

Navajo Area Indian Health Service
PO Box 9020
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October 2024



NAVAJO AREA INDIAN HEALTH SERVICE

2024 Fall Report to the Navajo Nation Council

OUR MISSION:

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

OUR VISION:

*HEALTHY COMMUNITIES AND QUALITY HEALTH CARE
SYSTEMS THROUGH STRONG PARTNERSHIPS AND
CULTURALLY RESPONSIVE PRACTICES*





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OFFICE OF THE AREA DIRECTOR

DR. DUWAYNE BEGAY

The Navajo Area Indian Health Service (NAIHS) is pleased to provide the Fall Session Fourth Quarter Report to the Navajo Nation Council.

The written report is not intended to cover all aspects of the Federal NAIHS operation; rather, it provides some of the key activities, successes, and challenges we face in the delivery of patient care to our communities.

Last council session, we provided information on the 2024 IHS Agency Workplan. I am pleased to share that we have started implementing some of these activities as they related to the Navajo Area.

A few of these driving initiatives include Service Unit Visits and Rounding, Gallup Indian Medical Center Replacement Facility, realignment of Acquisitions, PRC Funding and Medical Priorities, Area Communication Plan, Hospital Accreditation activities, to name but a few.

In the next few months, my office will be working collaboratively with all of the Administrative Operations and Service Units. We want to ensure that we remain committed to mitigating programmatic and operational risks before they arise.

In retrospect, our partnership with the Navajo Nation is critical to our success. We look forward to continued government-to-government relationship building and we would like to ensure we communicate our achievements to the Navajo Nation.

As we embark on our achievement, we are steadfast to addressing the concerns brought forth and we are here to have a concerted effort with resounding results.

As you review our report there may be specific areas you may like to address and we are open to scheduling and discussing these with you.

We are extremely proud of our staff commitment and success of the Area and Service Units whom are working diligently to improve our service delivery.

In closing, please feel to contact our area office at (928) 871-5801 or by email address to Duwayne.Begay@ihs.gov





USPHS COMMISSION CORPS PROMOTION



RADM Brian K. Johnson

The Navajo Area Office is pleased to congratulate Capt. Brian K. Johnson on his promotion to flag officer in the U.S. Public Health Service Commission Corp.

The selection to the rank of Rear Admiral (lower half) is an honor that comes with great responsibility. Those chosen as flag officers help provide senior executive-level decisions, advice, and leadership, as they exemplify the values of the Corps and diligently work toward the mission: “To protect, promote, and advance the health and safety of our nation.”

Currently, RADM Johnson is detailed to the Indian Health Service Headquarters as the Indian Health Service Bipartisan Infrastructure Law lead. The Navajo Area Office will be coordinating a promotion ceremony for RADM Johnson in November 2024.



NEW APPOINTMENT

Navajo Area Chief Contracting Officer

Mr. Jericho Lewis comes to the Navajo Area from the Gallup Service Unit where he supervised the acquisition team for over three years. For the past two years, he also served as the acting Chief Operating Officer and Deputy Chief Executive Officer while managing the GSU’s acquisition program.

Prior to joining the Indian Health Services Mr. Lewis has over 20 years’ experience in federal acquisition serving in various capacities including Purchasing Agent, Contract Specialist, Procurement Analyst, Supervisory Contract Specialist, and Chief Contracting Officer.



Jericho Lewis

His experience includes procuring simple supplies and services to complex government requirements including construction and architect-engineering requirements across organizations within USDA and USDOJ. Since he joined DHHS in October 2020, he has deployed various acquisition process improvements within GSU and across the NAIHS, and will continue as he takes on the Chief of the Contracting Office role.

Mr. Lewis earned an undergraduate degree in Management, a Master of Science in Environmental Policy and Management, and a Master of Public Administration.

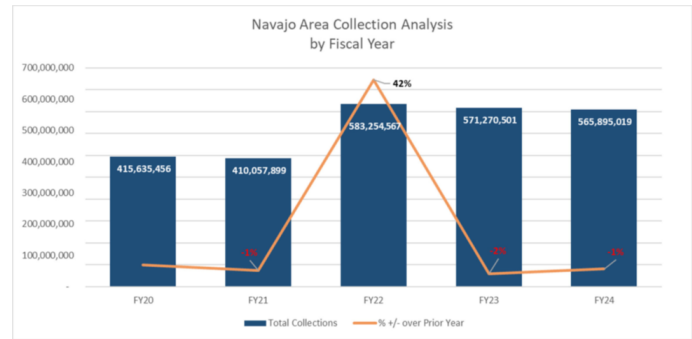


Office of Administration and Management

FINANCIAL MANAGEMENT

The Navajo Area Division of Financial Management successfully closed out fiscal year (FY) 2024 on September 27, 2024. The Navajo Area had a carryforward balance of over \$1.0B for the fiscal year. These funds are available for operational costs in the new fiscal year.

