

Indian Health Service - Navajo Area
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LEADING CHANGE

The *Chinle Service Unit* continued to promote improvement work through monthly online presentations with 200-250 employees participating. The Pinon Health Center hosted an annual IPC Collaborative presentation on September 26, 2019. These presentations are shared via Adobe Connect with other Navajo Area Service Units. These department presentations are their PDSA (Plan, Do, Study, Act) quality projects. These PDSAs continue to improve internal processes, patient care outcomes, customer services, etc. and improves employee job satisfaction and morale. PHC invited the Dził Yíjín Health Council which consists of local healthcare leadership community members.

The *Chinle Service Unit* participated in the Baby-Friendly Hospital Initiative survey was scheduled December 19 and 20, 2019.

The *Crownpoint Service Unit* Nursing Division continues to take the lead in the Patient Centered Medical Home (PCMH). Team assignments have been made as follows: Team Turquoise, Team Coral and Team Silver for Ambulatory Care. Empanelment for providers is currently at 9,845. Challenges are with providers leaving and having to re-assign patients to new Primary Care Providers (PCP). Goal for providers is to have 1000 assigned PCP for adult and 2000 for pediatric patients. Business cards have been implemented for the Coral and Purple Teams.

The *Crownpoint Service Unit* made it a priority to ensure policies are updated. At the beginning of the year there were more than 1,000 policies. At the end of the year, the number of policies decreased by 24%, and approximately 90% have been updated.

On August 12, 2019, the *Gallup Indian Medical Center* opened its doors to the Walk-In Primary Care Clinic (WIPCC, formerly known as Urgent Care Clinic). Patients and visitors can access WIPCC through the east patient/visitor parking lot, from 7 a.m. to 7 p.m., 7 days a week. The GIMC WIPCC staff celebrated with an open house on Tuesday, September 3, 2019, with a traditional blessing of the clinic and hourly tours to hospital staff. In FY 2019, GIMC had 395,056 outpatient visits and Tohatchi Health Center had 22,390 visits.

On November 12, 2019, the *Gallup Indian Medical Center* Executive Leadership team (ELT) began bi-monthly Executive Leaders Rounding with departments. From 11/2019 to 12/2019, the team has met with 15 departments to reward and recognize departments and individuals. This also allows for effective visibility of ELT to strategically address questions and/or issues the department might be experiencing.

On December 3, 2019 the *Gallup Indian Medical Center* Quality Management Division reported that 100% of all 81 departments have a multidisciplinary performance improvement project.

The *Gallup Indian Medical Center* completed a follow up on *Tohatchi Health Center's* Employees view point survey Assessment, and review The Joint Commission Sustainability Report Identified

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10/13 findings - EVS training scheduled 1/22/2020 - 12/2019- 76% completed. Performance Management Appraisal Program Training was provided to the THC Leadership. The training focused on implementation and close-out of calendar year 2019.

The *Kayenta Service Units* uses a Chief Executive Officer's work plan, to guide work for the year. Priorities are identified according to organizational goals, resources, and regulatory compliance. Service Unit Leadership review and input was valued and used to finalize our work priorities. Group review assures collaboration, buy-in, and transparency and helps to maintain focus on key projects. The work plan priorities coincide with the IHS 2019-2029 Strategic Plan.

In September 2019, the Work plan priorities under leading change was shared and reviewed with all staff, which included reviewing the Federal Employee View Survey (FEVS) top ten negative and positive comments. Focus has been on maintaining the positive and addressing the negative comments with strategic planning activity. PCMH is another priority which was placed on the hold because all efforts and resources are directed toward opening up the hospital although work still continues to meet the requirements of American Indian Medical Home.

The *Shiprock Service Unit* has a Strategy Plan that was created in 2015 and is on a 5-year cycle (2016-2020). The *Shiprock Service Unit* Strategy Plan has seven (7) core values and eight (8) Focus Areas with 42 Indicators. This plan is intended to monitor the overall priorities of the health center and tracks our progress. On a regular basis, the Executive Team management report Service-unit goals and activities at Supervisors' Meeting, Hospital Executive Committee, Quality Management, Nursing, and Clinical Division meetings.

As part of the overall structure of the *Shiprock Service Unit*, Executive Members are required to be familiar with the *Shiprock Service Unit* Executive Handbook that has following topics: HEC Bylaws, GB Bylaws, Org Charts, Budget Policy, Medical Staff Bylaws and Rules & Regulations, PI and Risk Management Plans, Plan for Provision of Patient Care & Services, Joint Commission Standards for Leadership and Governance & Management, NAIHS/SRSU Strategic Plans and Mission/Vision Statements and DHHS/IHS Standards of Ethical Standards.

