM	7
	PUEBLO OF SAN JUAN, NM	10
	PUEBLO OF SANTA CLARA, NM	17
	PUEBLO OF TAOS, NM	5
SANTA CRUZ Total		42

SFSU-Santa Clara

Community	Tribe	# of Patient Visits
SANTA FE	ARAPAHO TRIBE,WIND RIVER RES, WY	3
	CHEYENNE RIVER SIOUX TRIBE, SD	3
	CHEYENNE-ARAPAHO TRIBES, OK	2
	CITIZEN BAND POTAWATOMI, OK	7
	HOPI TRIBE, AZ	4
	JICARILLA APACHE TRIBE, NM	29
	MINNESOTA CHIPPEWA, LEECH LAKE BAND, MN	35
	NAVAJO TRIBE, AZ NM AND UT	14
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	65
	PUEBLO OF ACOMA, NM	4
	PUEBLO OF LAGUNA, NM	2
	PUEBLO OF NAMBE, NM	17
	PUEBLO OF POJOAQUE, NM	2
	PUEBLO OF SAN ILDEFONSO, NM	10
	PUEBLO OF SAN JUAN, NM	25
	PUEBLO OF SANDIA, NM	2
	PUEBLO OF SANTA CLARA, NM	25
	PUEBLO OF TAOS, NM	5
All Other (tribes with <50 visits at any facility in 2004)	6	
SANTA FE Total		260
TAOS	PUEBLO OF SANTA CLARA, NM	5
	PUEBLO OF SANTO DOMINGO, NM	2
	PUEBLO OF TAOS, NM	1
	ROSEBUD SIOUX TRIBE, SD	2
TAOS Total		10
TAOS CO OTH	PUEBLO OF TAOS, NM	7
TAOS CO OTH Total		7
TAOS PUEBLO	PUEBLO OF SAN JUAN, NM	11
	PUEBLO OF TAOS, NM	2
TAOS PUEBLO Total		13
TESUQUE	ARAPAHO TRIBE,WIND RIVER RES, WY	1
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	1
	PUEBLO OF SANTA CLARA, NM	2
	PUEBLO OF SANTO DOMINGO, NM	2
	PUEBLO OF TAOS, NM	1
PUEBLO OF TESUQUE, NM	86	
TESUQUE Total		93
All Other (communities with <50 visits at any facility in 2004) Total		45
Total		17253

SFSU
2004 Patient Visits by Albuquerque Area Tribe

The following chart indicates the facilities where tribal members of this Service Unit
 have been counted as Active Users in the past three years.

FISCAL YEAR 2004

TRIBE	FACILITY NAME	Total
PUEBLO OF COCHITI, NM	SANTA FE HOSPITAL	3,964
	COCHITI H.ST	2,617
	ALBUQUERQUE HOSPITAL	807
	SANTO DOMINGO HST	171
	SANDIA H.STA	137
	ALBUQUERQUE INDIAN DENTAL CLINIC	135
	ACL HOSPITAL	99
	SANTA CLARA HC	72
	ISLETA HEALTH CENTER	62
	UTE MOUNTAIN UTE HEALTH CENTER	28
	TAOS-PICURIS HEALTH CENTER	27
	JEMEZ HEALTH CENTER	22
	SAN FELIPE HS	22
	SOUTHERN UTE HEALTH CENTER	16
	ZUNI HO	13
	MESCALERO HO	12
	ZIA HLT.STA	7
	PINE HILL HC	5
	DULCE HEALTH CENTER	2
	LAGUNA H CT	1
SANTA FE IND. SCH.	1	
PUEBLO OF COCHITI, NM Total		8,220
PUEBLO OF NAMBE, NM	SANTA FE HOSPITAL	4,297
	SANTA CLARA HC	499
	ALBUQUERQUE HOSPITAL	168
	ALBUQUERQUE INDIAN DENTAL CLINIC	23
	ACL HOSPITAL	21
	SAN FELIPE HS	15
	DULCE HEALTH CENTER	8
	SANDIA H.STA	5
	SOUTHERN UTE HEALTH CENTER	5
	MESCALERO HO	3
	TAOS-PICURIS HEALTH CENTER	3
	ISLETA HEALTH CENTER	2
	PUEBLO OF NAMBE, NM Total	
PUEBLO OF PICURIS, NM	TAOS-PICURIS HEALTH CENTER	1,001
	SANTA FE HOSPITAL	445
	PICURIS H L	116
	ALBUQUERQUE HOSPITAL	103
	SOUTHERN UTE HEALTH CENTER	53
	SANTA CLARA HC	44
	ACL HOSPITAL	35
	COCHITI H.ST	14
	MESCALERO HO	13
	DULCE HEALTH CENTER	10
	ALBUQUERQUE INDIAN DENTAL CLINIC	8
ISLETA HEALTH CENTER	1	
PUEBLO OF PICURIS, NM Total		1,843
PUEBLO OF POJOAQUE, NM	SANTA FE HOSPITAL	1,763
	SANTA CLARA HC	251
	TAOS-PICURIS HEALTH CENTER	88
	SOUTHERN UTE HEALTH CENTER	17
	ALBUQUERQUE INDIAN DENTAL CLINIC	14
	ALBUQUERQUE HOSPITAL	11
ACL HOSPITAL	6	
PUEBLO OF POJOAQUE, NM Total		2,150

SFSU
2004 Patient Visits by Albuquerque Area Tribe

The following chart indicates the facilities where tribal members of this Service Unit have been counted as Active Users in the past three years.

FISCAL YEAR 2004

TRIBE	FACILITY NAME	Total
PUEBLO OF SAN FELIPE, NM	SAN FELIPE HS	8,343
	SANTA FE HOSPITAL	7,294
	ALBUQUERQUE HOSPITAL	1,764
	ALBUQUERQUE INDIAN DENTAL CLINIC	391
	SANTO DOMINGO HST	215
	ACL HOSPITAL	159
	ISLETA HEALTH CENTER	133
	UTE MOUNTAIN UTE HEALTH CENTER	124
	SANTA ANA HS	94
	ZUNI HO	83
	TAOS-PICURIS HEALTH CENTER	66
	JEMEZ HEALTH CENTER	65
	MESCALERO HO	52
	SANDIA H.STA	44
	SOUTHERN UTE HEALTH CENTER	40
	COCHITI H.ST	27
	SANTA CLARA HC	9
	CANONCITO HS	8
	DULCE HEALTH CENTER	8
	LAGUNA H CT	8
	SANTA FE IND. SCH.	4
ALAMO HL CENTER	2	
ZIA HLT.STA	1	
PUEBLO OF SAN FELIPE, NM Total		18,934
PUEBLO OF SAN ILDEFONSO, NM	SANTA FE HOSPITAL	2,510
	SANTA CLARA HC	1,483
	ALBUQUERQUE HOSPITAL	73
	JEMEZ HEALTH CENTER	36
	COCHITI H.ST	35
	ALBUQUERQUE INDIAN DENTAL CLINIC	29
	ACL HOSPITAL	24
	TAOS-PICURIS HEALTH CENTER	19
	MESCALERO HO	11
	UTE MOUNTAIN UTE HEALTH CENTER	8
	ISLETA HEALTH CENTER	5
	SAN FELIPE HS	4
	LAGUNA H CT	3
	SOUTHERN UTE HEALTH CENTER	3
SANTO DOMINGO HST	2	
PUEBLO OF SAN ILDEFONSO, NM Total		4,245
PUEBLO OF SAN JUAN, NM	SANTA FE HOSPITAL	7,043
	SANTA CLARA HC	5,945
	ALBUQUERQUE HOSPITAL	735
	ISLETA HEALTH CENTER	216
	ALBUQUERQUE INDIAN DENTAL CLINIC	119
	ACL HOSPITAL	101
	TAOS-PICURIS HEALTH CENTER	84
	SAN FELIPE HS	65
	DULCE HEALTH CENTER	58
	SANTO DOMINGO HST	51
	ALAMO HL CENTER	42
	JEMEZ HEALTH CENTER	38
	SANDIA H.STA	34
	SANTA ANA HS	31
	COCHITI H.ST	29
	MESCALERO HO	24
	SOUTHERN UTE HEALTH CENTER	16
	ZUNI HO	12
	LAGUNA H CT	1
SANTA FE IND. SCH.	1	
UTE MOUNTAIN UTE HEALTH CENTER	1	
PUEBLO OF SAN JUAN, NM Total		14,646

SFSU
2004 Patient Visits by Albuquerque Area Tribe

The following chart indicates the facilities where tribal members of this Service Unit
have been counted as Active Users in the past three years.

FISCAL YEAR 2004

TRIBE	FACILITY NAME	Total
PUEBLO OF SANTA CLARA, NM	SANTA CLARA HC	5,554
	SANTA FE HOSPITAL	4,749
	ALBUQUERQUE HOSPITAL	323
	TAOS-PICURIS HEALTH CENTER	135
	DULCE HEALTH CENTER	96
	SOUTHERN UTE HEALTH CENTER	47
	SANDIA H.STA	46
	MESCALERO HO	30
	ACL HOSPITAL	20
	ISLETA HEALTH CENTER	18
	ALBUQUERQUE INDIAN DENTAL CLINIC	17
	COCHITI H.ST	16
	JEMEZ HEALTH CENTER	15
	SANTA ANA HS	15
	SANTO DOMINGO HST	9
UTE MOUNTAIN UTE HEALTH CENTER	3	
PUEBLO OF SANTA CLARA, NM Total		11,093
PUEBLO OF SANTO DOMINGO, NM	SANTA FE HOSPITAL	13,821
	SANTO DOMINGO HST	10,500
	ALBUQUERQUE HOSPITAL	2,174
	ALBUQUERQUE INDIAN DENTAL CLINIC	387
	SANTA CLARA HC	203
	ACL HOSPITAL	178
	ISLETA HEALTH CENTER	165
	UTE MOUNTAIN UTE HEALTH CENTER	140
	SAN FELIPE HS	127
	COCHITI H.ST	95
	DULCE HEALTH CENTER	79
	SANDIA H.STA	72
	JEMEZ HEALTH CENTER	65
	MESCALERO HO	61
	SANTA ANA HS	60
	ZUNI HO	49
	TAOS-PICURIS HEALTH CENTER	23
	SOUTHERN UTE HEALTH CENTER	11
CANONCITO HS	1	
LAGUNA H CT	1	
PUEBLO OF SANTO DOMINGO, NM Total		28,212
PUEBLO OF TESUQUE, NM	SANTA FE HOSPITAL	3,255
	SANTA CLARA HC	160
	TAOS-PICURIS HEALTH CENTER	62
	ALBUQUERQUE HOSPITAL	26
	SANTO DOMINGO HST	24
	JEMEZ HEALTH CENTER	21
	SOUTHERN UTE HEALTH CENTER	8
	ZUNI HO	8
	COCHITI H.ST	5
	PICURIS H L	5
PINE HILL HC	2	
PUEBLO OF TESUQUE, NM Total		3,576

Appendix N: Contract Health Services “Blanket” Expenditures

SFSU—CHS Expenditures Report

Provider	Frequency	2003 Annual
Northern NM Orthopedic Center	Outpatient surgery 4-6 times/month, Plus Northern Clinics Podiatry at Santa Clara, 2 times/month	\$293,000
Podiatry	SFIH 4 x/month, and So clinics 2x/month	\$42,000
Urology	SFIH clinic 4x/month for 1/2 day each	\$12,000
Respiratory Therapy	SFIH 5 days/week for 1/2 day. On call other times	\$36,000
Laboratory		\$438,000
Qwest Diagnostics	Whatever cannot be done at SFIH	\$288,000
Santa Fe Pathology	Biopsies, etc	\$60,000
St. Vincent's Hospital	Bld & Bld products & after-hours	\$90,000
X-ray		\$714,000
St. Vincent's Hospital	After hours, weekends, holidays	\$96,000
St. Vincent's Hospital	MRIs	\$96,000
Santa Fe Radiology	To read SFIH X rays, and fluroscopy	\$384,000
Santa Fe Radiology	To read St. Vincent's X rays	\$42,000
Santa Fe Imaging	If St. Vincent's can't do MRIs	\$96,000
Ideal Dental Lab	Partials, bridges, crowns	\$96,000
Anesthesia		\$366,804
Mental Health - Tewa Women's United	Family abuse, rape, crisis counseling	\$49,160
Optometrist	4 clinics, 1 full day each. 2 doctors	\$40,872
Air & Ambulance	Transportation	\$175,000
	TOTAL	\$1,548,836



Appendix O: Top 10 Diagnoses for FY 2003

The following charts list the diagnoses, the number of cases, and the amounts billed / received for cases utilizing CHS funds within the Service Unit tribes.