The final third party collections for FY 2024 was \$565,895,019. This was 1% less than the previous FY. The decrease can be attributed to the Change Healthcare security breach from February. The collections that were finally received had to be manually posted by the service unit, which took more research and time. Also staffing shortages also contributed to the decrease.



Navajo Area Office successfully closed out the Special Diabetes Program for Indians (SDPI) grant for project period 2016-2022. The grant operates on a 5-year grant cycle however, Navajo Area received a non-competing continuation in 2021 and 2022 and also a No Cost Extension which extended the grant project period an additional three years. Overall grant funds received during the period is \$52.8 million and out of the total funds received, Navajo Area Office and the five Federal Service Units expended 89% (\$47.1 million) of the SDPI grant award.

Navajo Area Office coordinated bi-weekly meetings with the service units to plan, implement and execute the spending of the grant funds. Each bi-weekly meeting consisted of Navajo Area office, the Service Unit's Diabetes Management/School Health team and also their Finance team to provide updates on grant budget narratives, discuss and resolve issues and to overall provide transparency and familiarize key players. Final grant close-out consisted of an SDPI Program progress report, Equipment and supply listing, and the Final Federal Financial Report SF-425 which may have not been accomplished without the assistance and coordination of the bi-weekly Service unit meetings.

Navajo Area Finance completed FY 2025 Funding Tables with attachments and Buyback Agreements for the Title I and Title V and forwarded to the Office of Tribal Partnership for further processing. Funds were received, fund certifications issued, and paid to Dilkon Medical Center (Winslow) for Contract Support Cost (CSC) Pre-award/Start-up Costs for \$4,118,158.00 and Staffing/Operating Costs for \$33,864,000.00. In addition, we received and paid the 105(L) Lease payments to Utah (MC) and Sage Memorial. Any additional funds received, fund certifications processed, amendments/modification executed, and were paid prior to FY2024 year end. Lastly, in preparation for the upcoming FY 2025 Advance Appropriation, documents were prepared for each 638 facility.

The Navajo Area Office Accounting staff assisted 2 service units in receiving their third party collections. Our third party collection process involves using a couple of different systems and at times, files do not transmit correctly. The accounting staff researched the systems to determine where the files didn't transmit and had these files re-queued so the service units were able to get their collections. The total amounts that were eventually received was \$485,526.



HUMAN RESOURCE

The Navajo Regional Human Resources Office, Division of Workforce Relations emphasizes a safe and healthy work environment. The reporting for the end of the fiscal year, for Employee Relation and Labor Relation, there have been 165 employee relation cases and 41 labor relation cases completed. The cases filed has decreased from last fiscal year.

The Reasonable Accommodation (RA) program at the Navajo Area IHS remains in compliance with Section 501 of the Rehabilitation Action of 1973 where the IHS must provide reasonable accommodations as quickly as possible to remove workplace and employment barriers for an employee or applicant for employment. The program has addressed 22 RA cases with 88% of the cases meeting the RAC review timelines and 50% have been closed by end of 4th quarter. The program continues to build coalitions with administering the program to support employees for a safe and healthy work environment. The program has established and conducted in-depth training to all employees for program awareness and accountability.

The Division of Personnel Security program across the Navajo Nation worked through 193 pre-employment cases and on-going re-investigations for current employees. The V7 to V8 Personnel Identification Verification (PIV) card renewal project was accomplished by the June 30, 2024 deadline.

The Navajo Regional Human Resources Office, Division of Client Services completed the review of prior employee paper personnel folders. The department has transitioned to 100% electronic since October 2022. HR staff reviewed, prepared and accomplished the enormous task of sorting, recording and sending the inactive paper Official Personnel Folder (OPF) to the National Records Center. A total of 90 boxes were shipped which was a total of 657 employee paper personnel files.