To support compliance with the overall *Shiprock Service Unit* quality assurance and performance improvement plan (QA/QI), all employees are training on the service unit's QA/PI to assure patient care meets quality standards and study organizational systems and processes to identify and correct underlying causes. The goal is to have 100% of employees to be QA/PI trained.

The *Four Corners Regional Health Center* reviewed its Opioid prescribing practices and saw a diminishing proportion of all analgesics prescribed at *Four Corners Regional Health Center* (see graph below) 5% in 2019 vs 36% in 2015:

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Primary Care Medical Home Model (PCMH) – FCRHC has a multi-disciplinary PCMH work group that meets monthly to work toward achievement of specific PCMH Elements of Performance (EoPs) to ensure PCMH re-certification by TJC during the SRSU's triennial survey in 2022. One of the EoPs that all three facilities in the SRSU will have to meet for re-certification is 24/7 telephonic access to the care team by patients. Most IHS facilities seeking maintenance of PCMH certification have met this requirement by contracting with a vendor for an after-hours call service, sometimes referred to as a "nurse call line". A contract covering all three SRSU facilities (NNMC, FCRHC, DZ) makes most sense since all three facilities will need to meet this EoP for the SU to renew PCMH certification. 24/7 telephonic access to the care team is also a requirement for IHS facilities to participate in the Arizona American Indian Medical Home program. Participating facilities in this program receive additional monthly Medicaid payments for each patient enrolled in AIMH. We have also implemented same day appointment process and trending our empanelment. As of this date, we have 44% of our patients (10,564) registered with a PCP.

The Navajo Area Office of Indian Self Determination worked closely with the Navajo Nation to renew three separate successor annual funding agreements associated with self-determination contracts authorized by the Indian Self Determination and Education Assistance Act (ISDEAA), as amended. The ISDEAA contracts are administered by the Navajo Nation's Department of Health, Division of Social Services and the Division of Public Safety. The renewal of these AFAs also included some revisions and updates to the scopes of work for programs in the Department to Health and the Emergency Medical Services Program.

On November 6, 2019, the Navajo Nation and the Navajo Area conducted the Fiscal Year 2022 Budget Formulation Worksession in Flagstaff, AZ. The purpose of the Worksession was to convene representatives of the Navajo Nation, the San Juan Southern Paiute Tribe and other stakeholders of the Navajo Healthcare System to discuss, identify and develop recommendations to the proposed FY 2022 Budget of the Indian Health Service. There were over 120 participants at this meeting. Seven health budget priorities were prioritized using a scoring system based on frequency and common results.

At the annual budget meeting, NAIHS also held Tribal consultation session concerning the distribution of funding for the IHS' Special Diabetes Program for Indians (SDPI) in FY 2021. Tribal Leaders and Representatives were requested to provide input on four questions, as well as on any other issue related to the SDPI.

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LEADING PEOPLE

The *Pinon Health Center* held a closed POD exercise for employees and first responders for flu vaccinations on the morning of October 10 at PHC. One hundred and three (103) participants received vaccinations.

The *Pinon Health Center* hosted an annual *Chinle Service Unit* Improving Patient Care Collaborative (IPC) with presentations from department staff on September 26, 2019. There were eight (8) presentations shared via Adobe Connect with other Navajo Area Service Units. The department presentations included PDSA (Plan, Do, Study, Act) quality projects. The use of PDSAs continue to improve internal processes, patient care outcomes, customer services, and improves employee job satisfaction and morale.

The *Crownpoint Service Unit* management team promoted communication and coordination at the regular meetings held by the Supervisors, General Staff and Hospital Executive Committee.

In December 2019, the *Crownpoint Service Unit* Clinical Division recruited and hired a new Podiatrist, Dr. Robert Salek, DPM. Dr. Salek will provide podiatry services four days a week including twice a month at both Thoreau Health Station and Pueblo Pintado Health Clinic.

On September 12, 2019, the *Gallup Indian Medical Center* provided Crucial Conversation trained seventeen (17) Nursing Staff. On September 19, 2019, 26 employees attended Communication for Success training. On September 4, 2019, Just Culture training for all staff was provided.

On October 17, 2019, *Gallup Indian Medical Center* Nursing Division trained 30 Supervisory Clinical Nurses and Nursing Staff on “High Professional Coaching”. This training is in alignment with strengthening communication skills and staff engagement for recruitment and retention of nursing staff.