FISCAL YEAR 2000 POJOAQUE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
KIDNEY LACERATION-CLOSED	\$ 17,998.16	\$ 21,540.23	\$ -	\$ 21,540.23	1
ESOPHAGEAL REFLUX	6,219.85	2,698.20	-	2,698.20	1
CHEST PAIN NOS	9,994.75	2,525.72	-	2,525.72	1
ESOPHAGITIS NEC	1,059.70	492.24	-	492.24	1
RLQ ABDOMINAL PAIN	830.00	453.68	-	453.68	1
LUMBAGO	643.71	643.71	415.85	227.86	1
REHABILITATION PROC NEC	780.00	362.31	206.31	156.00	1
	\$ 37,526.17	\$ 28,716.09	\$ 622.16	\$ 28,093.93	7

FISCAL YEAR 2001 POJOAQUE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
ESOPHAGEAL REFLUX	\$ 2,185.00	\$ 2,185.00	\$ -	\$ 2,185.00	2
OPEN WND FINGER/S COMP	2,216.70	1,420.69	-	1,420.69	2
CHRONIC TONSILLITIS	1,200.00	1,200.00	-	1,200.00	1
POISONING-OPIATES NEC	1,370.12	1,068.69	-	1,068.69	1
ESOPHAGEAL STRICTURE	1,633.10	979.12	-	979.12	2
LLQ ABDOMINAL PAIN	1,785.00	975.68	-	975.68	1
GASTRIT/DUODENITIS-UNSPC	805.00	805.00	-	805.00	1
DIZZINESS AND GIDDINESS	790.00	506.31	-	506.31	1
ABN LIVER FUNCTION STUDY	654.45	419.44	-	419.44	1
SCREEN-RESPIR COND NEC	553.60	302.60	-	302.60	1
	\$ 13,192.97	\$ 9,862.53	\$ -	\$ 9,862.53	13

FISCAL YEAR 2002 POJOAQUE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
ACUTE APPENDICITIS NOS	\$ 12,767.80	\$ 7,637.69	\$ -	\$ 7,637.69	1
REHABILITATION PROC NEC	6,930.40	7,200.00	-	7,200.00	1
CL BASE FX S INJ - NEC	17,342.10	6,855.03	-	6,855.03	1
OTHER GI INJURY - CLOSED	12,832.50	6,510.63	-	6,510.63	1
ESOPH VARICES W/O BLEED	5,609.25	5,759.40	-	5,759.40	1
OTH DISORDERS OF UTERUS	1,265.30	841.43	-	841.43	1
GASTROINT VASCULAR ANOM	1,082.20	719.66	-	719.66	1
PORTAL HYPERTENSION	851.35	566.15	-	566.15	1
ESOPHAG VARICES W BLEED	833.70	534.32	-	534.32	1
CONCUSSION W/O COMA	729.00	484.78	-	484.78	1
	\$ 60,243.60	\$ 37,109.09	\$ -	\$ 37,109.09	10

FISCAL YEAR 2003 POJOAQUE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CL BASE FX IC HEM - NEC	\$ 76,293.55	\$ 18,000.00	\$ -	\$ 18,000.00	1
REHABILITATION PROC NEC	29,495.72	13,517.68	-	13,517.68	2
CORNARY ATHERO-NATV VESL	11,800.51	9,440.41	-	9,440.41	1
ALCOHOL CIRRHOSIS LIVER	8,153.83	6,523.06	-	6,523.06	1
MAJOR DEPRESS DIS-UNSPEC	4,488.25	3,950.48	-	3,950.48	1
HEADACHE	3,117.60	2,431.72	-	2,431.72	1
JOINT SYMPTOM NEC-UP/ARM	1,448.00	914.56	-	914.56	1
ESOPH VARICES W/O BLEED	994.45	795.56	-	795.56	1
NO PROC/CONTRAINDICATION	934.05	747.24	-	747.24	1
CHEST PAIN NOS	1,148.00	725.07	-	725.07	1
	\$ 137,873.96	\$ 57,045.78	\$ -	\$ 57,045.78	11

FISCAL YEAR 2000 COCHITI PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
DISLOCATION PATELLA-OPEN	\$ 59,808.38	\$ 57,505.00	\$ -	\$ 57,505.00	1
CHRONIC RENAL FAILURE	110,949.92	110,949.92	64,573.59	46,376.33	48
BENIGN NEOPLASM HEART	45,539.25	22,318.35	-	22,318.35	2
DEL W 2 DEG LACERAT-DEL	2,683.00	5,565.00	-	5,565.00	1
LUMBAR DISC DISPLACEMENT	9,422.12	4,330.82	-	4,330.82	2
CL SK VLT FX-HEM-S LOC	13,089.60	3,358.20	-	3,358.20	1
ASTHMA W STATUS ASTHMAT	1,090.90	2,849.42	-	2,849.42	1
OTHER POSTSURG AFTERCARE	5,953.19	2,798.59	-	2,798.59	1
PAROX ATRIAL TACHYCARDIA	3,008.50	2,492.45	-	2,492.45	1
FOLLICULAR CYST OF OVARY	1,659.00	770.61	-	770.61	1
	\$ 253,203.86	\$ 212,938.36	\$ 64,573.59	\$ 148,364.77	59

FISCAL YEAR 2001 COCHITI PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 78,677.68	\$ 78,677.68	\$ 49,576.20	\$ 29,101.48	39
RADIOTHERAPY ENCOUNTER	20,427.45	11,965.67	-	11,965.67	4
LOC PRIM OSTEOART-PELVIS	22,027.50	8,506.57	-	8,506.57	1
SCHIZOAFFECTIVE-UNSPEC	10,376.95	7,855.68	-	7,855.68	2
FX FEMUR INTRCAPS NEC-CL	19,395.31	7,420.00	-	7,420.00	1
CEREBR ART OCC W INFARCT	9,747.90	6,799.03	-	6,799.03	2
FOOD/VOMIT PNEUMONITIS	7,345.00	6,022.80	-	6,022.80	1
MAJOR DEPRESS DIS-UNSPEC	9,044.55	4,192.35	-	4,192.35	1
SCHIZOAFFECT-CHR/EXACER	3,072.50	3,734.68	-	3,734.68	1
EMBOLISM OF OTHER ARTERY	9,642.00	3,710.00	-	3,710.00	1
	\$ 189,756.84	\$ 138,884.46	\$ 49,576.20	\$ 89,308.26	53

FISCAL YEAR 2002 COCHITI PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 65,622.60	\$ 64,835.79	\$ 31,834.52	\$ 33,001.27	30
CORNARY ATHERO-NATV VESL	43,881.20	22,825.14	-	22,825.14	2
URIN TRACT INFECTION NOS	8,618.88	12,234.00	-	12,234.00	1
FX LOW FEMUR EPIPHY-OPEN	13,313.10	9,010.93	-	9,010.93	1
LOC OSTEOARTH NOS-L/LEG	27,021.00	8,659.66	-	8,659.66	2
FX LUMBAR VERTEBRA-CLOSE	3,996.10	5,565.00	-	5,565.00	1
DIAB W MANIF NEC TYPE II	6,457.95	4,138.89	-	4,138.89	1
BIPOLAR AFF, DEPR-UNSPEC	5,800.00	4,120.00	-	4,120.00	1
MAJOR DEPRESS DIS-UNSPEC	6,320.35	4,000.64	-	4,000.64	1
NONINF GASTROENTERIT NEC	9,207.55	2,545.79	-	2,545.79	1
	\$ 190,238.73	\$ 137,935.84	\$ 31,834.52	\$ 106,101.32	41

FISCAL YEAR 2003 COCHITI PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
STREPTOCOCCAL SEPTICEMIA	\$ 89,203.96	\$ 38,741.00	\$ -	\$ 38,741.00	1
CHRONIC RENAL FAILURE	67,254.91	67,236.19	34,877.73	32,358.46	35
DIAB CIRCULAT DIS TYP II	27,427.30	10,178.19	-	10,178.19	1
UNIVERSL ULCERTVE COLITS	12,441.71	9,953.37	-	9,953.37	1
LOC OSTEOARTH NOS-PELVIS	27,315.00	9,722.54	-	9,722.54	1
COMP D/T RENAL DIALY DEV	10,700.50	8,560.40	-	8,560.40	1
RECURR MAJR DEPRESS-UNSP	9,577.96	7,662.37	-	7,662.37	1
SUBEND INFARC-INIT EPISD	32,795.15	14,751.43	8,036.27	6,715.16	2
DELIVERED WITH OR W/O ME	3,111.66	6,117.00	-	6,117.00	1
CIRRHOISIS OF LIVER NOS	7,098.00	6,048.41	-	6,048.41	1
	\$ 286,926.15	\$ 178,970.90	\$ 42,914.00	\$ 136,056.90	45

FISCAL YEAR 2000

NAMBE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
ACUTE PANCREATITIS	\$ 8,744.08	\$ 8,744.08	\$ -	\$ 8,744.08	1
TRAUM PNEUMOHEMOTHOR-OPN	7,967.00	5,301.41	-	5,301.41	1
MAJOR DEPRESS DIS-UNSPEC	10,483.45	3,855.28	-	3,855.28	1
DEVIATED NASAL SEPTUM	3,091.18	3,091.18	-	3,091.18	1
TRAUM PNEUMOHEMOTHOR-CL	8,417.68	2,686.69	-	2,686.69	1
RECURR MAJR DEPRESS-UNSP	3,300.00	2,180.00	-	2,180.00	1
OPEN WOUND OF SCALP	2,040.00	1,204.21	-	1,204.21	1
OTH DISEASE OF PHARYNX	1,785.00	975.68	-	975.68	1
NASAL BONE FX-CLOSED	844.00	844.00	-	844.00	1
SPINAL STENOSIS-LUMBAR	7,367.55	6,848.60	6,072.60	776.00	1
	\$ 54,039.94	\$ 35,731.13	\$ 6,072.60	\$ 29,658.53	10

FISCAL YEAR 2001

NAMBE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CORNARY ATHERO-NATV VESL	\$ 34,667.25	\$ 21,259.58	\$ -	\$ 21,259.58	1
BEN NEO LONG BONES LEG	6,904.00	6,904.00	-	6,904.00	4
FRACTURE CALCANEUS-OPEN	17,187.60	3,856.29	-	3,856.29	1
RECURR MAJR DEPRESS-UNSP	3,625.00	3,625.00	-	3,625.00	1
CONGESTIVE HEART FAILURE	4,183.25	2,681.05	-	2,681.05	1
DIAPHRAGMATIC HERNIA	1,610.00	1,610.00	-	1,610.00	1
LUQ ABDOMINAL PAIN	1,849.90	1,011.16	-	1,011.16	1
GRAND MAL-NOT INTRACTABL	995.45	995.45	-	995.45	1
MAL NEO LONG BONES LEG	816.00	816.00	-	816.00	1
DIZZINESS AND GIDDINESS	1,460.50	798.31	-	798.31	1
	\$ 73,298.95	\$ 43,556.84	\$ -	\$ 43,556.84	13

FISCAL YEAR 2002

NAMBE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHOLELITH / AC CHOLECYST	\$ 26,946.76	\$ 17,975.10	\$ -	\$ 17,975.10	1
AC ALCOHOLIC HEPATITIS	10,027.35	6,863.45	-	6,863.45	1
RECUR DISLOCAT-SHLDER	5,747.00	3,629.80	-	3,629.80	1
OPN WND ANTERIOR ABDOMEN	2,157.65	3,625.89	-	3,625.89	1
LUQ ABDOMINAL PAIN	2,651.60	1,699.42	-	1,699.42	1
PAIN IN THORACIC SPINE	2,588.00	1,634.58	-	1,634.58	1
SKIN SENSATION DISTURB	1,200.00	1,200.00	-	1,200.00	1
CVA	11,598.40	5,965.88	5,153.88	812.00	1
CHR HEPATITIS C W/O COMA	1,244.70	797.73	-	797.73	1
PERFORATION OF INTESTINE	14,854.15	5,759.40	4,967.40	792.00	1
	\$ 79,015.61	\$ 49,151.25	\$ 10,121.28	\$ 39,029.97	10

FISCAL YEAR 2003

NAMBE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
ALCOHOL CIRRHOSIS LIVER	\$ 43,187.05	\$ 32,980.20	\$ -	\$ 32,980.20	2
POISONING-OPIATES NEC	21,099.04	21,099.04	-	21,099.04	1
CALCULUS OF KIDNEY	21,811.95	17,449.56	-	17,449.56	2
DIVERTICULITIS OF COLON	15,455.40	12,364.32	-	12,364.32	1
SEPTICEMIA NOS	14,898.11	11,918.49	-	11,918.49	1
MALIG NEOPL KIDNEY	13,760.40	11,008.32	-	11,008.32	2
ACUTE APPENDICITIS NOS	12,226.54	9,781.23	-	9,781.23	1
INTERTROCHANTERIC FX-CL	16,497.00	8,712.58	-	8,712.58	1
BRAIN LACERATION NEC	12,099.45	7,375.44	-	7,375.44	1
RECURR MAJR DEPRESS-UNSP	8,385.04	6,708.03	-	6,708.03	1
	\$ 179,419.98	\$ 139,397.21	\$ -	\$ 139,397.21	13