The Navajo Regional Human Resources Office, Division of Client Services has been working on data clean up for the Electronic Official Personnel Folders (eOPF). The HR is transitioning to a new modern eOPF system starting October 1, 2024. The project began with 59,287 records reviews and as of October 3, 2024, the HR staff has addressed 57,367 reviews. There remain 1,920 reviews to complete the project. This is a huge accomplishment by the HR staff.

In addition, Human Resources has been working tirelessly to fill positions across the Navajo Region. In comparison from 3rd quarter 2024 to 4th quarter 2024, the IHS Navajo Area has increased hiring by 54 actions. In the 4th quarter the HR staff processed 249 actions for new hire, rehire, competitive/non-competitive promotions and reassignments which increased by 21% from the 3rd quarter.

IHS Navajo Area continues to experience fluctuation in it's human resources at all facilities. The Navajo Region's overall vacancy rate has increased from 23% in 2nd quarter to 27% in the 3rd quarter to 29% at the end of the 4th quarter in our fiscal year.



In comparison of the May 2024 vacancy report to September 2024 report, positions in 0610-Nurse series had a total 895 positions in May and increased to 921 in September, showing a 2.8% increase in positions. There is a similar trend with the 0602-Physician series, where in May 2024 there were 373 positions and in September 2024, the 0602 positions increased to 396 resulting in an increase of 5.8%. With the creation of new positions, the DHA training is a necessary component for collaborations with the clinical and nursing departments to speed up the hiring process where another session was provided to hiring managers and recruiters at the end of September 2024.

Office of Clinical Service

On July 9th Navajo Area requested and supported an Infectious Disease ECHO Presentation on Hantavirus due to the usually high number of Hantavirus cases we were seeing through the Spring and early Summer. This was attended by over 125 staff from across the country, but mostly from the Southwest to keep this diagnosis on their radar as they see our patients.

On August 23rd, several IHS Headquarters' staff and Navajo Area Office staff attended the Grand Opening for the new Sage Memorial Hospital in Ganado. While on site this day we also had a Tribal Delegation Meeting to discuss plans to facilitate the new Gallup Indian Medical Center facility and site selection.

On August 26th, Area Director DuWayne Begay and Chief Medical Officer Kevin Gaines participated with Northern Arizona University on their Health Design Summit to develop a new Medical School to better serve rural and reservation regions of Northern Arizona.

Purchase Referred Care

As part of the IHS 2024 Agency Work Plan the agency is strengthening the system by developing and implementing a work plan to identify, assess, plan for, and monitor organizational and programmatic risk that impact the agency. Of highlight is the financial portion that included Purchased Referred Care (PRC) authorization and payment process as well as, PRC carryover.

The Purchased Referred Care has been working diligently with the service units to meet the 15% carryover by the end of 2025. Spending plans are coordinated between the area office and the service unit finance departments to determine projecting deficits.

Based on the last three years, the PRC workload has seen the need to increase staffing such as Contact Reps, PRC RN Case Managers and Budget Analyst positions. The workforce will provide support and avoid backlogs based on the increased workload.

The Navajo Area Medical Priorities has greatly improved patient care and services. We have not only covered patient specific services but included support of direct care, staff salaries and benefits. The priorities has seen an increase in the workload for current staff with staff staying abreast to meet the demands of the workload.

Lastly, the Navajo Area PRC conducted the FY 2024 PRC on-site reviews with an update to the Governing Bodies at Chinle Service Unit on 7/13/24; Kayenta Service Unit on 08/07/24; Gallup Service Unit on 08/02/24; Shiprock Service Unit on 08/19/24. Crownpoint Service Unit is pending an updated report that is scheduled to take place before the end of October 2024..



Office of Public Health

The Office of Public Health, in partnership, with the Center of Harmony and Recovery (Tribal Opioid Response Program) within the Navajo Nation Division of Behavioral and Mental Health Services (DBMHS) hosted the Opioid Awareness Summit in Window Rock, Arizona on September 24 & 25, 2024. The two-day event focused on crucial topics such as drug trafficking, opioid prevention, opioid settlement funds, data trends, Arizona and New Mexico state resources, and Navajo traditional medicine. It also included informative leadership panel discussions. Drug Enforcement Agency (DEA) agents from El Paso, Colorado, Phoenix and Utah presented at the Opioid Summit.

On September 13, 2024, the Special Diabetes Program for Indian (SDPI) released an announcement of a non-competing, \$250,000 in “Administrative Supplemental Funds” to SDPI Grantees. All Navajo Area Indian Health Service Units have agreed to accept the supplemental funding of \$41,667 each.