October 30, 2019, *Gallup Indian Medical Center* held its first Town Hall meeting for FY 2020 with 68 staff participants. The Interim CEO provided each participant with a copy of the GIMC Strategic Plan 2019-2023, and highlighted an updated values statement to include “Trust” – Values: Ké: respectful relationships – Integrity, Honesty, Respect, Family, Trust, Teamwork, and Transparency. Further, this Town Hall included introduction of the GIMC Executive Leadership Team (ELT), a question and answer session, and a reminder staff that they are empowered, “I am a leader. I can make the change.” Afterwards, all Service Unit staff received the handouts and summary of the Town Hall by email.

On October 29, 2019, the *Gallup Indian Medical Center* Emergency Department was re-structured under one leadership with dyad leadership between Medical and Nursing. Super track was implemented for improving access.

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The *Gallup Indian Medical Center* Executive Leadership Team attended a two day “Search inside Yourself” (SIY) training on November 14-15, 2019. The training is a mindfulness-based emotional intelligence training program developed at Google utilizing neuroscience, followed by a four-week journey with coaches who assist with mindfulness practice and change habits. November 11, 2019, departments implemented “Gratitude Boards” for staff to share and display immediate gratitude for work well done as an action item for 2018 Federal Employee Viewpoint Survey (FEVS) results. The Gratitude Board has been well received by staff who have started posting their appreciation for each other.

December 10-13, 2019, the *Gallup Indian Medical Center* contracted with a Joint Commission Resources Consultant to perform a mock survey to maintain survey readiness and compliance with accreditation standards.

The *Kayenta Service Unit* maintaining health care accreditation for Inscription House, Kayenta Service Unit and Dennehotso Health Center this year took a lot of preparation organizational-wide. Leadership and staff training was an investment that Kayenta Service Unit embraced. Staff were trained to learn the regulatory requirements, the standards, improving systems and applying strategies that ensured compliance with standards. Kayenta Service Unit established a mock survey team who conducted the mock surveys to ensure survey readiness. Administrative policy and procedures has been a work in progress to prepare for hospital survey readiness. This was a monumental task as Kayenta Service Unit has been an ambulatory facility for nearly 40 years. This has been a vertical and horizontal staff organizational effort that showed our hard work paid off; we achieved health centers and laboratory accreditation with minimal findings! Next is hospital accreditation work. A timeline action plan for 120 days was created with action items, champions identified and status of work to ensure adherence to time frame. Leadership training has been paramount this past year as well. The goal was to create a positive work environment, learn new techniques, and how to work toward becoming a better leader.

The *Shiprock Service Unit* performed the following to improve patient wait-times:

- The Transforming Patient Care Outpatient Clinics and Pediatric Department have established same day access. *Shiprock Service Unit* is PCMH certified.
- The *Shiprock Service Unit* uses patient satisfaction survey to identify waiting time issues in the inpatient and outpatient clinics and monitor closely through the Performance Improvement process to make improvements.
- The Patient Advocate identifies, addresses, tracks and resolves patient complaints about wait times with management and committees.
- Expanded Evening Clinics: Adolescent Evening Clinic serves teenagers and young adults and the Women’s Health department holds evening clinics.

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- The *Shiprock Service Unit* Pharmacy has been integrated into the clinic visit to pre-screen patients and begin ordering medications to minimize patient wait. Pharmacy Mail Order program continues.
- The GYN Clinic nurse managers use Patient Flow Analysis to evaluate patient flow. Information was used to add more exam rooms to reduce patient wait-time and increase patient satisfaction

The following activities were performed to improve recruitment of medical providers:

- The CEO meets regularly with Division Directors and Supervisory Human Resources Specialist to ensure efficiency of the Service-Unit hiring process. Challenges remain and management continues to work with staff and system.
- The Medical Staff Recruiter works with the Clinical Director to identify high-priority areas.
- Use of Direct Hire Authority enables and expedites hiring of qualified applicants.
- The Work Force Committee that consists of Division Directors and HR Specialists meet regularly to review process flow, outcomes and recommendations and determine strategies to reduce time involved in hiring processes.
- The *Shiprock Service Unit* supports continuing medical education
- To assist in recruitment and retention, SRSU offers medical student loan repayment, recruitment allowances, retention allowances, and hire above the minimum pay

The following are activities support customer and patient satisfaction activities:

- The *Shiprock Service Unit* Customer Service Committee has developed 22 Standard of Behavior for all employees at all *Shiprock Service Unit* facilities.
- Customer Service Focus Area tours are provided to the new Administrative Division employees to become familiar with customer satisfaction campaigns.
- Train employees on Just Culture to transform work practices and behavior into a culture of safety to ensure zero harm to patients and employees

The *Four Corners Regional Health Center* successfully filled Primary Care FTEs are 80% filled with permanent providers; highest in 4 years. The director of Nursing was detailed as Acting Housekeeping Supervisor. Changes made are following: added a third shift to accommodate workload, revised policy and procedures, shift assignments, recruited Housekeeping Aid lead and three (3) additional housekeeping Aid, and updated staff educational binder.