FISCAL YEAR 2000 SAN FELIPE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 162,601.24	\$ 159,474.86	\$ 112,651.54	\$ 46,823.32	80
ACUTE PANCREATITIS	132,868.70	44,982.73	-	44,982.73	2
MITRAL STENOSIS	37,801.55	37,297.55	-	37,297.55	1
MALIGN NEOPL BREAST NOS	36,799.80	35,485.80	-	35,485.80	12
AORTIC VALVE DISORDER	65,876.88	31,173.39	-	31,173.39	2
OTH CARDIAC DYSRHYTHMIAS	23,074.45	11,814.16	-	11,814.16	2
CONG PYLORIC STENOSIS	5,111.00	11,130.00	-	11,130.00	1
FX FEMUR INTRCAPS NEC-CL	25,223.00	8,290.92	-	8,290.92	1
OPEN WND FINGER W TENDON	15,354.00	7,420.00	-	7,420.00	1
IATROGENIC PUL EMBO/INFR	6,137.00	6,763.87	-	6,763.87	1
	\$ 510,847.62	\$ 353,833.28	\$ 112,651.54	\$ 241,181.74	103

FISCAL YEAR 2001 SAN FELIPE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 263,281.91	\$ 262,630.35	\$ 174,538.91	\$ 88,091.44	106
CIRRHOSIS OF LIVER NOS	15,659.75	24,115.00	-	24,115.00	1
PORTAL HYPERTENSION	12,402.20	22,249.99	-	22,249.99	1
ACUTE PANCREATITIS	7,865.00	12,985.00	-	12,985.00	1
SUBDURAL HEMORRHAGE	19,480.00	11,130.00	-	11,130.00	1
ATRIAL FIBRILLATION	17,345.91	9,098.20	-	9,098.20	1
PART EPIL NEC-NOT INTRCT	7,550.00	7,420.00	-	7,420.00	1
OPEN WOUND OF LIP	27,336.00	7,420.00	-	7,420.00	1
MANDIBLE FX NOS-CLOSED	5,096.85	6,842.17	-	6,842.17	1
HEPATIC COMA	14,137.50	6,134.10	-	6,134.10	1
	\$ 390,155.12	\$ 370,024.81	\$ 174,538.91	\$ 195,485.90	115

FISCAL YEAR 2002 SAN FELIPE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 190,042.69	\$ 181,561.85	\$ 142,759.66	\$ 38,802.19	94
OTHER POSTOP INFECTION	19,435.66	17,719.49	-	17,719.49	1
FX LUMBAR VERTEBRA-CLOSE	47,071.15	16,363.61	-	16,363.61	1
OP SK VLT FX IC HEM-NEC	33,288.83	16,312.00	-	16,312.00	1
CL BASE FX IC HEM - BR	26,600.33	16,312.00	-	16,312.00	1
ACUTE PANCREATITIS	19,336.76	12,384.09	-	12,384.09	3
LOCALIZED ADIPOSITY	7,536.17	9,803.11	-	9,803.11	1
COMP D/T RENAL DIALY DEV	54,694.87	30,624.73	22,163.14	8,461.59	6
LOC OSTEOARTH NOS-L/LEG	25,956.00	8,367.86	-	8,367.86	1
OPN WND LARYNX W TRACHEA	12,358.25	8,156.00	-	8,156.00	1
	\$ 436,320.71	\$ 317,604.74	\$ 164,922.80	\$ 152,681.94	110

FISCAL YEAR 2003 SAN FELIPE PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
DELIRIUM TREMENS	\$ 127,353.65	\$ 38,317.00	\$ -	\$ 38,317.00	2
CHRONIC RENAL FAILURE	232,956.48	147,916.47	113,273.92	34,642.55	70
3RD DEG BURN HAND NOS	17,865.16	28,546.00	-	28,546.00	1
DIAB CIRCULAT DIS TYP II	17,927.97	24,468.00	-	24,468.00	1
3RD DEG BURN ABDOMN WALL	7,767.42	20,390.00	-	20,390.00	1
POST TRAUM PULM INSUFFIC	23,748.25	19,941.96	-	19,941.96	1
TRANSVERSE COLON INJ-OPN	13,242.70	18,788.02	-	18,788.02	1
FX C6 VERTEBRA-CLOSED	23,366.33	18,693.07	-	18,693.07	1
CELLULITIS OF TRUNK	46,545.93	17,253.56	-	17,253.56	2
ACUTE PANCREATITIS	19,713.29	15,770.63	-	15,770.63	2
	\$ 530,487.18	\$ 350,084.71	\$ 113,273.92	\$ 236,810.79	82

FISCAL YEAR 2000 SAN ILDEFONSO PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 26,775.76	\$ 26,775.76	\$ -	\$ 26,775.76	12
CONGESTIVE HEART FAILURE	20,237.00	6,629.73	-	6,629.73	1
PORTAL HYPERTENSION	14,520.49	5,854.94	-	5,854.94	2
RECURR MAJR DEPRESS-UNSP	6,520.00	3,715.68	-	3,715.68	1
OTHER CONVULSIONS	3,715.00	3,710.00	-	3,710.00	1
TOXIC EFF ETHYL ALCOHOL	1,439.00	3,207.75	-	3,207.75	1
CAROTD ART OCC NO INFARC	3,350.40	1,831.33	-	1,831.33	1
FX MEDIAL MALLEOLUS-CLOS	1,967.94	1,105.21	-	1,105.21	1
CIRRHOIS OF LIVER NOS	2,190.40	1,017.47	-	1,017.47	1
PART DETACH-SINGL DEFEC	6,320.00	2,937.67	2,161.67	776.00	1
	\$ 87,035.99	\$ 56,785.54	\$ 2,161.67	\$ 54,623.87	22

FISCAL YEAR 2001 SAN ILDEFONSO PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
SUPPURAT PERITONITIS NEC	\$ 108,260.05	\$ 35,767.49	\$ -	\$ 35,767.49	1
INTESTINAL DISORDERS-NEC	19,242.75	17,407.80	-	17,407.80	1
CVA	9,515.20	6,168.00	-	6,168.00	1
INTERMED CORONARY SYND	8,104.07	5,315.93	-	5,315.93	1
MAJOR DEPRESS DIS-UNSPEC	3,500.00	3,927.84	-	3,927.84	1
ABDOMINAL PAIN-SITE NOS	4,132.00	2,648.21	-	2,648.21	2
RADIOTHERAPY ENCOUNTER	4,427.25	2,419.93	-	2,419.93	2
ESOPHAGEAL REFLUX	2,116.00	2,326.41	-	2,326.41	1
OPEN WOUND OF FACE NEC	3,378.95	1,846.91	-	1,846.91	1
HEADACHE	1,947.95	1,198.42	-	1,198.42	2
	\$ 164,624.22	\$ 79,026.94	\$ -	\$ 79,026.94	13

FISCAL YEAR 2002 SAN ILDEFONSO PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
ACUTE PANCREATITIS	\$ 8,327.25	\$ 7,075.87	\$ -	\$ 7,075.87	2
CAROTD ART OCC NO INFARC	9,798.15	6,279.63	-	6,279.63	1
CHR GASTRIC ULC-W HEM	23,697.95	5,026.09	-	5,026.09	1
FX MALAR/MAXILLARY-CLOSE	5,364.40	4,502.34	-	4,502.34	1
CORPUS LUTEUM CYST	12,370.30	4,290.49	-	4,290.49	1
CHR SEROUS OM SIMP/NOS	1,500.00	1,500.00	-	1,500.00	1
OTHER POSTOP INFECTION	10,414.65	5,436.89	3,936.89	1,500.00	1
BENIGN NEOPLASM LG BOWEL	1,982.83	1,448.80	-	1,448.80	2
ABDOMINAL PAIN-SITE NOS	2,123.85	1,386.13	-	1,386.13	2
CHOLEDOCHOLITHIASIS/NOS	2,104.70	1,348.91	-	1,348.91	1
	\$ 77,684.08	\$ 38,295.15	\$ 3,936.89	\$ 34,358.26	13

FISCAL YEAR 2003 SAN ILDEFONSO PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
PNEUMONIA, ORGANISM NOS	\$ 6,534.70	\$ 19,941.96	\$ -	\$ 19,941.96	1
CL SK VLT FX C LAC-NOS	17,673.96	14,139.17	-	14,139.17	1
	20,648.60	5,481.12	-	5,481.12	1
ENDOCARDITIS UNSPECIFIED	7,292.65	4,971.11	-	4,971.11	1
SPRAIN LUMBAR REGION	6,141.90	3,347.00	-	3,347.00	1
OVARIAN CYST NEC/NOS	2,521.80	3,312.00	-	3,312.00	1
GENERALIZED ABD PAIN	2,959.00	2,367.20	-	2,367.20	1
CHEST PAIN NOS	3,031.00	2,015.04	-	2,015.04	1
BLADDER CALCULUS NEC	2,792.80	1,857.20	-	1,857.20	1
CHR PULMON HEART DIS NEC	3,621.35	2,408.19	681.12	1,727.07	2
	\$ 73,217.76	\$ 59,839.99	\$ 681.12	\$ 59,158.87	11

FISCAL YEAR 2000 SAN JUAN PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
FX DORSAL VERTEBRA-CLOSE	\$ 6,092.00	\$ 20,405.00	\$ -	\$ 20,405.00	1
CORNARY ATHERO-NATV VESL	79,359.29	33,472.23	15,995.83	17,476.40	3
CHRONIC RENAL FAILURE	64,765.39	64,765.39	48,128.05	16,637.34	31
ACUTE RENAL FAILURE NOS	30,438.13	14,919.75	-	14,919.75	2
FX RADIUS SHAFT-CLOSED	19,318.12	12,985.00	-	12,985.00	1
CALC GB/BDUCT W/OBSTR	31,808.95	11,784.36	-	11,784.36	1
LUMBAR DISC DISPLACEMENT	13,730.00	11,094.38	-	11,094.38	4
UNSPEC LEUKEMIA/S REMISS	22,711.50	10,549.61	-	10,549.61	5
CHRONIC CHOLECYSTITIS	5,767.25	8,630.97	-	8,630.97	1
APLASTIC ANEMIA NOS	15,905.62	7,737.29	-	7,737.29	2
	\$ 289,896.25	\$ 196,343.98	\$ 64,123.88	\$ 132,220.10	51

FISCAL YEAR 2001 SAN JUAN PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 57,926.24	\$ 57,926.24	\$ 39,939.04	\$ 17,987.20	32
OPN WOUND SCROTUM/TESTES	8,988.00	14,784.44	-	14,784.44	1
SUPRACONDYL FX FEMUR-OPN	16,936.00	9,323.86	-	9,323.86	1
TRANS CEREB ISCHEMIA NOS	3,200.00	5,565.00	-	5,565.00	1
DIAB RENAL MANIF TYPE II	3,016.00	5,207.48	-	5,207.48	1
ANOMALY OF SPINE NEC	8,237.55	4,986.24	-	4,986.24	1
OLD DISRUPT ANT CRUCIATE	6,911.00	4,364.99	-	4,364.99	1
RECURR MAJR DEPRESS-UNSP	7,774.20	3,734.68	-	3,734.68	1
MALFUN NEURO DEVICE/GRAF	9,274.65	3,710.00	-	3,710.00	1
SUPRCONDYL FX HUMERUS-CL	5,820.00	3,675.91	-	3,675.91	1
	\$ 128,083.64	\$ 113,278.84	\$ 39,939.04	\$ 73,339.80	41

FISCAL YEAR 2002 SAN JUAN PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
HYPOVOLEMIA	\$ 101,014.30	\$ 78,924.53	\$ -	\$ 78,924.53	1
SPLEEN DISEASE NEC	117,233.85	78,924.53	-	78,924.53	1
LIVER LACERATION NOS	143,637.82	65,248.00	-	65,248.00	1
CHRONIC RENAL FAILURE	64,575.60	63,026.16	26,348.47	36,677.69	30
CORNARY ATHERO-NATV VESL	60,362.45	18,904.18	2,404.14	16,500.04	2
LATRL AMI NEC-INIT EPISD	38,828.66	16,247.69	-	16,247.69	2
OPEN WOUND-CHEST/S COMP	15,874.91	15,753.26	-	15,753.26	1
RADIOTHERAPY ENCOUNTER	20,537.70	13,657.58	-	13,657.58	3
OLD DISRUPT ANT CRUCIATE	17,994.00	11,364.97	-	11,364.97	2
REHABILITATION PROC NEC	38,250.20	20,829.55	9,555.00	11,274.55	7
	\$ 618,309.49	\$ 382,880.45	\$ 38,307.61	\$ 344,572.84	50