2024 Administrative Supplemental Funding	\$ 250,000.00
NA-HPDP (Primary)	\$ 41,666.65
Chinle	\$ 41,666.67
Crownpoint	\$ 41,666.67
GIMC	\$ 41,666.67
Kayenta	\$ 41,666.67
NNMC	\$ 41,666.67

The NAO IHS SDPI Consultant coordinated the programmatic requirements for the SDPI supplemental funding with the NAO SDPI recipients. The e IHS Division of Diabetes Treatment and Prevention (DDTP) provided instructions that the proposed budget and budget narratives should align with the 2024 SDPI Project Narrative and scope of work. Once all information is received and reviewed, all applications will be upload into Grant Solutions. All programmatic documents are to be submitted by end of October 2024.

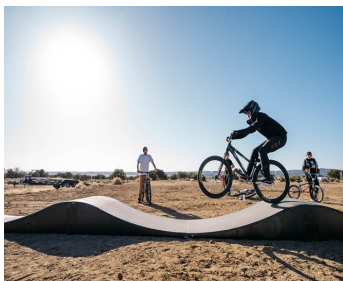
Biking has many physical, mental and social health benefits. Biking is shown to improve the physical, mental and social health, allowing individuals to receive both the benefits of physical activity such as lower risk for heart disease, stroke, some cancers, type 2 diabetes, and reduce obesity, risk of serious outcomes from infectious disease, and improved thinking/cognition. The bike pump tracks provides social benefits by having safe and identified spaces for physical activity, the tracks allow a sub-group of the community to develop and allow persons to identify and connect to others.

Navajo Area Office collaborated with various partners to establish 5 Bike Pump Tracks on the Navajo Nation to increase the number of safe spaces for physical activity. The Pump Tracks are located across the Navajo Nation: Kayenta, AZ; Hard Rock, AZ; Nazlini, AZ; Navajo, NM; and Crownpoint, NM.

The location of project sites was identified through low-level readiness assessment, looking at local biking capacity, such as trail building, youth programming, school and community involvement, and competitive team availability. This allowed us to determine what communities were already invested in biking and had a user population that was prepared to establish, support and utilize the tracks. A big factor in selecting sites was the partnership with land lease owners that were ready to do land work for site preparation and support assembly of the tracks. Thank you to all of the communities that helped with this initiative.



NAIHS will hand over the property to partners through an Agreement. The rationale is that when ownership is taken by organizations they can maintain oversight and maintenance of the property, allowing for insurance coverage under the partnering organization. Our partners also prefer the property to become theirs for the same reasons and they also have the staffing to cover inspection and general maintenance.



Office of Quality & Patient Safety

The Navajo Area Risk Management Coordinator is a key figure in the success of the monthly Navajo Area Quality Assurance Risk Management committee meetings. Their active involvement, particularly in reviewing the dashboard and potential new cases, is crucial. The Coordinator's timely updates ensure that the committee is well-informed and can provide valuable information to the Headquarters Indian Health Service committee.

The Navajo Area, Infection Prevention Nurse, conducts an Area Infection Prevention Team quarterly meeting with Service Unit Infection Prevention Nurses. The discussion items were Sterile Processing Standards, a site visit to complete focused tracers, and a workgroup inviting all service units to contribute to developing a template for a Legionella response plan. Staff also provided opportunities for the Service Unit Infection Prevention Nurses to assist with tracer activity at other facilities.



The Navajo Area Quality Professionals have successfully completed the strategically important Balanced Scorecard Professional training, achieving outstanding results. Their comprehensive understanding and successful application of this program, designed for our professionals, is a testament to their expertise and dedication. This success underscores their value and integral role in achieving our quality and patient safety goals within Navajo Area Indian Health Services, instilling a sense of pride and confidence in their capabilities among the stakeholders.

The Navajo Area Chief Quality Manager actively participated in the close conference calls on Crownpoint Service Unit's Joint Commission Laboratory survey. The Crownpoint Service Unit team had three findings within the moderate risk category that can be corrected to meet accreditation compliance. The Crownpoint Service Unit team significantly improved patient safety and quality care.

The Navajo Area Chief Quality Manager took a proactive role in the Kayenta Service Unit's Joint Commission Laboratory Hospital survey. The team identified several findings within the moderate risk category, with the majority related to the Environment of Care and Life Safety standards. The Service Unit is fully aware of these findings and is committed to implementing corrective actions to ensure accreditation compliance.