The *Four Corners Regional Health Center* experienced difficulties in filling positions due to the P.L. 93-638 proposed assumption. Nursing positions which have always been hard to fill has been severely impacted by the proposed assumption. Other administrative positions also severely impacted has been in Health Information Management (Medical Records). Two (2) Coder and two (2) Medical Record Technician (MRT) positions were advertised with individuals

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selected; all declined once they became aware of the intent to assume the program under P.L. 93-638.

The *Four Corners Regional Health Center* is coordinating with Area Office to schedule monthly workforce meetings that involves FCRHC Leadership and Department Supervisors. Director of Nurses has direct hire authority and collaborates with NNMC HR in filling nursing positions. Currently working on two (2) DHA applicants.

The *Navajo Area Division of Acquisition Program* continues with workforce development. Two Contact Specialists have completed their Federal Acquisition Certification in Contract (FAC-C) training and received their warrant certifications to become contracting professionals. There are three (3) levels of certification based on required education, training and experience. The certification is the standard that an employee meets core requirements to perform contracting functions.

The *Navajo Area* identified 5 HR staff to attend the National IHS Human Resources Training Program (H RTP). Currently, federal HR positions are hard to fill with experienced HR practitioners. To address this problem, the IHS leadership established the H RTP to provide junior HR professionals primarily involved with recruitment and internal placement (“staffing”) the developmental tools and resources to master the behavioral and technical competencies needed to succeed in their roles, as well as specific IHS knowledge. The training program will also provide HR specialists with the foundational knowledge to be able to perform their assigned duties legally, ethically and in accordance with all appropriate laws, regulations and policies. This is a two-year training program built around a cohort of students that progress through the program together. The H RTP cohort of junior HR staff will support each other in learning and practical activities throughout their two years and beyond.

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BUSINESS ACUMAN

The *Chinle Service Unit* Acquisition Team strives to be the “*leaders in providing quality acquisition support and contract management services*” to the *Chinle Service Unit* medical facilities. For fiscal year 2019, starting October 1, 2018 through June 27, 2019, the Acquisition team awarded 930 actions at \$27 million dollars to various types of businesses including large, small (various socio economic statuses) and a few to Native Owned entities per the Buy Indian Policy. The Chinle Acquisitions Department strengthens management and operations by following guidelines issued by the Federal Acquisition Regulations. The Information Resources Management (IRM) department participated in the NAIHS Strategic Plan on the ‘procure 2 pay process’. The *Chinle Service Unit* Acquisitions Team assisted other Service Units with procurement, finance and purchased referred care (PRC) by sharing best practices used at the *Chinle Service Unit*.

The *Rock Point Clinic* Mental Health Services have improved their billing practices and through more responsible billing have increased revenue at the Rock Point Clinic and for the Mental Health Department. The ability to bill for Mental Health services has netted the Tsaile Facility approximately \$200,000 this year alone.

The *Pinon Health Center* has a designated full-time Human Resources Specialist on site since October 28, 2019. *Pinon Health Center* completed and submitted their 2020 Equipment list for an approximate total of \$1.45 million dollars.

The *Crownpoint Service Unit* management team hired a new Clinical Applications Coordinator (CAC) position. This position is critical in developing data reports to monitor results and guide decisions in the transition to a business model. Work to be accomplished includes customizing and streamlining charting to improve patient flow. As *Crownpoint Service Unit* moves forward with Patient-Centered Medical Home (PCMH) accreditation, the CAC will be instrumental in developing patient education resources.

At the start of FY 2020, *Crownpoint Service Unit* experienced budget challenges but the management team has appropriately addressed these challenges. Goals for 2020 include development of departmental budgets, working to improve patient visit show rate for all departments (Physical Therapy, New Horizons, Optometry, Dental and Ambulatory Care) and solving the *Crownpoint Service Unit* appointment availability issues for Adult Primary Care. There will be more focus on provider productivity and accountability. Recruitment and long-term retention of primary care providers will be a priority and this remains challenging given the *Crownpoint Service Unit* remote location.

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On October 1, 2019, *Gallup Indian Medical Center* Business Office reported that GSU collected \$110,244,939.63, an increase of eight percent (8%) from last fiscal year 2018. Total operating budget for *Gallup Indian Medical Center* for fiscal year 2019 was \$184,289,420.38 (GIMC \$176,009,415.76 & THC \$8,280,004). The *Gallup Indian Medical Center* closed out in the black with a carry forward of \$56,169,488.56.