FISCAL YEAR 2003 SAN JUAN PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 85,601.89	\$ 84,214.39	\$ 32,180.15	\$ 52,034.24	39
OSTEOMYELIT NOS-OTH SITE	21,487.33	17,189.86	-	17,189.86	2
LATRL AMI NEC-INIT EPISD	36,723.20	14,869.29	-	14,869.29	1
CALCULUS OF KIDNEY	19,786.55	14,683.24	-	14,683.24	2
CORTEX CONTUS-CONCUS NOS	16,462.34	13,169.88	-	13,169.88	1
COMP D/T RENAL DIALY DEV	32,424.90	19,215.28	12,017.70	7,197.58	4
OTH ENTEROVIRAL CNS DIS	41,215.00	7,191.54	-	7,191.54	1
ALCOHOL WITHDRAWAL	20,685.00	6,298.25	-	6,298.25	2
FX TRIMALLEOLAR-CLOSED	8,243.00	5,206.27	-	5,206.27	1
CELLULITIS OF LEG	10,373.80	4,256.74	-	4,256.74	1
	\$ 293,003.01	\$ 186,294.74	\$ 44,197.85	\$ 142,096.89	54

FISCAL YEAR 2000 SANTA CLARA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
BENIGN NEO PITUITARY	\$ 38,415.60	\$ 32,887.25	\$ 10,362.17	\$ 22,525.08	4
CHRONIC RENAL FAILURE	42,562.96	42,562.96	29,678.85	12,884.11	23
RECURR MAJR DEPRESS-UNSP	13,232.70	11,704.92	-	11,704.92	3
3RD DEG BURN LOW LEG	12,917.08	11,130.00	-	11,130.00	1
AMNIOTIC INFECTION-DELIV	8,339.00	9,275.00	-	9,275.00	1
MALIGN NEOPL OVARY	16,278.77	8,627.77	-	8,627.77	9
CEREBR THROMB W INFARCT	32,845.15	5,642.72	-	5,642.72	1
CEREBR ART OCC W INFARCT	7,049.20	5,605.85	-	5,605.85	1
HEAD INJURY, UNSPEC	10,868.00	4,867.12	-	4,867.12	2
DIAB RENAL MANIF TYPE II	4,930.69	4,782.38	-	4,782.38	1
	\$ 187,439.15	\$ 137,085.97	\$ 40,041.02	\$ 97,044.95	46

FISCAL YEAR 2001 SANTA CLARA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
SUPPURAT PERITONITIS NEC	\$ 70,415.26	\$ 21,260.58	\$ -	\$ 21,260.58	1
CHRONIC RENAL FAILURE	63,458.93	63,458.93	48,861.20	14,597.73	32
ADJUST CARDIAC PACEMAKER	18,805.25	12,052.28	-	12,052.28	1
CHEMOTHERAPY ENCOUNTER	9,556.11	7,685.24	-	7,685.24	4
ACUTE PANCREATITIS	15,219.54	7,990.74	514.52	7,476.22	2
AC APPEND W PERITONITIS	9,614.65	6,534.79	-	6,534.79	1
TRAUM PNEUMOHETHOR-OPN	19,391.76	6,315.81	-	6,315.81	1
CONGESTIVE HEART FAILURE	10,124.06	5,415.16	-	5,415.16	2
MALIGN NEOPL OVARY	14,510.09	5,167.19	-	5,167.19	7
PHLEBITIS INTRCRAN SINUS	16,399.20	5,068.95	-	5,068.95	1
	\$ 247,494.85	\$ 140,949.67	\$ 49,375.72	\$ 91,573.95	52

FISCAL YEAR 2002 SANTA CLARA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
SUBEND INFARC-INIT EPISD	\$ 65,566.67	\$ 20,670.11	\$ -	\$ 20,670.11	2
CORNARY ATHERO-NATV VESL	83,264.70	23,342.56	3,841.66	19,500.90	2
CHEST PAIN NOS	33,036.85	17,613.03	1,725.35	15,887.68	6
CHRONIC RENAL FAILURE	71,412.14	71,397.73	56,090.35	15,307.38	27
CONGESTIVE HEART FAILURE	20,281.90	12,066.20	4,426.06	7,640.14	2
ANOMALOUS AV EXCITATION	15,013.58	6,830.97	-	6,830.97	1
FX MALAR/MAXILLARY-CLOSE	13,844.55	6,659.87	-	6,659.87	1
FX HUMER, CONDYL NOS-OPN	19,842.00	6,512.82	-	6,512.82	1
OLD DISRUPT ANT CRUCIATE	9,921.00	6,266.09	-	6,266.09	1
VIRAL MENINGITIS NOS	10,425.00	6,124.02	-	6,124.02	1
	\$ 342,608.39	\$ 177,483.40	\$ 66,083.42	\$ 111,399.98	44

FISCAL YEAR 2003 SANTA CLARA PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
MALIGNANT NEOPL RECTUM	\$ 35,591.37	\$ 29,776.38	\$ -	\$ 29,776.38	4
RADIOTHERAPY ENCOUNTER	32,676.60	26,141.28	-	26,141.28	4
SPONT PNEUMOTHORAX NEC	18,861.20	16,931.09	-	16,931.09	1
CHRONIC RENAL FAILURE	56,543.45	56,543.45	45,157.95	11,385.50	22
TRAUM HEMOTHORAX-CLOSED	28,525.00	8,784.68	-	8,784.68	1
FRACTURE PATELLA-CLOSED	15,881.80	6,660.55	-	6,660.55	1
MALIGN NEOPL PROSTATE	12,702.80	6,639.83	-	6,639.83	2
CHR PULMON HEART DIS NEC	9,028.75	6,586.82	-	6,586.82	1
ESOPHAGEAL HEMORRHAGE	14,793.75	5,481.12	-	5,481.12	1
CHEST PAIN NOS	7,004.55	5,448.12	-	5,448.12	2
	\$ 231,609.27	\$ 168,993.32	\$ 45,157.95	\$ 123,835.37	39

FISCAL YEAR 2000 SANTO DOMINGO PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
PHYSICAL THERAPY NEC	\$ 41,011.97	\$ 32,603.00	\$ -	\$ 32,603.00	1
FRACTURE ACETABULUM-CLOS	50,422.10	29,680.00	-	29,680.00	1
CHRONIC RENAL FAILURE	55,703.66	55,703.66	31,893.28	23,810.38	33
ACUTE RENAL FAILURE NOS	11,050.00	14,840.00	-	14,840.00	1
SEPTICEMIA NOS	14,900.65	13,159.80	-	13,159.80	2
ACUTE APPENDICITIS NOS	19,382.51	12,491.37	-	12,491.37	3
BENIGN NEOPLASM ADRENAL	17,853.45	10,862.17	-	10,862.17	1
JT DERANGMENT NOS-PELVIS	16,469.45	9,721.92	-	9,721.92	1
NASAL BONE FX-CLOSED	18,027.00	9,275.00	-	9,275.00	1
CALCULUS OF URETER	17,889.90	8,954.71	-	8,954.71	3
	\$ 262,710.69	\$ 197,291.63	\$ 31,893.28	\$ 165,398.35	47

FISCAL YEAR 2001 SANTO DOMINGO PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CL BASE FX OTH INJ - NOS	\$ 45,145.25	\$ 76,842.17	\$ -	\$ 76,842.17	1
CHRONIC RENAL FAILURE	83,261.01	83,261.01	47,178.06	36,082.95	39
PELV FX-CLOS/PELV DISRUP	79,553.60	33,390.00	-	33,390.00	1
RADIOTHERAPY ENCOUNTER	81,478.07	41,911.64	15,443.28	26,468.36	10
VARICES OF OTHER SITES	27,294.10	20,991.67	-	20,991.67	1
INFLAM/TOX NEUROPTHY NEC	12,133.00	14,840.00	-	14,840.00	1
CALC GB & BDUCT W/O OBST	20,393.97	12,471.84	-	12,471.84	1
COMP D/T RENAL DIALY DEV	30,914.25	11,857.64	-	11,857.64	1
NASAL BONE FX-CLOSED	14,281.00	9,275.00	-	9,275.00	1
SUBDURAL HEM W/O COMA	1,966.10	8,812.63	-	8,812.63	1
	\$ 396,420.35	\$ 313,653.60	\$ 62,621.34	\$ 251,032.26	57

FISCAL YEAR 2002 SANTO DOMINGO PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
HEMOPERICARDIUM	\$ 62,488.44	\$ 62,488.44	\$ -	\$ 62,488.44	1
MITRAL INSUF/AORT STENOS	48,533.63	31,527.66	-	31,527.66	1
REHABILITATION PROC NEC	46,581.60	30,600.00	-	30,600.00	3
HEAD INJURY, UNSPEC	30,930.68	26,356.20	-	26,356.20	4
CHRONIC RENAL FAILURE	69,639.86	67,674.72	45,493.90	22,180.82	34
PERITONEUM INJURY-OPEN	10,562.46	14,813.42	-	14,813.42	1
CALC GB & B DUCT W/O OBS	20,936.21	13,517.12	-	13,517.12	2
POISON-INSULIN/ANTIDIAB	63,364.85	12,777.23	-	12,777.23	1
LUNG CONTUSION-CLOSED	12,626.36	8,156.00	-	8,156.00	1
FX TRIMALLEOLAR-OPEN	19,141.15	7,989.19	-	7,989.19	1
	\$ 384,805.24	\$ 275,899.98	\$ 45,493.90	\$ 230,406.08	49

FISCAL YEAR 2003 SANTO DOMINGO PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
DIAPHRAGM INJURY-OPEN	\$ 66,191.79	\$ 52,953.43	\$ -	\$ 52,953.43	1
TRAU SUBDUR HEM-LOC NOS	35,280.47	35,280.47	-	35,280.47	1
SUBDURAL HEMORRHAGE	41,633.45	33,306.76	-	33,306.76	1
DIAB KETOACIDOSIS TYP II	41,231.13	32,172.70	-	32,172.70	2
OTH GRAM-NEG SEPTICEMIA	36,143.17	28,914.54	-	28,914.54	1
AC/SUBAC BACT ENDOCARD	78,398.45	25,587.24	-	25,587.24	1
MALIG NEOPL STOMACH NEC	24,448.15	23,903.94	-	23,903.94	2
TRAUM HEMOTHORAX-CLOSED	32,765.70	23,318.45	-	23,318.45	2
FX MALAR/MAXILLARY-CLOSE	64,509.19	22,429.00	-	22,429.00	1
OBSTR VENTRAL HERNIA NOS	36,012.10	18,788.02	-	18,788.02	1
	\$ 456,613.60	\$ 296,654.55	\$ -	\$ 296,654.55	13

FISCAL YEAR 2000 **TESUQUE PUEBLO**

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
PERITONSILLAR ABSCESS	\$ 2,314.00	\$ 5,658.79	\$ -	\$ 5,658.79	1
CHRONIC RENAL FAILURE	24,148.68	24,148.68	19,098.87	5,049.81	14
CORNARY ATHERO-NATV VESL	3,931.05	2,148.72	-	2,148.72	1
UNILAT INGUINAL HERNIA	3,650.40	3,003.62	2,227.62	776.00	1
SKIN SENSATION DISTURB	882.00	482.10	-	482.10	1
TACHYCARDIA NOS	4,612.00	2,439.35	2,058.07	381.28	1
OPEN WOUND OF SCALP	1,083.30	592.12	352.46	239.66	1
COMP D/T RENAL DIALY DEV	5,665.65	487.46	309.10	178.36	2
REHABILITATION PROC NEC	342.00	158.88	-	158.88	6
BENIGN NEOPLASM LG BOWEL	896.10	416.24	308.71	107.53	1
	\$ 47,525.18	\$ 39,535.96	\$ 24,354.83	\$ 15,181.13	29

FISCAL YEAR 2001 **TESUQUE PUEBLO**

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 26,608.37	\$ 26,608.37	\$ 21,287.74	\$ 5,320.63	12
MALIGN NEOPL BREAST NOS	4,149.45	2,659.38	-	2,659.38	3
RECURR MAJR DEPRESS-UNSP	1,450.00	1,030.00	-	1,030.00	1
PROPIONIC ACID DERIVITIV	1,647.00	900.25	-	900.25	1
ANTER AMI NEC-INIT EPISD	16,742.92	5,840.22	5,048.22	792.00	1
SWELLING OF LIMB	1,071.60	686.79	-	686.79	1
OPEN WOUND OF FOREARM	762.55	416.81	-	416.81	1
OTHER CONVULSIONS	477.40	305.97	-	305.97	1
RENAL HYPERT NOS&FAILURE	527.60	288.38	-	288.38	1
ABN LIVER FUNCTION STUDY	437.11	238.92	-	238.92	1
	\$ 53,874.00	\$ 38,975.09	\$ 26,335.96	\$ 12,639.13	23