The Navajo Area Chief Quality Manager took a proactive role in the Kayenta Service Unit's Joint Commission Laboratory Hospital survey. The team identified several findings within the moderate risk category, with the majority related to the Environment of Care and Life Safety standards. The Service Unit is fully aware of these findings and is committed to implementing corrective actions to ensure accreditation compliance.

The Navajo Area Risk Management Coordinator has been a driving force in the Just Culture workgroup since 2023. The workgroup's first initiative is to assign 'Introduction to Just Culture' in HealthStream to all Navajo Area Indian Health Services staff. The Coordinator's unwavering commitment is evident in the high completion rate of 86% for 2023. Additionally, 36 employees were trained as Just Culture Champions within Navajo Area IHS. The Coordinator shares the Just Culture Implementation Plan with all Service Unit Quality Directors, ensuring that their dedication is felt throughout the organization.

The Navajo Area Quality team, with additional Area Subject Matter Experts, completed an on-site visit at the Chinle Service Unit to support accreditation readiness by conducting focused tracers and consultations. The team was privileged to collaborate with Chinle Service Unit Quality during the review, and Chinle Service Unit's employees were engaged in the accreditation readiness process. The Navajo Area Quality team will be available to the Chinle Service Unit to discuss their accreditation readiness initiatives to ensure compliance and patient safety.

The Navajo Area Quality and Patient Safety team's quarterly meeting with the Service Unit Quality Directors was a significant step in our collaborative efforts to ensure patient safety and quality care. The meeting covered a range of essential topics, including a schedule of Focused Tracers utilizing Tracer with AMP software, upcoming Joint Commission Resource Custom Education for NAIHS, Performance Improvement toolkit, TeamSTEPS training on SBAR communication tool, updates on the Navajo Area Quality Assurance Risk Management committee and compliance on the IHS Patient Safety chapter.

Office of Tribal Partnership

For a second consecutive year, the United States Congress has provided the Indian Health Service (IHS) with advance appropriations for most of the Agency's budget line items. This means that IHS is able to receive most of its Fiscal Year (FY) 2025 funding even when the rest of the Federal Government is operating under a Continuing Resolution. The Office of Tribal Partnership (OTP) has worked closely with Navajo Area Finance and Headquarters staff to distribute FY 2025 advance appropriations to P.L. 93-638 contractors and compactors that operate in alignment with the Federal Fiscal Year.

The Office of Tribal Partnership (OTP) congratulates Sage Memorial Hospital (Sage) on the grand opening of its new hospital, medical office building, and staff quarters. OTP enjoyed attending the grand opening ceremony that Sage hosted on August 23, 2024, and OTP is excited to see Sage expand its services.





The Office of Tribal Partnership (OTP) is closely monitoring consultation activities related to the Indian Health Service's (IHS) effort to update its contract support costs (CSC) policy. Efforts to update IHS's CSC policy come in response to a highly-consequential decision by the United States Supreme Court that IHS must pay CSC to Public Law 93-638 contractors and compactors related to the expenditures of third-party revenues. OTP looks forward to collaborating with contractors and compactors on implementing IHS's new CSC policy in the coming year. IHS Headquarters anticipates that a new calculation methodology for third-party CSC will be established by December of 2024.

The Office of Tribal Partnership (OTP) is pleased to see that P.L. 93-638 contractors and compactors are expanding their use of 105L Leases., Sage Memorial Hospital recently signed three 105L leases for the organization's newly-constructed buildings; Utah Navajo Health System has signed leases for four new buildings; and Winslow Indian Health Care Corporation has submitted 105L Lease proposals for seventeen buildings and four capital projects.

On August 23, 2024 and September 30, 2024, the Office of Tribal Partnership (OTP) attended meetings between Indian Health Service (IHS) Director Roselyn Tso and Tuba City Regional Health Care Corporation (TCRHCC). These meeting covered a number of topics ranging from construction project updates for the new Bodaway Gap/Echo Cliffs Health Center to reimbursement for healthcare services from the Veterans Administration.

The Navajo Nation's three P.L. 93-638 contractors – Health Management Services (HMS), Emergency Medical Service (EMS), and Navajo Treatment Center for Children and Their Families (NTCCTF) operate on a calendar year basis. Both HMS and NTCCTF both have contracts that expire on December 31, 2024 of this year. Both programs will need to secure new authorizing resolutions from the Navajo Nation Council prior to establishing new contracts.