The *Gallup Indian Medical Center* hosted an Area Office Facility Planning meeting October 23-24, 2019 that included the Navajo Area IHS Director, House Interior Appropriation subcommittee staff, IHS HQ Director of OEHE Gary Hartz and GSU facility leadership and management staff. The group discussed health facilities projects, focusing on developing innovative and strategic approaches to accomplish the high volume of facilities renovation, repair, and related projects in the Navajo Area. On November 11, 2019, GSU submitted finalized project plans to the Navajo Area Office.

The *Shiprock Service Unit* Information Technology (IT) Department utilizes the Four Year Life Cycle Plan (4YLCP). The 4YLCP identifies equipment life cycle, utilization and replacement. The design of the 4YLCP promotes budget planning and equipment replacement. For FY 2019, the SRSU spent \$75,000 for IT equipment and projects.

The *Four Corners Regional Health Center* Business Office works with the Northern Navajo Medical Center Business Office supervisors to provide billing and voucher auditing functions due to vacancies within the *Four Corners Regional Health Center* business office.

The 2020 equipment requirement upgrades (medical/non- medical/4 year Life Cycle) and mandated Windows 10 Pro Upgrade for all *Dzilth-Na-O-Dith-Hle Health Center* workstations was completed in August 2019.

In FY 2019, the Navajo Area wide Third Party Collections (Medicare, Medicaid, VA and Private Insurances) is \$356,665,291. This is an increase of 8.5% from FY 2018, \$328,641,345, collections. Staff continues to conduct outreach education about enrollment into a third party benefits program.

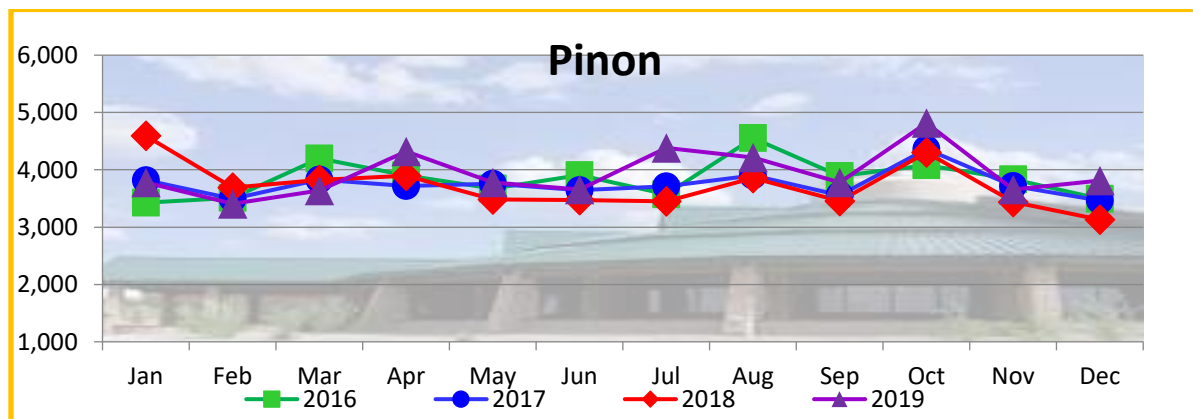
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RESULTS DRIVEN

The *Chinle Service Unit* Diabetes Program kicked off the 2019 Podiatry Shared Medical Appointments (SMA) to foster peer support and culturally congruent and patient-centered care. The goal of the SMA is to connect high-risk diabetes patients with foot infections, amputations, poor glycemic control and frequent users of urgent/emergency care to primary care service. Through the routine involvement in primary care and the SMA, the high-risk patients will have increased knowledge of diabetes management, improved glycemic control, decreased foot infections and amputations reducing urgent/emergency care visits, admissions and readmissions.

The *Chinle Service Unit* Diabetes Program successfully completed the Special Diabetes Program for Indians (SDPI) Final Progress Report for the 2018 SDPI grant year. The Progress Report shows participation in trainings, completion of Audit reports with reported activities for improvements and best practice glycemic control because of fulfillment of proposed major activities. Glycemic control improved from a baseline of 20% to 53%, resulting in a 33% improvement.

The *Pinon Health Center* had 3,815 ambulatory visits for the month of December 2019:



In 2019, *Pinon Health Center* pharmacists administered 63 flu vaccinations in October, and 54 flu vaccinations in November, for a total of 117 vaccinations.