FISCAL YEAR 2002 **TESUQUE PUEBLO**

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
ANTER AMI NEC-INIT EPISD	\$ 32,177.69	\$ 16,505.62	\$ -	\$ 16,505.62	2
RADIOTHERAPY ENCOUNTER	16,811.65	10,774.54	-	10,774.54	2
CORTICAL SENILE CATARACT	2,335.00	2,335.00	-	2,335.00	1
CATARACT NEC	2,335.00	2,335.00	-	2,335.00	1
SYNCOPE AND COLLAPSE	1,547.90	992.06	-	992.06	1
GASTROINTEST HEMORR NOS	1,411.35	938.55	-	938.55	1
REHABILITATION PROC NEC	1,377.00	915.71	-	915.71	3
VITREOUS HEMORRHAGE	4,143.56	773.34	-	773.34	1
ALCOH DEP NEC/NOS-UNSPEC	1,049.00	662.55	-	662.55	1
ALCOHOL CIRRHOSIS LIVER	757.40	503.67	-	503.67	1
	\$ 63,945.55	\$ 36,736.04	\$ -	\$ 36,736.04	14

FISCAL YEAR 2003 **TESUQUE PUEBLO**

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
AC ALCOHOLIC HEPATITIS	\$ 48,624.20	\$ 7,101.20	\$ -	\$ 7,101.20	1
RADIOTHERAPY ENCOUNTER	9,609.60	6,390.39	-	6,390.39	2
CALCULUS OF KIDNEY	8,107.75	5,391.66	-	5,391.66	1
ABDOMINAL PAIN-SITE NOS	2,109.65	1,687.72	-	1,687.72	1
CORNARY ATHERO-NATV VESL	29,682.95	11,544.90	9,864.90	1,680.00	2
TRANSIENT AWARE ALTERAT	1,777.40	1,386.41	-	1,386.41	1
SYNCOPE AND COLLAPSE	1,358.40	1,086.72	-	1,086.72	1
RUQ ABDOMINAL PAIN	1,231.25	985.00	-	985.00	1
OTHER CONVULSIONS	1,394.90	927.61	-	927.61	1
ESOPHAGEAL REFLUX	6,308.25	4,415.54	3,575.54	840.00	1
	\$ 110,204.35	\$ 40,917.15	\$ 13,440.44	\$ 27,476.71	12

Appendix P: Preliminary RRM For Santa Fe Indian Hospital

This information was developed using Health Systems Planning Software for Santa Fe Indian Hospital with inpatient population of 22,553 which includes Active User Populations from all SFSU tribes plus Taos, Picuris, Jicarilla and a percentage of tribes from Albuquerque Service Unit that contract directly with SFSU for inpatient services.



RRM2004_112142004

Last Update: 11/24/04

Today's Date: 12/21/05 5:57 PM

RRM FACILITY IDENTIFICATION INFORMATION

(USER INPUT ARE IN YELLOW CELLS, BLUE CELLS WILL OVERRIDE FORMULAS)

1.	HSP Project Name:			
2.	Facility Name:		SANTA FE HOSPITAL(2015) MP	
3.	Contact:			
	Telephone No:			
4.	Area - Name		ALBUQUERQU	
5.	Service Unit - Name		SANTA FE	
	- Code			
6.	Facility - Code			
	Type of Facility		Hospital	
				TOTAL RRM STAFFING:
				266.00
FACILITY SPACE ESTIMATES			Metric (m²):	
	Calculated Space Estimate:		18,242	m ²
7.	In-Patient Treatment Space:		1,036	m ²
8.	Ambulatory Treatment Space:		7,824	m ²
9.	Other:			m ²
10.	Other:		-	m ²
11.	HSP Build Area less Amb and Inp			m ²
	Space Total:		8,860	m ²
12.	Number of Quarters:			
13.	Quarters Space:		-	m ²
	TOTAL SQUARE METERS:		8,860	m ²
14.	Parking Spaces		-	spaces
GROUND ESTIMATES				
	Calculated Area:		6	ha
15.	Area of Grounds (Override):			ha
POPULATION				
16.	Inpatient		22,553	
17.	Ambulatory		4,465	
18.	Eye Care		4,465	
19.	Audiology		4,465	
20.	Dental		4,465	
21.	Social Services		4,465	
22.	Mental Health		4,465	
23.	Nutrition		4,465	
24.	Public Health Nursing	Census Here	4465	4,465
25.	Emergency Medical Service		4,465	
26.	Health Education		4,465	
OTHER FACTORS				
27.	EMS Program?		NO	
28.	% Total Runs Purchased			
29.	Sq. Kilometers Served			
30.	Driving time 100km or over 90 min to nearest ER?		No	
31.	Driving time 64km or over 60 min to nearest ER?		No	
32.	Patron Rations?		YES	
33.	24-Hour Security?		YES	
				TOTAL RRM STAFFING:
				266.00

There are overrides in the EMS worksheet that can be used to override the calculated workloads. There is also some additional cost information available in the EMS worksheet.



RRM STAFFING NEEDS SUMMARY

Last Update:

11/24/04

Program: **SANTA FE HOSPITAL(2015) MP**

Today's Date:

12/21/05 6:09 PM

RRM Category Staffing Category		FTEs	Staff Round
INPATIENT CARE			Discipline I
11.00	Acute Care Nursing		
	INPATIENT PHYSICIANS		
	Chief of Service	1.80	
	GM Physician	2.08	
	Peds. Physician	0.00	
	OB/GYN Physician	0.00	
	Clerical Support	3.15	
	SURGEONS	7.03	7
	General Surgeon	6.96	
	OB/GYN Surgeon	0.00	
	Nurse/Midwife	0.00	
	Anesthesiologist	3.58	
	NURSING	10.54	11.0
	Nursing Administration	0.00	
	Admin. Clerical Support	0.00	
	GM/SURG-Registered Nurse	0.00	
	GM/SURG-LPN/Technician	0.00	
	GM/SURG-Clerical Support	0.00	
	PED-Registered Nurse	0.00	
	PED-LPN/Technician	0.00	
	PED-Clerical Support	0.00	
	OB/L&D-Registered Nurse	0.00	
	OB/L&D, LPN/Technician	0.00	
	OB/L&D- Clerical Support	0.00	
	Newborn-LPN/Technician	0.00	
	Newborn-Clerical Support	0.00	
	Nursery, RN, Fixed	0.00	
	Nursery LPN/Technician	0.00	
	Nursery, Clerical Support	0.00	
	ICU, RN	0.00	
	ICU, Clerical Support	0.00	
	Step-Down Unit, RN,	0.00	
	Step-Down Unit, LPN	0.00	
	Step-Down Unit, Clerical Support	0.00	
	OR RN	6.11	
	OR, LPN/Technician	3.79	
	Post Anesthesia Recovery, RN	2.06	
	Ambulatory Surgery, RN	0.00	
	Psych-RN, Fixed	7.00	
	Psych, LPN Technican	2.40	
	Psych, Clerical Support	1.00	
	Quality Improvement Nurse	0.00	
	Discharge Planning Nurse	0.00	
	Observ. Bed-Registered Nurse	0.00	
	Patient Escort, RN	0.00	
	Nurse Educator	0.00	
	SUBTOTAL:	22.37	22.0



RRM STAFFING NEEDS SUMMARY

Last Update:

11/24/04

Program: **SANTA FE HOSPITAL(2015) MP**

Today's Date:

12/21/05 6:09 PM

RRM Category	Staffing Category	FTEs	Staff Rounded by Disci
INPATIENT DEVIATION(S)			
	INP_DEV1	0.00	
	INP_DEV2	0.00	
	INP_DEV3	0.00	
	INP_DEV4	0.00	
	INP_DEV5	0.00	
	INP_DEV6	0.00	
	INP_DEV7	0.00	
	INP_DEV8	0.00	
	INP_DEV9	0.00	
	SUBTOTAL:	0.00	0.0
	Subtotal Inpatient Services	39.94	40.0
AMBULATORY CARE			
EMERGENCY			
	ER/After Hours Staff	1.60	
	ER RN Supervisor	0.00	
	ER Medical Clerks	0.00	
	RNs, ER	0.00	
	SUBTOTAL:	1.60	2.0
AMBULATORY PHYSICIAN			
	Primary Care Provider	9.67	
	Specialty Care Provider	0.16	
	Primary Care Provider (CHAP)	0.00	
	EMS Medical Director	0.00	
	Clerical Support	2.27	
	SUBTOTAL:	12.10	12.0
AMBULATORY SURGERY			
	General Surgeon	0.00	
	SUBTOTAL:	0.00	0.0
NURSING AMBULATORY			
	Nurse Supervisor. (in Hosp. OPD)	1.00	
	Medical Clerk, Exec. Support, Hosp C	1.00	
	Nurse Manager	2.81	
	Registered Nurse, Core Activities	12.35	
	LPN	4.17	
	Clerical Support	3.93	
	RNs, Patient Escort	0.00	
	RNs, Ambulatory Clinic Observation	0.00	
	SUBTOTAL:	25.26	25.0
EYE CARE			
	Optometrist	0.00	
	Optometric Assistant	0.00	
	Optometric Technician	0.00	
	Ophthalmologist	0.00	
	Ophthalmologist Assistant	0.00	
	SUBTOTAL:	0.00	0.0



RRM STAFFING NEEDS SUMMARY

Last Update:

11/24/04

Program: **SANTA FE HOSPITAL(2015) MP**

Today's Date:

12/21/05 6:09 PM

RRM Category	Staffing Category	FTEs	Staff Rounded by Disci
AUDIOLOGY			
	Audiologist	0.00	
	Audiometric Technician	0.00	
	SUBTOTAL:	0.00	0.0
PHYSICAL THERAPY			
	Physical Therapist	0.82	
	SUBTOTAL:	0.82	1.0
CLERICAL POOL			
	PT, Audiology & Eye Care	1.18	1.0
DENTAL			
	Dentist	5.40	
	Dental Assistant	10.80	
	Dental Hygienist	1.35	
	Clerical Support	1.62	
	SUBTOTAL:	19.17	19.0
AMBULATORY DEVIATIONS			
	Ambulatory Deviation 1	0.00	
	Ambulatory Deviation 2	0.00	
	Ambulatory Deviation 3	0.00	
	Ambulatory Deviation 4	0.00	
	Ambulatory Deviation 5	0.00	
	Ambulatory Deviation 6	0.00	
	SUBTOTAL:	0.00	0.0
	Subtotal Ambulatory Clinics	60.13	60.0
CLINICAL SUPPORT (ANCILLARY SERVICES)			
LABORATORY			
	Medical Technologist	3.50	
	Medical Technician (CHA/P)	0.00	
	Medical Technician	2.75	
	SUBTOTAL:	6.25	6.0
PHARMACY			
	Pharmacist	8.99	
	Pharmacist (CHA/P)	0.00	
	Pharmacy Technician	3.43	
	SUBTOTAL:	12.43	12.0
DIAGNOSTIC IMAGING			
	Imaging Technologist	3.38	
	Imaging Technologist (CHA/P)	0.00	
	SUBTOTAL:	3.38	3.0



RRM STAFFING NEEDS SUMMARY

Last Update:

11/24/04

Program: **SANTA FE HOSPITAL(2015) MP**

Today's Date:

12/21/05 6:09 PM

RRM Category	Staffing Category	FTEs	Staff Rounded by Disci
MEDICAL RECORDS			
	Medical Records Administrator	1.00	
	Medical Records Technician	10.59	
	Medical Records Technician (CHA/P)	0.00	
	PCC Supervisor	1.61	
	PCC Data Entry Personnel	6.44	
	PCC Data Entry Personnel (CHA/P)	0.00	
	Coder	5.29	
	Medical Runner	0.72	
	SUBTOTAL:	25.65	26.0
RESPIRATORY THERAPY			
	Respiratory Staff	1.77	
	SUBTOTAL:	1.77	2.0
CLERICAL POOL			
	Lab, Pharm, & Imaging	1.18	1.0
RRM DEVIATIONS - ANCILLARY			
	ANCIL_DEV1	0.00	
	ANCIL_DEV2	0.00	
	ANCIL_DEV3	0.00	
	ANCIL_DEV4	0.00	
	SUBTOTAL:	0.00	0.0
	Subtotal Ancillary Services	50.65	50.0
COMMUNITY HEALTH			
PUBLIC HEALTH NUTRITION			
	Nutritionist	1.64	2.0
PUBLIC HEALTH NURSING			
	Public Health Nurse Manager	1.00	
	Public Health Nurse	5.64	
	Public Health Nurse - School	0.00	
	Clerical Support	0.71	
		7.36	7.0
HEALTH EDUCATION			
	Public Health Educator	1.12	1.0
OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING			
	OEHE RRM	11.00	11.0
BEHAVIORAL HEALTH SERVICES			
MENTAL HEALTH			
	Mental Health Staff	2.63	3.0
SOCIAL SERVICES			
	MSW Counselor Inpatient Only	0.45	
	Social Service Staff	1.60	
	SUBTOTAL:	2.05	2.0
CLERICAL POOL			
	Behavioral Health	1.18	1.0