Office of Environmental Health & Engineering

With the Bipartisan Infrastructure Law (BIL), the Navajo Area Sanitation Facilities Construction (SFC) Program is receiving an average of three times its annual average appropriation (approximately \$120 million per year) at a time when we have historically been able to get \$20 to \$40 million in water and sewer infrastructure constructed annually. The funding from the BIL is helping the SFC Program address critical water and sewer projects funded for the Navajo Nation.

FY 2022 & FY 2023 IJA projects are continuing to enter construction. 23 total projects have begun construction/design including eight projects which have been completed. FY 2024 IJA projects are being developed. 40 projects worth a total funding of \$66,647,717 have been funded. Late August, NECA requested to Title 1 Subpart J 25 of those projects worth \$33,261,600 worth of projects. The 25 projects that NECA has requested to Title 1 Subpart J are primarily design in nature. A response and contract is due to NECA shortly.

Over the past fiscal year, training for staff has become a priority. Contracting, Incident Command, and Construction Inspection courses have all been a priority with approximately 70 staff have been trained. Additionally, training in Confined Space/Trenching, 10 hour OSHA safety training, and Orientation training will be a focus within the Program.



The SFC Program continues to work with NECA to construct water and sewer on the Navajo Nation. NECA Invoicing was \$1.85 million in July, \$1.97 million in June, \$1.31 million in May, and \$1.74 million in April which puts us on track to spend approximately \$20 million in invoicing in 2024.

Staffing continues to be problematic for the SFC Program. A year ago, 30 September, the program had 86 staff, and now we are at 96 staff. The current SFC Director sees a full staff at approximately between 140 and 150. While the program has had success hiring young engineers, the program is missing many mid-level and senior engineers. In particular, the program could use an electrical, a utility consultant, and public information staffing. The SFC program is currently hiring remote engineers and paying incentive bonuses for engineering licensing. Year-over-year, the program is up nine engineers, so the program is moving in the right direction.

Division of Facilities Planning and Engineering

Pueblo Pintado Health Center

The new Pueblo Pintado Health Care Center design was awarded on April 20, 2021 to the Health Facilities Group, LLC, Wichita, Kansas. The Pueblo Pintado Health Center Project design was completed August 9, 2023. The construction phase request for proposals is in the early stages. The FedBizOps Pre-Solicitation Notice is expected to be posted November 2024, with award expected to be made in May 2025. The delay is due to the approval of the Acquisition Strategy by Indian Health Service (IHS) Headquarters (HQ) Division of Acquisition Policy (DAP). This is a requirement change and this is the first project to go through this process. The health center construction is projected to be complete by June 2027. The project, health center and quarters, is fully funded at \$231,400,000.00. The expected completion date for both project is June 2027.



The lease packages were received on September 23, 2024 by the Navajo Nation General Land Development Department (NNGLDD), and are in the President's office. The President's Office will review and will then forward to the Legislative Office for drafting of the Resource and Development Committee (RDC) resolution. The RDC will be the final approver of the lease. Once the President signs the leases will be forwarded to IHS Realty Officer for final signature.

The Navajo Area Indian Health Service has included the Pueblo Pintado Steering Committee. The Navajo Nation Department of Health (NDOH) are actively involved in the design development. The Pueblo Pintado Steering Committee includes members from the communities of Counselor, Whitehorse Lake, Torreon, Ojo Encino, and Pueblo Pintado. The participation of the NAIHS, the Navajo Nation Health Programs, and community members participated in the design of a state of the art health center that is both functional and respectful of the community and their cultural beliefs.

GIMC Emergency Department Expansion

The Gallup Indian Medical Center (GIMC) Emergency Department Expansion and Renovation project is moving forward. The construction was awarded on March 14, 2024 to LAM Corporation. There is currently an issue with the beam schedule, which was addressed and the updated project schedule has a completion date of June 2026.



Gallup Indian Medical Center Replacement Facility

The Gallup Indian Medical Center (GIMC) Replacement Facility Site Selection: Phase II of the site selection process for the GIMC Replacement Facility is near completion. Modification number 002 addresses the newly incorporated 500 Year Floodplain Guidance from IHS HQE to the Title I Construction Project Agreement was approved. The Navajo Nation requested a time extension for the completion of the SSER PH II for the Rehoboth site. Modification number 003 was approved and executed March 21, 2024, which extended the completion date of December 31, 2024, as requested. Phase II includes an in-depth assessment of the top-rated site, a legal land survey, flood plain analysis, soils reports, archaeological and historical data collection, and an environmental assessment.