The *Crownpoint Service Unit* management team continues to promote and support education and trainings for employees. Some on-line trainings provided via Health Stream Training Courses were:

- Plain Language Emergency Response at 94%;
- Navajo Area Abuse and Neglect at 98%;
- Quality Assurance and Performance Improvement at 87%;
- Rapid Response Team at 92%;
- EMTALA at 85%

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The Integrated Data Collection System (IDCS) shows *Crownpoint Service Unit* met nineteen (19) or 79% of the GPRA clinical measures. However, the GPRA/CRS (Clinical Reporting System-BGP software) shows CPSU met twenty-one (21) measures or 88%.

In 2019, ninety-seven percent (97%) of *Crownpoint Service Unit* employees were vaccinated for Influenza. The remaining 3% have medical or religious exemptions. 95% of all employees have updated personal protected equipment (PPE) including mask fit-test. The remaining 5% are new employees who are scheduled for PPE in 2020.

By November 13, 2019, *Gallup Indian Medical Center* met 92.3% (24 of 26) of GPRA measures. An action plan is in place for improving topical fluoride and tobacco cessation intervention.

Between September 1 – December 7 of 2019, *Gallup Indian Medical Center* recruited 47 employees that included six (6) physicians, two (2) advanced practice nurses, two (2) nurses, five (5) nurse educators, nine (9) nursing assistants, one (1) clinical nurse, and nineteen (19) non-clinical staff. Deputy CEO recruited with EOD 1/19/2020. Top 20 Priority list established as a recruitment initiative.

November 26, 2019, *Gallup Indian Medical Center* worked with the Partnership to Advance Tribal Health (PATH) partner. IHS partnered with Health Insight to improve the health of American Indian/Alaskan Native people. The PATH Partnership program manager assigned to work with *The Gallup Indian Medical Center* provided a program evaluation report on quality measures required by the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation. The PATH report showed *Gallup Indian Medical Center* had the best rating in the Navajo Area, with Gallup SU successfully meeting 100% of the five (5) elements related to governance, performance improvement, patient safety, design, scope and data collection, and analysis.

Other *Gallup Indian Medical Center* accomplishments include the process established by the Policy Committee that resulted in 523 policies updated and 476 policies retired. *Gallup Indian Medical Center* also re-designed and completed their new Employee Training program in December of 2019 and went live on January 6, 2020. On December 3, 2019, the *Gallup Indian Medical Center* Governing Body (GB) approved the updated bylaws.

Accomplishment for *Tohatchi Health Center* includes the Records Management Department completion of 2013-2016 records archiving ahead of 2022 schedule. Year 2017 is in audit process in preparation for federal storage. Monitoring of *Tohatchi Health Center* Grievances indicates a decrease in grievances for 2019 with a total of six (6) for the year. The *Tohatchi Health Center* Occupational Health Compliance for flu vaccination of THC Employees is 100 percent. The *Tohatchi Health Center* Flu Initiative for the District 14 Community resulted in 360

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vaccines provided by the public health nurses to 38% of community. The *Tohatchi Health Center* immunization for 3-27 months of age immunization rate is at 86%.

One of *Kayenta Service Unit* notable achievements this year was the hiring of a Compliance Officer. This position assists with monitoring and preventing waste, fraud and abuse, conducting investigations, and more importantly, provides training and guidance to *Kayenta Service Unit* staff to ensure that they “do the right thing” when it comes to internal controls and abiding by regulatory requirements.

In January 2016, the *Northern Navajo Medical Center* Left-Without-Being-Seen (LWBS) rate was at about 31%. In February 2016, the rate exceeded 44%. The long waiting time and inefficient processes affected the timeliness of care, patient experience, patient satisfaction and employee morale. The ER team improved recruitment through adjusted work schedules, ER triage training and other initiatives to reduce the LWBS rate of 44% in February 2016 to 2.0% in November 2019.

The *Northern Navajo Medical Center* Centers for Disease Control and Prevention (CDC) Opioid Collaborative and Chronic Pain Management Committee has a comprehensive policy to prevent abuse and misuse of opioid pain medications. The *Northern Navajo Medical Center* made significant improvements in both Opioid prescribing and Naloxone dispensing with each prescription for Chronic Opioid Therapy. The numbers of patients receiving Chronic Opioid Therapy has declined by 50% since the first quarter of 2017 and has been sustained.

The Patient Grievance Committee and Patient Advocacy Program at *Northern Navajo Medical Center* responds to, investigates, and resolves patients’ concerns and works with supervisors to ensure patient satisfaction. From January to November 2019, 81 grievances were received and resolved. Patients are informed in writing of the outcome of their grievances. In addition, for the same period, 228 compliments were received for excellent customer service by employees and services provision.