RRM STAFFING NEEDS SUMMARY

Last Update:

11/24/04

Program: **SANTA FE HOSPITAL(2015) MP**

Today's Date:

12/21/05 6:09 PM

RRM Category	Staffing Category	FTEs	Staff Rounded by Disci
RRM DEVIATIONS - COMMUNITY HEALTH			
	CM_DEV1	0.00	
	CM_DEV2	0.00	
	CM_DEV3	0.00	
	CM_DEV4	0.00	
	CM_DEV5	0.00	
	CM_DEV6	0.00	
	CM_DEV7	0.00	
	CM_DEV8	0.00	
	CM_DEV9	0.00	
	CM_DEV10	0.00	
	CM_DEV11	0.00	
	CM_DEV12	0.00	
	SUBTOTAL:	0.00	0.0
	Subtotal Community Health Services	26.98	27.0
ADMINISTRATIVE SUPPORT			
ADMINISTRATION			
	Executive Staff	4.00	
	Admin. Support Staff	2.00	
	Clinical Director	1.00	
	SUBTOTAL:	7.00	7.0
FINANCIAL MANAGEMENT			
	Finance Staff	0.00	0.0
OFFICE SERVICES			
	Office Staff	6.35	6.0
CONTRACT HEALTH SERVICES			
	CHS Staff	1.50	
	CHS Manager	1.00	
	Utilization Review	0.30	
	SUBTOTAL:	2.80	3.0
BUSINESS OFFICE			
	Business Manager	1.00	
	Patient Registration Tech.	3.66	
	Benefit Coordinator	2.63	
	Billing Clerk	4.65	
	SUBTOTAL:	11.94	12.0
SITE MANAGEMENT/RPMS/MIS			
	Computer Programmer/Analyst	3.67	
	SUBTOTAL:	3.67	4.0
QUALITY MANAGEMENT			
	Performance Improvement Staff	2.57	
	Clerical Support	0.70	
	SUBTOTAL:	3.27	3.0



RRM STAFFING NEEDS SUMMARY

Last Update:

11/24/04

Program: **SANTA FE HOSPITAL(2015) MP**

Today's Date:

12/21/05 6:09 PM

RRM Category	Staffing Category	FTEs	Staff Rounded by Disci
CENTRAL SUPPLY			
	Central Supply Staff	4.69	
	Medical Technician	0.00	
	SUBTOTAL:	4.69	5.0
INTERPRETERS			
	Interpreter	0.00	0.0
DRIVERS			
	Driver	2.21	2.0
RRM DEVIATIONS - ADMINISTRATION			
	ADM_DEV1	0.00	
	ADM_DEV2	0.00	
	ADM_DEV3	0.00	
	ADM_DEV4	0.00	
	SUBTOTAL:	0.00	0.0
	Subtotal Administration	41.93	42.0
FACILITY SUPPORT			
HOUSEKEEPING			
	Janitor/Housekeeper	13.79	14.0
FACILITY MAINTENANCE			
	Maintenance Staff	10.93	11.0
CLINICAL ENGINEERING			
	Clinical Engineering Staff	2.91	3.0
LAUNDRY			
	Laundry staff	1.56	2.0
FOOD SERVICES			
	Food Services Staff	8.40	8.0
MATERIALS MANAGEMENT			
	Warehouseman	3.28	3.0
STAFF HEALTH			
	Registered Nurse	0.81	
	Clerical Support	0.61	
	SUBTOTAL:	1.43	1.0
CLERICAL POOL			
	Facility Support	1.18	1.0
SECURITY			
		4.35	4.0
	Subtotal Facility Support	47.83	47.0
Emergency Medical Services			
EMS			
	EMT-B	0.00	
	EMT-I/P	0.00	
	Clerks	0.00	
	Supervisor	0.00	
		0.00	0.0
	Subtotal Emergency Medical Services	0.00	0.0
GRAND TOTAL		267.45	266.0



Appendix Q: Program Justification Documents (PJD) MIH



Current / Projected User Population... outpatient - (PC)

(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)

SANTA FE - SAN JUAN (RIO ARRIBA) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	5	56	66	72	87	55	116	123	88	38	36	742
prj) 2015	5	60	71	77	93	59	124	132	94	41	39	795
Female												
cur) 2001	18	70	85	78	60	74	121	136	98	75	86	901
prj) 2015	19	75	91	83	64	79	129	145	105	80	92	962

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	5	56	66	72	87	55	116	123	88	38	36	742
prj) 2015	5	60	71	77	93	59	124	132	94	41	39	795
Female												
cur) 2001	18	70	85	78	60	74	121	136	98	75	86	901
prj) 2015	19	75	91	83	64	79	129	145	105	80	92	962
Combined												
cur) 2001	23	126	151	150	147	129	237	259	186	113	122	1643
prj) 2015	24	135	162	160	157	138	253	277	199	121	131	1757

Average Age for the Service Unit: 31.2

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity</u>	<u>Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Acute Care</u>								
Medical Bed days	2001	167	50	117				
	2015	176	53	125				
Pediatric Bed days	2001	81	11	70				
	2015	85	12	73				
Surgical Bed days	2001	112	40	72				
	2015	119	43	76				
<u>Audiology</u>								
Audiology Visits	2001	183		183				
	2015	195		195				
<u>Clinical Engineering</u>								
Clinical Engineering	2001	117			117		117	
	2015	125			125		125	
<u>Dental Care</u>								
Dental Service Minutes	2001	156085		156085				
	2015	166915		166915				
<u>Diagnostic Imaging</u>								
CT/MRI Exams	2001	15	15					
	2015	16	16					
Fluoroscopy Exams	2001	42		42				
	2015	45		45				
General Radiography	2001	613		613				
	2015	655		655				
MAMMOGRAPHY	2001	269		269				
	2015	287		287				
Ultrasound Exams	2001	84		84				
	2015	90		90				
<u>Education & Group Consultation</u>								
# of staff	2015	37			37		37	
<u>Emergency</u>								
Emergency Room Visits	2001	733			733		733	
	2015	785			785		785	
<u>Eye Care</u>								
Optometrist Visits	2001	532		532				
	2015	570		570				
<u>Facility Management</u>								
Service index	2001	5			5		5	
	2015	5			5		5	
<u>Housekeeping & Linen</u>								

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity</u>	<u>Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
Lbs of Linen	2001	2171			2171		2171	
	2015	2324			2324		2324	
<u>Intensive Care</u>								
Intensive Care bed days	2001	33	15	18				
	2015	35	16	19				
<u>Laboratory</u>								
Chem/Hema/Immun/Urin	2001	5275	317		4958		4958	
	2015	5641	338		5303		5303	
Histo/Cytology billable	2001	34	34					
	2015	36	36					
Microbiology billable tests	2001	1253	501		752		752	
	2015	1340	536		804		804	
Transfusion/BB billable	2001	101	2		99		99	
	2015	108	2		106		106	
<u>Mental Health</u>								
Mental Health Visits	2001	291			291		291	
	2015	308			308		308	
<u>Pharmacy</u>								
Inpatient Pharmacy	2001							
	2015							
Outpatient Pharmacy	2001	76223			76223		76223	
	2015	81500			81500		81500	
<u>Physical Therapy</u>								
Inpatient Physical Therapy	2001							
	2015							
OUTPATIENT PHYSICAL	2001	773		773				
	2015	829		829				
<u>Primary Care</u>								
Primary Care Provider	2001	5826			5826		5826	
	2015	6232			6232		6232	
<u>Property & Supply</u>								
Storage Index	2001	1486			1486		1486	
	2015	1589			1589		1589	
<u>Psychiatric Nursing</u>								
Psych Bed days	2001	26	6	20				
	2015	26	6	20				
<u>Public Health Nursing</u>								
Public Health Nursing	2001	509			509		509	
	2015	542			542		542	

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Respiratory Therapy</u>							
Respiratory Therapy work	2001	6976		6976			
	2015	7464		7464			
<u>Specialty Care</u>							
Specialist Visits	2001	296		296			
	2015	317		317			
<u>Sub-Acute</u>							
SubAcute Bed days	2001	132		132			
	2015	141		141			
<u>Surgery</u>							
Inpatient Episodes	2001	43	12	31			
	2015	46	13	33			
Outpatient Episodes	2001	51	14	37			
	2015	54	15	39			

Current / Projected User Population... outpatient clinic - (PC)

(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)

SANTA FE - COCHITI (SANDOVAL) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	5	26	33	33	29	35	48	41	35	24	39	348
prj) 2015	6	29	37	37	32	39	54	46	39	27	44	390
Female												
cur) 2001	5	18	33	41	35	25	52	53	31	37	52	382
prj) 2015	6	20	37	46	39	28	58	59	35	41	58	427

SANTA FE - COCHITI LAKE (SANDOVAL) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		2		1	1		1		1			6
prj) 2015		2		1	1		1		1			6
Female												
cur) 2001		3	1	1		4	3	4	2	1		19
prj) 2015		3	1	1		4	3	4	2	1		19

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	5	28	33	34	30	35	49	41	36	24	39	354
prj) 2015	6	31	37	38	33	39	55	46	40	27	44	396
Female												
cur) 2001	5	21	34	42	35	29	55	57	33	38	52	401
prj) 2015	6	23	38	47	39	32	61	63	37	42	58	446
Combined												
cur) 2001	10	49	67	76	65	64	104	98	69	62	91	755
prj) 2015	12	54	75	85	72	71	116	109	77	69	102	842

Average Age for the Service Unit: 33.3

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Acute Care</u>							
Medical Bed days	2001	88	26	62			
	2015	99	30	69			
Pediatric Bed days	2001	35	5	30			
	2015	38	5	34			
Surgical Bed days	2001	55	20	35			
	2015	62	22	40			
<u>Audiology</u>							
Audiology Visits	2001	93		93			
	2015	103		103			
<u>Clinical Engineering</u>							
Clinical Engineering	2001	55			55		55
	2015	61			61		61
<u>Dental Care</u>							
Dental Service Minutes	2001	71725		71725			
	2015	79990		79990			
<u>Diagnostic Imaging</u>							
CT/MRI Exams	2001	7	7				
	2015	8	8				
Fluoroscopy Exams	2001	20		20			
	2015	22		22			
General Radiography	2001	286		286			
	2015	319		319			
MAMMOGRAPHY	2001	129		129			
	2015	144		144			
Ultrasound Exams	2001	39		39			
	2015	44		44			
<u>Education & Group Consultation</u>							
# of staff	2015	26			26		26
<u>Emergency</u>							
Emergency Room Visits	2001	343		343			343
	2015	383		383			383
<u>Eye Care</u>							
Optometrist Visits	2001	247		247			
	2015	275		275			
<u>Facility Management</u>							
Service Index	2001	2			2		2
	2015	2			2		2
<u>Housekeeping & Linen</u>							

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
Lbs of Linen	2001	1015		1015		1015	
	2015	1133		1133		1133	
<u>Intensive Care</u>							
Intensive Care bed days	2001	18	8	10			
	2015	20	9	11			
<u>Laboratory</u>							
Chem/Hema/Immun/Urin	2001	2470	148	2322		2322	
	2015	2757	165	2592		2592	
Histo/Cytology billable	2001	16	16				
	2015	18	18				
Microbiology billable tests	2001	587	235	352		352	
	2015	655	262	393		393	
Transfusion/BB billable	2001	47	1	46		46	
	2015	53	1	52		52	
<u>Mental Health</u>							
Mental Health Visits	2001	130		130		130	
	2015	146		146		146	
<u>Pharmacy</u>							
Inpatient Pharmacy	2001						
	2015						
Outpatient Pharmacy	2001	35665		35665		35665	
	2015	39806		39806		39806	
<u>Physical Therapy</u>							
Inpatient Physical Therapy	2001						
	2015						
OUTPATIENT PHYSICAL	2001	385	385				
	2015	429	429				
<u>Primary Care</u>							
Primary Care Provider	2001	2720		2720		2720	
	2015	3034		3034		3034	
<u>Property & Supply</u>							
Storage Index	2001	694		694		694	
	2015	774		774		774	
<u>Psychiatric Nursing</u>							
Psych Bed days	2001	13	3	10			
	2015	14	3	11			
<u>Public Health Nursing</u>							
Public Health Nursing	2001	256		256		256	
	2015	288		288		288	