The IHS continues to collaborate with the Navajo Nation to support future phases of the GIMC Replacement project. The Navajo Area Master Planning for Health Services and Facilities, the Program of Requirements (POR), the Program Justification Document (PJD), the Program of Justification for Quarters (PJDQ), and will be updated once a contract is awarded. The IHS issued a Notice of Funding Availability in the amount of \$1,843,000.00 that was issued to the Navajo Nation on October 4, 2024. The Navajo Nation has 30 days to respond to the NOFA to proceed as a Tribal or Federal acquisition.



The Navajo Nation is highly interested in choosing a site that will support future expansion and economic development. To this end on June 27, 2024, the Navajo Nation rescinded Resolution NABUY -30-20 supporting the Rehoboth site as the location for the new GIMC and approved Legislation 0129-24 approving the Gamerco Site for the new GIMC.

The IHS is expected to receive the Final Site Selection Evaluation Report Phase II for both the Rehoboth and Gamerco Sites by the end of October 2024 for review and comments. The final reports are expected by December 2024. The two reports will be compared side-by-side to determine the best site for construction of the new Gallup Indian Medical Center.

Tsaile Quarter Project

The Tsaile Quarters Project design RFC package was submitted to Engineering Services (ES) August 12, 2024. NAIHS-DFPE COR is in discussions with ES finalizing the design contract request for proposals. The project will proceed with the acquisition method of design-bid-build. Design funding is available. Construction funding will be identified in FY2025.



Crownpoint Quarter Project

The Crownpoint South Quarters Repair-by-Replacement Design was awarded in August 2021. The design was completed for the replacement of 33 quarter units and construction awarded to LAM Corporation. At this point construction has not commenced. The utility infrastructure removal is being addressed. Engineering Services Contracting Officer Representative (COR) has not obtained a project schedule and the Notice-to-Proceed has not been issued. It is expected to be issued November 2024.



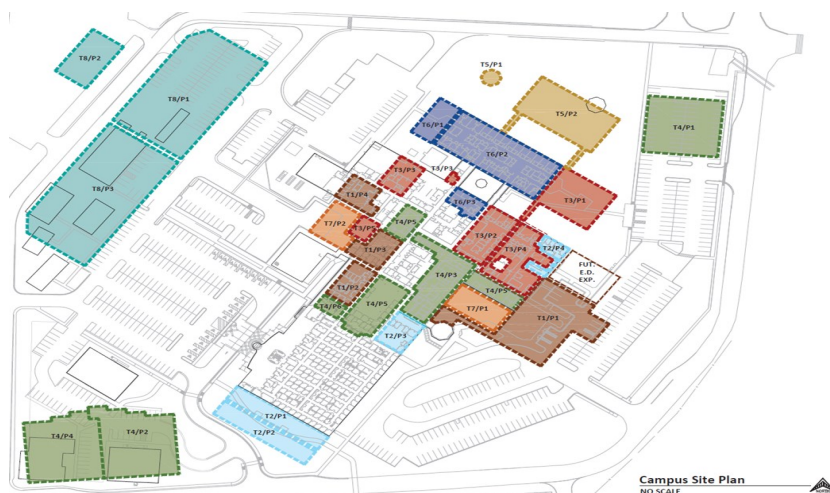
The following projects were awarded NEF funds. In May 2024 the Indian Health Service was notified all NEF funds not awarded in a contract by September 30, 2024 would be recaptured per a line item in the FY2024 budget. The Navajo Area Division of Facilities Planning and Engineering is in the process of completing Request for Contact Action packages to award all design contracts for all projects. The design portion and design contracting services will be fully funded with the NEF. The NAIHS will need to strategize to make future funding available for construction.

Kayenta and Inscription House Quarter Project

The Kayenta Alternative Rural Health Center and the Inscription House Health Center (IHHC) are in the design for the construction of a 19-unit quarters building for each location. This project will help in the recruitment and retention of health professionals for the Kayenta Service Unit.

The IHHC project RFC design package was submitted to the Division of Engineering Services on October 28, 2023. The design was completed by Johnson Smitthipong & Rosamond Associates, Inc. in August 2024. The delivery method for this project is design-bid-build. The project will be reviewed in FY2025 and funds for construction will be sought.