Four Corners Regional Health Center highlights of the Indian Health Service Experience of Care Survey for November and December of 2019 show that 87% of respondents would recommend their provider to family and friends, and 89% of respondents were satisfied with their visit to FCRHC.

The Dziłth-Na-O-Dith-Hle Health Center Medical Records Department is working to purge 2015 and 2016 charts from the main file section with the project at 40% completion.

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BUILDING COALITIONS

In support of the *Chinle Service Unit* Innovation Project and Community Health Representative Program Collaboration, in 2019, the *Chinle Service Unit* Population Health department received an Innovation Project Award from the IHS Office of Quality Innovation Grant. The multi-collaborative project aims to bring primary care services to the home by enhancing communication between Community Health Representatives and the primary care team through technology. As part of the project kickoff this past quarter, stakeholders were identified and a timeline set for meeting milestones. Equipment including smart phones and tablets, are in the process of being purchased. Additionally, the group is working on testing processes of communication between Community Health Representatives and the primary care team.

As of December 31, 2019, the influenza vaccination rate for the *Chinle Service Unit* user population was 43%. After challenges with vaccine supply in October of 2019, the Public Health Nursing, Teen Clinic, Mobile Health Clinic staff and partners collaborated to increase access to flu vaccination with community and school-based vaccination clinics through innovative approaches. In the Chinle communities, 12 flu vaccination events resulted in 2,509 vaccines provided to community members. In the Pinon communities, 1094 vaccinations were given at 17 sites.

In the Tsale communities, 1,117 vaccines were given at seven events. Key strategies included early planning for the community clinics with partners, working with schools to include vaccine consent forms in school registration packets, and using the Incident Command System to run the community clinics. Innovative strategies to improve access for hard to reach populations included offering clinics in the evening and using the Mobile Clinic at Head Start schools, the grocery store, and high school football games.

The *Tsale Health Center* continues to work closely with Dine College to improve work relationship between the facilities that are in close proximity. Topics of discussion includes services to non-beneficiaries and the land transfer to support additional space to enhance health care.

The *Pinon Health Center* completed their annual Drive-Thru Flu Vaccination on October 3, 2019 for the Pinon community and surrounding communities. A total of 99 vaccinations were provided.

In 2019, the *Pinon Mobile Mammography program* scheduled six events on the following dates and provided services as indicated in the table below:

	3/5	5/22	6/11	6/26	10/15	12/10
Scheduled	11	33	17	12	44	27
Cancel	1	27	1	1	3	1

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Walk in	18	3	15	15	19	11
No show	3	16	5	1	15	19
Seen	25	41	26	25	45	18

Next Mobile Mammography service is scheduled for March 24, 2020.

The *Pinon Health Center* School Age Wellness Days events are an opportunity for parents to prepare for the upcoming school year to have their child obtain their required school sports physical exams. For 2019, School Age Wellness Days were scheduled for 2 days in June and 5 days in July. Two hundred twenty-three school-age children received their sports physical exams.

In the *Crownpoint Service Unit*, Community Active Shooter and Mass Casualty exercises were held at Navajo Technical University (NTU) and Crownpoint Healthcare Facility on September 25, 2019. A Unified Command Center was established at Crownpoint Chapter House where operations included Chapter officials; Navajo Police Department; Navajo Emergency Medical Services/Fire; NTU Staff; CHCF Staff; and a number of other stakeholders. The objective was to develop, a) operational coordination; b) operational communication; c) public health, healthcare and emergency medical services; and d) on scene security and protection. After the Incident Command stood down, a hot wash (review of the events) was conducted with feedback and recommendations.

The *Crownpoint Methamphetamine Suicide Prevention Initiative* (MSPI) program works with various community programs throughout the *Crownpoint Service Unit*. The Crownpoint MSPI Program continues to implement important programs, trainings and events like the Peer Helpers Program, Youth Mental Health First Aid trainings, Active Parenting sessions and the Adopt-a-Family event. The MSPI Program continues to work with the Gallup McKinley County Schools (Crownpoint High School, Thoreau High School, and Tseyigai High School), Bureau of Indian Education (BIE) schools, the Navajo Nation Office of Dine' Youth, Dine College, the Navajo Nation Division of Family Services, and the Navajo Technical University Wellness Center. The MSPI and the various educational organizations work together to implement and promote early intervention strategies and positive youth development programming to reduce risk factors for suicidal behaviors and substance abuse in our Native youth. In 2019, the Crownpoint MSPI Team provided 19 community events and trainings, reaching 515 participants.