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity</u>	<u>Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Respiratory Therapy</u>								
Respiratory Therapy work	2001	3271		3271				
	2015	3652		3652				
<u>Specialty Care</u>								
Specialist Visits	2001	142		142				
	2015	159		159				
<u>Sub-Acute</u>								
SubAcute Bed days	2001	59		59				
	2015	65		65				
<u>Surgery</u>								
Inpatient Episodes	2001	20	6	14				
	2015	22	6	16				
Outpatient Episodes	2001	22	6	16				
	2015	23	6	17				

Program Justification Document

Project Name: San Felipe HC(2015) - Community: San Felipe Pueblo, State: New Mexico

Project Number: AL04SA004S7

Current / Projected User Population... outpatient - (PC)

(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)

SANTA FE - SAN FELIPE (SANDOVAL)

M/S: cur) 100.00 prj) 100.00

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	25	144	153	145	123	105	203	165	91	64	55	1273
prj) 2015	28	161	171	162	138	117	227	185	102	72	62	1425
Female												
cur) 2001	14	111	158	148	135	103	203	212	128	95	72	1379
prj) 2015	16	124	177	166	151	115	227	237	143	106	81	1543

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	25	144	153	145	123	105	203	165	91	64	55	1273
prj) 2015	28	161	171	162	138	117	227	185	102	72	62	1425
Female												
cur) 2001	14	111	158	148	135	103	203	212	128	95	72	1379
prj) 2015	16	124	177	166	151	115	227	237	143	106	81	1543
Combined												
cur) 2001	39	255	311	293	258	208	406	377	219	159	127	2652
prj) 2015	44	285	348	328	289	232	454	422	245	178	143	2968

Average Age for the Service Unit: 27.3

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity</u>	<u>Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Acute Care</u>								
Medical Bed days	2001	216	65	153				
	2015	245	74	172	-1		-1	
Pediatric Bed days	2001	153	21	132				
	2015	171	24	147				
Surgical Bed days	2001	152	55	97				
	2015	169	61	108				
<u>Audiology</u>								
Audiology Visits	2001	287			287		287	
	2015	321			321		321	
<u>Clinical Engineering</u>								
Clinical Engineering	2001	181			181		181	
	2015	316			316		316	
<u>Dental Care</u>								
Dental Service Minutes	2001	251940		251940				
	2015	281960			281960		281960	
<u>Diagnostic Imaging</u>								
CT/MRI Exams	2001	23	23					
	2015	25	25					
Fluoroscopy Exams	2001	66		66				
	2015	73		73				
General Radiography	2001	950		950				
	2015	1064		1064				
MAMMOGRAPHY	2001	316		316				
	2015	353		353				
Ultrasound Exams	2001	131		131				
	2015	147		147				
<u>Education & Group Consultation</u>								
# of staff	2015	65			65		65	
<u>Emergency</u>								
Emergency Room Visits	2001	1137			1137		1137	
	2015	1272			1272		1272	
<u>Eye Care</u>								
Optometrist Visits	2001	831		831				
	2015	929		929				
<u>Facility Management</u>								
Service index	2001	7			7		7	
	2015	8			8		8	
<u>Housekeeping & Linen</u>								

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
Lbs of Linen	2001	3368		3368		3368	
	2015	5281		5281		5281	
<u>Intensive Care</u>							
Intensive Care bed days	2001	41	19	22			
	2015	46	21	25			
<u>Laboratory</u>							
Chem/Hema/Immun/Urin	2001	8172	490	7682		7682	
	2015	9142	549	8593		8593	
Histo/Cytology billable	2001	52	52				
	2015	58	58				
Microbiology billable tests	2001	1941	776	1165		1165	
	2015	2172	869	1303		1303	
Transfusion/BB billable	2001	157	3	154		154	
	2015	176	4	172		172	
<u>Mental Health</u>							
Mental Health Visits	2001	459		459		459	
	2015	515		515		515	
<u>Pharmacy</u>							
Inpatient Pharmacy	2001						
	2015	-5		-5		-5	
Outpatient Pharmacy	2001	118127		118127		118127	
	2015	138420		138420		138420	
<u>Physical Therapy</u>							
Inpatient Physical Therapy	2001						
	2015						
OUTPATIENT PHYSICAL	2001	1073	1073				
	2015	1203		1203		1203	
<u>Primary Care</u>							
Primary Care Provider	2001	9040		9040		9040	
	2015	10118		10118		10118	
<u>Property & Supply</u>							
Storage Index	2001	2305		2305		2305	
	2015	2580		2580		2580	
<u>Psychiatric Nursing</u>							
Psych Bed days	2001	38	8	30			
	2015	43	9	34			
<u>Public Health Nursing</u>							
Public Health Nursing	2001	759		759		759	
	2015	849		849		849	

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Respiratory Therapy</u>							
Respiratory Therapy work	2001	10804		10804			
	2015	12054		12054			
<u>Specialty Care</u>							
Specialist Visits	2001	435		435			
	2015	487		487			
<u>Sub-Acute</u>							
SubAcute Bed days	2001	212		212			
	2015	238		238			
<u>Surgery</u>							
Inpatient Episodes	2001	70	20	50			
	2015	78	22	56			
Outpatient Episodes	2001	80	22	58			
	2015	90	25	65			

Current / Projected User Population... outpatient - (PC)

(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)

SANTA FE - PENA BLANCA (SANDOVAL) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	1	2	4			1	2				11
prj) 2015	1	1	2	4			1	2				11
Female												
cur) 2001			5	2	1		1	3		1		13
prj) 2015			6	2	1		1	3		1		14

SANTA FE - SANT DOMINGO (SANDOVAL) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	30	137	202	198	165	137	242	227	180	92	89	1699
prj) 2015	34	153	226	222	185	133	271	254	201	103	100	1902
Female												
cur) 2001	31	118	201	174	165	124	246	217	186	103	117	1682
prj) 2015	35	132	223	195	185	139	275	243	208	115	131	1883

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	31	138	204	202	165	137	243	229	180	92	89	1710
prj) 2015	35	154	228	226	185	153	272	256	201	103	100	1913
Female												
cur) 2001	31	118	206	176	166	124	247	220	186	104	117	1695
prj) 2015	35	132	231	197	186	139	276	246	208	116	131	1897
Combined												
cur) 2001	62	256	410	378	331	261	490	449	366	196	206	3405
prj) 2015	70	286	459	423	371	292	548	502	409	219	231	3810

Average Age for the Service Unit: 28.6

Program Justification Document

Project Name: Santo Domingo HC(2015) - Community: Santo Domingo Pueblo , State: New Mexico
 Project Number: AL04SA003C7

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity</u>	<u>Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Acute Care</u>								
Medical Bed days	2001	312	94	218				
	2015	347	104	243				
Pediatric Bed days	2001	199	28	171				
	2015	223	31	192				
Surgical Bed days	2001	212	76	136				
	2015	236	85	151				
<u>Audiology</u>								
Audiology Visits	2001	377			377		377	
	2015	421			421		421	
<u>Clinical Engineering</u>								
Clinical Engineering	2001	361			361		361	
	2015	404			404		404	
<u>Dental Care</u>								
Dental Service Minutes	2001	323475			323475		323475	
	2015	361950			361950		361950	
<u>Diagnostic Imaging</u>								
CT/MRI Exams	2001	29	29					
	2015	32	32					
Fluoroscopy Exams	2001	84			84			
	2015	94			94			
General Radiography	2001	1214			1214			
	2015	1358			1358			
MAMMOGRAPHY	2001	416			416			
	2015	465			465			
Ultrasound Exams	2001	167			167			
	2015	187			187			
<u>Education & Group Consultation</u>								
# of staff	2015	74			74		74	
<u>Emergency</u>								
Emergency Room Visits	2001	1454			1454		1454	
	2015	1628			1628		1628	
<u>Eye Care</u>								
Optometrist Visits	2001	1078			1078		1078	
	2015	1206			1206		1206	
<u>Facility Management</u>								
Service index	2001	9			9		9	
	2015	10			10		10	
<u>Housekeeping & Linen</u>								

Program Justification Document

Project Name: Santo Domingo HC(2015) - Community: Santo Domingo Pueblo , State: New Mexico
 Project Number: AL04SA003C7

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
Lbs of Linen	2001	6052		6052		6052	
	2015	6774		6774		6774	
<u>Intensive Care</u>							
Intensive Care bed days	2001	62	29	33			
	2015	70	32	38			
<u>Laboratory</u>							
Chem/Hema/Immun/Urín	2001	10448	627	9821		9821	
	2015	11690	701	10989		10989	
Histo/Cytology billable	2001	67	67				
	2015	75	75				
Microbiology billable tests	2001	2482	993	1489		1489	
	2015	2777	1111	1666		1666	
Transfusion/BB billable	2001	201	4	197		197	
	2015	225	5	220		220	
<u>Mental Health</u>							
Mental Health Visits	2001	572		572		572	
	2015	639		639		639	
<u>Pharmacy</u>							
Inpatient Pharmacy	2001						
	2015						
Outpatient Pharmacy	2001	160856		160656		160856	
	2015	179966		179966		179966	
<u>Physical Therapy</u>							
Inpatient Physical Therapy	2001						
	2015						
OUTPATIENT PHYSICAL	2001	1481		1481		1481	
	2015	1655		1655		1655	
<u>Primary Care</u>							
Primary Care Provider	2001	11545		11545		11545	
	2015	12916		12916		12916	
<u>Property & Supply</u>							
Storage Index	2001	2944		2944		2944	
	2015	3294		3294		3294	
<u>Psychiatric Nursing</u>							
Psych Bed days	2001	50	11	39			
	2015	57	13	44			
<u>Public Health Nursing</u>							
Public Health Nursing	2001	997		997		997	
	2015	1117		1117		1117	

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Respiratory Therapy</u>							
Respiratory Therapy work	2001	13821		13821			
	2015	15468		15468			
<u>Specialty Care</u>							
Specialist Visits	2001	577		577			
	2015	647		647			
<u>Sub-Acute</u>							
SubAcute Bed days	2001	271		271			
	2015	304		304			
<u>Surgery</u>							
Inpatient Episodes	2001	90	25	65			
	2015	100	28	72			
Outpatient Episodes	2001	102	29	73			
	2015	116	32	84			

Current / Projected User Population... outpatient - (PC)

(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)

SANTA FE - NAMBE (SANTA FE) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	3	23	24	23	17	28	28	25	25	14	14	224
prj) 2015	4	28	29	28	20	34	34	30	30	17	17	271
Female												
cur) 2001	2	15	29	20	32	21	22	37	16	13	11	218
prj) 2015	2	18	35	24	38	25	26	44	19	16	13	260

SANTA FE - POJOAQUE (SANTA FE) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	4	10	30	16	21	7	17	13	5	9	4	136
prj) 2015	5	12	36	19	23	8	20	16	6	11	5	163
Female												
cur) 2001	2	20	28	10	16	15	22	21	5	3	7	149
prj) 2015	2	24	34	12	19	16	26	25	6	4	8	178

SANTA FE - S ILDEFONSO (SANTA FE) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	21	17	18	24	18	45	33	20	16	14	227
prj) 2015	1	25	20	22	29	22	54	40	24	19	17	273
Female												
cur) 2001	2	20	21	27	31	20	45	31	35	20	25	277
prj) 2015	2	24	25	32	37	24	54	37	42	24	30	331

SANTA FE - SANTA CLARA (RIO ARRIBA) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	6	41	50	58	57	51	97	112	80	43	45	640
prj) 2015	6	44	53	62	61	55	104	120	86	46	48	685
Female												
cur) 2001	10	47	51	60	64	58	90	108	83	53	80	704
prj) 2015	11	50	55	64	68	62	96	116	89	57	86	754

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<i>cur) 2001</i>	14	95	121	115	119	104	187	183	130	82	77	1227
<i>prj) 2015</i>	16	109	138	131	135	119	212	206	146	93	87	1392
Female												
<i>cur) 2001</i>	16	102	129	117	143	114	179	197	139	89	123	1348
<i>prj) 2015</i>	17	116	149	132	162	129	202	222	156	101	137	1523
Combined												
<i>cur) 2001</i>	30	197	250	232	262	218	366	380	269	171	200	2575
<i>prj) 2015</i>	33	225	287	263	297	248	414	428	302	194	224	2915

Average Age for the Service Unit: 30.8

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity</u>	<u>Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Acute Care</u>								
Medical Bed days	2001	262	79	183				
	2015	293	88	205				
Pediatric Bed days	2001	115	16	99				
	2015	132	18	114				
Surgical Bed days	2001	174	63	111				
	2015	200	72	128				
<u>Audiology</u>								
Audiology Visits	2001	293			293		293	
	2015	331			331		331	
<u>Clinical Engineering</u>								
Clinical Engineering	2001	181			181		181	
	2015	316			316		316	
<u>Dental Care</u>								
Dental Service Minutes	2001	244625		244625				
	2015	276925			276925		276925	
<u>Diagnostic Imaging</u>								
CT/MRI Exams	2001	23	23					
	2015	26	26					
Fluoroscopy Exams	2001	66			66			
	2015	74			74			
General Radiography	2001	950			950			
	2015	1074			1074			
MAMMOGRAPHY	2001	365			365			
	2015	411			411			
Ultrasound Exams	2001	131			131			
	2015	148			148			
<u>Education & Group Consultation</u>								
# of staff	2015	56			56		56	
<u>Emergency</u>								
Emergency Room Visits	2001	1136			1136		1136	
	2015	1284			1284		1284	
<u>Eye Care</u>								
Optometrist Visits	2001	836			836			
	2015	945			945			
<u>Facility Management</u>								
Service index	2001	7			7		7	
	2015	8			8		8	
<u>Housekeeping & Linen</u>								

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity</u>	<u>Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
Lbs of Linen	2001	3366			3366		3366	
	2015	5300			5300		5300	
<u>Intensive Care</u>								
Intensive Care bed days	2001	51	23	28				
	2015	57	26	31				
<u>Laboratory</u>								
Chem/Hema/Immun/Urin	2001	8177	491		7686		7686	
	2015	9246	555		8691		8691	
Histo/Cytology billable	2001	52	52					
	2015	59	59					
Microbiology billable tests	2001	1942	777		1165		1165	
	2015	2196	878		1318		1318	
Transfusion/BB billable	2001	157	3		154		154	
	2015	178	4		174		174	
<u>Mental Health</u>								
Mental Health Visits	2001	442			442		442	
	2015	499			499		499	
<u>Pharmacy</u>								
Inpatient Pharmacy	2001							
	2015							
Outpatient Pharmacy	2001	118111			118111		118111	
	2015	139634			139634		139634	
<u>Physical Therapy</u>								
Inpatient Physical Therapy	2001							
	2015							
OUTPATIENT PHYSICAL	2001	1209			1209		1209	
	2015	1360			1360		1360	
<u>Primary Care</u>								
Primary Care Provider	2001	9034			9034		9034	
	2015	10213			10213		10213	
<u>Property & Supply</u>								
Storage Index	2001	2304			2304		2304	
	2015	2604			2604		2604	
<u>Psychiatric Nursing</u>								
Psych Bed days	2001	41	9	32				
	2015	47	10	37				
<u>Public Health Nursing</u>								
Public Health Nursing	2001	786			786		786	
	2015	892			892		892	

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity Threshold</u>	<u>Unmet Need</u>	<u>Gross over</u>	<u>HSP Facility Workload</u>	<u>Projected Estimated Facility Workload</u>
<u>Respiratory Therapy</u>							
Respiratory Therapy work	2001	10813		10813			
	2015	12225		12225			
<u>Specialty Care</u>							
Specialist Visits	2001	454		454			
	2015	517		517			
<u>Sub-Acute</u>							
SubAcute Bed days	2001	204		204			
	2015	234		234			
<u>Surgery</u>							
Inpatient Episodes	2001	65	18	47			
	2015	74	21	53			
Outpatient Episodes	2001	76	22	56			
	2015	84	24	60			

Appendix R: Facility Space Utilization Comparisons: 2005 to Projected Need 2015



SPACE SUMMARY NEEDS (SFIH FOR YEAR 2015)

The net and gross areas for the proposed outpatient facility are summarized below. Data are provided by Resource Requirements Methodology (RRM) and will be adjusted.

SANTA FE IH	Template or Discipline	Net Square Meters	Conversion Factor	Gross Sq Meters
Additional Services				
	X01	6	1.35	8.1
	X02	20	1.35	27
	X04	767.4	1.35	1035.99
Administration				
Administration	AD	264	1.4	369.6
Business Office	BO	133	1.4	186.2
Health Information Management	HIM	261	1.25	326.25
Information Management	IM	69	1.2	82.8
Ambulatory				
Dental Care	dc3	486.9	N/A	739
Emergency	er1	47.4	N/A	82
Eye Care	ec1	128.2	N/A	163
Primary Care	PC4	499.4	N/A	734
Primary Care	PC3	337.8	N/A	493
Ancillary				
Diagnostic Imaging	DI1	89.5	N/A	126
Pharmacy	ph4	259.5	N/A	333
Physical Therapy	pt1	116.2	N/A	149
Behavioral				
Mental Health	MH	90	1.4	126
Social Work	SW	28	1.4	39.2
Facility Support				
Clinical Engineering	ce1	39.1	N/A	42
Facility Management	fm2	146.2	N/A	164
Preventive				
Environmental Health	EH	137	1.4	191.8
Health Education	HE	23	1.4	32.2
Public Health Nursing	PHN	99	1.4	138.6
Public Health Nutrition	PNT	20	1.4	28
Support Services				
Education & Group Consultation	EGC1	64.2	1.1	74
Education & Group Consultation	EGC	26	1.2	28.6
Employee Facilities	EF	211.8	1.1	254.16
Housekeeping & Linen	HL2	46.9	1.1	56
Housekeeping & Linen	HL	16	1.1	17.6
Property & Supply	PS3	397.5	N/A	459
Public Facilities	PF	72	1.2	86.4
TOTALS				
		Department Gross Square Meters		6592.5
		Building Circulation & Envelope (.20)		1318.5
		Floor Gross Square Meters		7911
		Major Mechanical SPACE (.12)		949.32
		Building Gross Square Meters		8860.32



AMBULATORY CARE

1.	PRIMARY CARE OFFICE		= 333.37 SQ M.	6.	EMERGENCY RM/URGENT CARE/ SECURITY OFFICE		= 478.58 SQ M.
2.	EYE CARE OFFICE		= 133.86 SQ M.				
3.	AUDIOLOGY OFFICE		= 10.00 SQ M.				
4.	DENTAL OFFICE		= 265.40 SQ M.				

TOTAL SQUARE METERS = 1221.21 SQ M.



INPATIENT CARE

INPATIENT CARE

1. ACUTE CARE NURSING
OFFICE = 820.79 SQ.M.



2. LABER/ DELIVERY/ NURSERY
OFFICE = 499.20 SQ.M.



TOTAL SQUARE METERS = 1319.99 SQ.M.



ANCILLARY SERVICES



ANCILLARY SERVICES

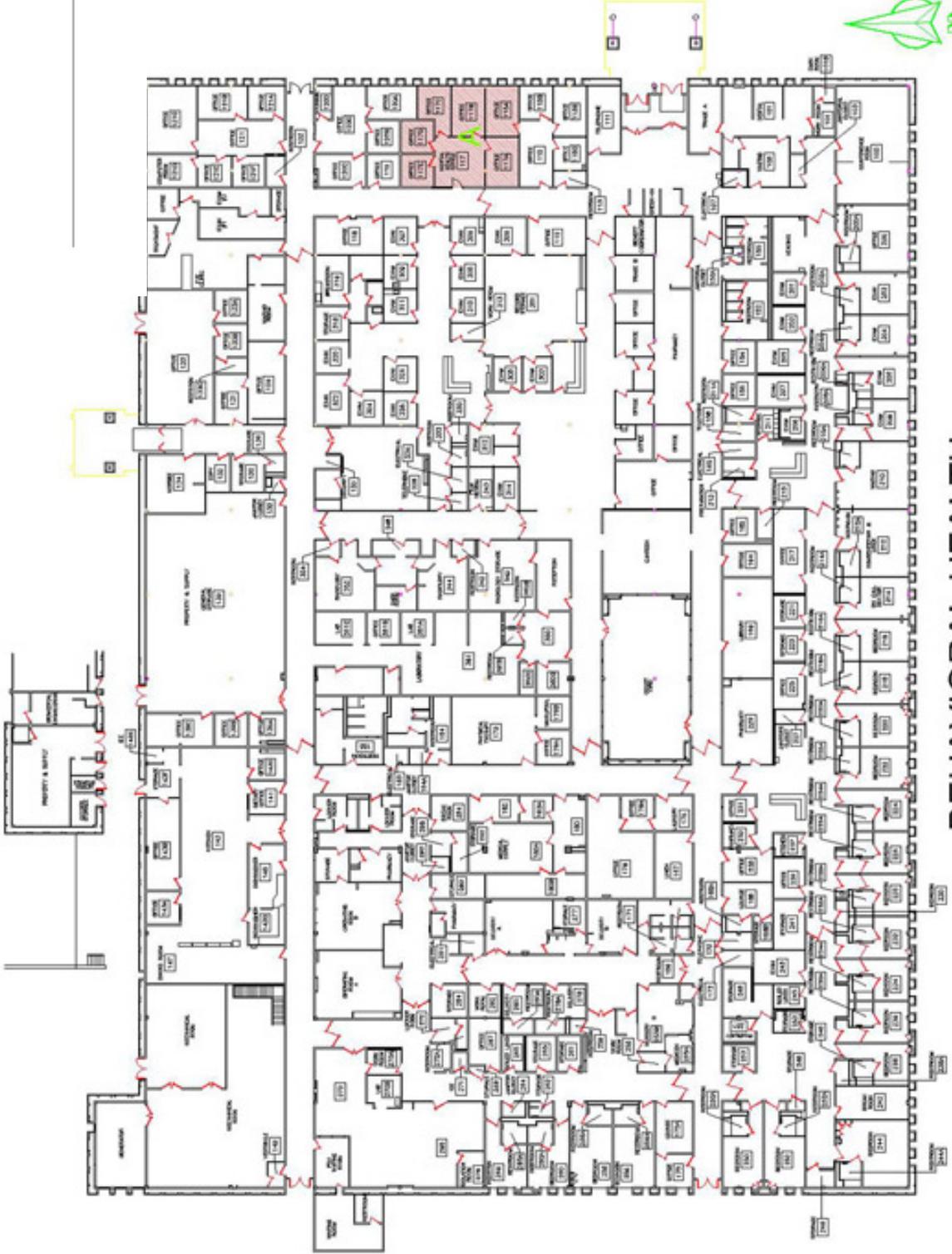
1. SURGERY OFFICE  = 544.57 SQ M.
2. LABORATORY OFFICE  = 191.66 SQ M.
3. DIAGNOSTIC IMAGING OFFICE  = 125.00 SQ M.
4. PHARMACY OFFICE  = 189.03 SQ M.
5. PHYSICAL THERAPY OFFICE  = 64.93 SQ M.

TOTAL SQUARE METERS = 1115.20 SQ M.

BEHAVIORAL HEALTH

- 1. MENTAL HEALTH OFFICE = 91.51 SQ.M. A

TOTAL SQUARE METERS = 91.51 SQ.M.



BEHAVIORAL HEALTH



ADMINISTRATION SUPPORT

ADMINISTRATION SUPPORT

ADMINISTRATION SUPPORT

1.	ADMINISTRATION (AD) OFFICE A	= 53.30 SQ.M.	6.	MEDICAL OFFICE OFFICE BO F	= 72.25 SQ.M.	11.	RECORDS OFFICE IM K	= 126.53 SQ.M.
2.	HUMAN RESOURCE (HR) OFFICE B	= 117.96 SQ.M.	7.	ADMINISTRATION CLERK OFFICE AD G	= 9.13 SQ.M.	12.	TECHNICAL INFORMATION OFFICE IM L	= 41.86 SQ.M.
3.	BUSINESS (BO) OFFICE C	= 114.50 SQ.M.	8.	NURSING ADMINISTRATION OFFICE AD H	= 59.00 SQ.M.	13.	EDUCATION & TRAINING AD LIBRARY/CONFERENCE RM M	= 116.46 SQ.M.
4.	OPERATOR/COPY RM. OFFICE AD D	= 22.11 SQ.M.	9.	NURSE EDUCATOR OFFICE AD I	= 23.42 SQ.M.	14.	EMPLOYEE FACILITIES LOCKER RM AD N	= 122.56 SQ.M.
5.	CONTRACT HEALTH OFFICE BO E	= 37.92 SQ.M.	10.	DATA ENTRY OFFICE IM J	= 26.63 SQ.M.	15.	PUBLIC FACILITIES OFFICE AD O	= 326.11 SQ.M.

TOTAL SQUARE METERS = 536.22 SQ.M.

TOTAL SQUARE METERS = 733.54 SQ.M.

OVERALL TOTAL SQUARE METERS = 1269.80 SQ.M.



FACILITY SUPPORT

FACILITY SUPPORT

1. MEDICAL SUPPLY OFFICE	A	= 98.95 SQ.M.	6. CLINICAL ENGINEERING OFFICE	F	= 49.24 SQ.M.
2. PROPERTY & SUPPLY OFFICE	B	= 330.22 SQ.M.			
3. DIETARY OFFICE	C	= 264.52 SQ.M.			
4. HOUSEKEEPING & LINEN OFFICE	D	= 70.55 SQ.M.			
5. FACILITY MANAGEMENT OFFICE	E	= 261.92 SQ.M.			

TOTAL SQUARE METERS = 1015.44 SQ.M.