On October 10, 2019, *Gallup Indian Medical Center* hosted its first Health and Wellness Fair coordinated by the *Gallup Indian Medical Center* Wellness Taskforce. There were 36 health related booths, including 17 representing the *Gallup Indian Medical Center* clinics and departments. 186 individuals participated in activities that included a walk/run, a hula hoop contest, and Zumba sessions.

On November 23, 2019, the *Gallup Indian Medical Center* Zero Suicide Initiative (ZSI), in partnership with the City of Gallup, Gallup McKinley County Schools and Navajo Behavioral &

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Mental Health Services, sponsored the 3rd Annual International Survivors of Suicide Loss Day (Survivor Day).

On December 12, 2019, the *Gallup Indian Medical Center* Health Promotion Disease Prevention program partnered with the Navajo Nation's Department of Health, and Health Education Program for a Christmas extravaganza at the Chichiltah Senior Center.

The *Tohatchi Health Center* sponsored an Emergency Management Training for *Tohatchi Health Center* staff to re-establish their ability to have an Incident Command. Three core staff have completed training in ICS 300 and ICS 400 as of January 14, 2020.

In collaboration with the Navajo Nation Community Chapter, the *Tohatchi Health Center* director attends the Farm Board Chapter Meetings and Land Use Meetings for District 14 and will continue through the coming year.

In 2019, *Kayenta Service Unit* worked their external and internal stakeholders for some very successful outcomes to the benefit of all involved. The *Kayenta Service Unit* participated in a community active shooter exercise which involved the Navajo Nation Department of Public Safety, Navajo County, Kayenta Public and BIE Schools, local businesses and the Kayenta Township. This exercise prepared participants to coordinate an orderly response to a crisis situation and also fostered a cohesive and collaborative working relationship for the community.

The *Kayenta Service Unit* attended chapter and township meetings and provided updates and listened to concerns. In July 2019, the *Kayenta Service Unit* CEO testified before the Navajo Nation Health, Education and Social Services Committee regarding concerns from a select group of employees who sought advocacy from the local chapter officials.

The *Inscription House Health Center* Eye Clinic is collaborating with the Navajo Nation Public Health Nursing to ensure children that fail their school vision screenings can be seen in the *Inscription House Health Center* Optometry Clinic as soon as possible. Shonto kindergarten classes were brought into the Optometry Clinic December third and fifth to complete their Kindergarten eye exams. There were so many students absent due to illness that a make-up day will be offered in January 2020.

Throughout the year in 2019, the *Shiprock Service Unit* collaborated with the Navajo Nation Chapters to assist and develop sustainable community projects and programs. The *Shiprock Service Unit* meets monthly with the Navajo Nation Chapter Coordinators and community members to understand local tribal interests in the health care system and discuss community health and wellness successes, issues and priorities.

The *Shiprock Service Unit* Walk with a Doctor Program and Patient Advisory Committee places emphasis on patient engagement to understand patient perspectives. The programs bring

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together clinicians, hospital employees and patients to exchange and reflect on healthcare services and identify problems and barriers.

The *Shiprock Service Unit* Community Health Services collaborated with community organizations to sponsor the monthly Restoring & Celebrating Family Wellness Workshop to promote local language and cultural teachings and to facilitate and empower conversation on positive family transformation. The monthly workshops include community presenters and hosts an annual Summer Youth Conference and a Winter Family Wellness Conference.

The *Shiprock Service Unit* Hyperglycemia in Pregnancy Program (HIPP) has an ongoing partnership with local stores and growers on the Fruit and Vegetable Prescription Program (FVRx). FVRx offers vouchers for fruits and vegetables to prenatal and postpartum mothers to improve their access to healthy food and ensure proper nutrition. They are able to exchange their vouchers at participating stores and growers. Currently, 40 families in New Mexico and 20 families in Arizona participate in the program.

For the local Veterans population, *Shiprock Service Unit* provides (1) therapy groups for Post-Traumatic Stress Disorder (PTSD), (2) assistance on insurance enrollment and eligibility determination and, (3) education to returning veterans and their families to assist with civilian reintegration.

The *Four Corners Regional Health Center* collaborates with the Navajo Nation Division of Health to prevent syphilis and mitigate outbreaks of sexually transmitted infections (STIs) on Navajo Nation. The goal is to increase access to condoms by installing condom dispensers in the restrooms at the four local Chapter Houses and three stores that serve the local communities. By December 2019, two Chapters and one store agreed to installation. The *Four Corners Regional Health Center* staff monitor condom dispensers monthly and the PHNs assist Navajo Nation Health educators with follow-up on cases. The FCRHC and the NNDOH evaluate the program quarterly.