The Kayenta Project RFC design package was submitted to DES March 6, 2023 and a DES Contracting Officer was assigned on April 3, 2024. The design is in progress and 65% design drawing will be completed October 17, 2024. The estimated design completion is December 2024. Funding for construction will be determined in FY2025.





Chinle Emergency Department

The Chinle Comprehensive Health Center is moving forward with the design of Track 1: Emergency Department/Urgent Care Addition of their Master Plan consists of building an addition to the Emergency Department (ED) and Urgent Care (UC), renovating the old UC area for the Billing Office/ PRC/Coffee shop, renovate old ED for the PM&R departments, and finally renovate the vacated PM&R for Property & Supply Expansion.

The project will be a design-bid-build acquisition method. The design was awarded to Johnson Smithipong & Rosamond Associates, Inc. (JSRa) in the amount of \$1,641,580.59 for design. The period of performance for this contract is 211 days. Construction funding is being identified for construction to be completed.

Bodaway Gap Health Center

The new Bodaway Gap Health Center (BGHC) and 92 Staff Quarters project Design Phase was awarded in the amount of \$11,042,000.00 to the Tuba City Regional Health Care Corporation (TCRHCC) under a Title V Construction Project Agreement (TV-CPA) dated July 2022 under P.L. 93-638. The architect of record is Dekker Perich Sabatini out of Phoenix, Arizona. IHS completed their 100% design review and back checks on December 12, 2023. The construction contractor is Arviso-Oakland. BGHC construction completion is anticipated for January 2026.

The TCRHCC Title V Construction Project Agreement (TV CPA) for the Bodaway Gap Health Center Staff Quarters for Phase I of the quarters, was executed on July 3, 2024, in the amount of \$62,174,500.00 to complete the full design for all 92 staff quarters units, and construct as many of the total 92 staff quarters as funding permits.

The total construction funds for the health center have been received. The remaining funds, \$24,798,026.93, to complete the construction of the staff quarters is expected to be received in FY2025.





Chinle Service Unit

The Chinle Service Unit, (CSU) has been going through critical staffing shortages in numerous departments limiting resources and access to care. There is a nation-wide shift away from health-care careers, most attributed to COVID. IHS Agency-wide transition to One HR, that is augmenting recruitment efforts to support CSU and Navajo Area Office, (NAO) recruiters to bring more candidates to Chinle. Active engagement among hiring managers, recruiters, and medical staff to recruit more actively among medical communities (training sites, medical schools, etc.). Transition is active/ongoing and currently, limited staffing, limits clinic availability of clinicians, pharmacy hours and processes, laboratory functions, and occasionally causing outages or shutdowns of hospital departments (e.g., Computed Tomography or CT Scanner).

The CSU is experiencing limited access to inter-facility transfers for patients who require specialty or higher-level of care. Thousands of patients who receive care at CCHCF require higher level care, not available locally. Once the local care team determines this need, they coordinate with other hospitals to provide that care. In order to get the patient from CCHCF to another facility, we rely on outside, private companies to provide aeromedical transport. There are limited companies and resources, and they operate on a profit-bases, first-come, and first-serve basis. Patient Transportation Team established and expanded additional resources including the temporary landing zone helipad at a designated place in the CCHCF parking lot. Coordination of transfers with daily meetings to determine priorities within facility and streamline internal processes including discussions with Arizona Department of Health Services, informal collection of regional hospitals and Emergency Medical Services agencies, and with federal partners (project headed by members of the National Aeronautics and Space Association).

Chinle Comprehensive Health Care Facility, (CCHCF) started a Bridge Clinic to provide low barrier access to medication treatment for substance use disorders (SUD), including alcohol and opioid use disorders, link patients with SUD to routine primary care, and provide harm reduction to patients who do not have the goal of stopping or reducing substance use. Emergency Department clinicians were trained on prescribing medications for treatment of alcohol use disorders. Primary care providers were trained on prescribing medications for alcohol and opioid use disorders. A new ordering menu was created in the Electronic Health Record to facilitate prescribing of medications for SUD.

The CSU Public Health Nursing, (PHN) Department within the Division of Public Health organizes community vaccine clinics that are held each fall throughout the entire service unit. Clinics are planned at chapter houses, senior centers, schools, and businesses. There are 35 clinics scheduled this fall at chapter houses, senior centers, schools, and businesses all throughout Chinle Service Unit. Flu, COVID, and RSV (for elderly patients) vaccines will be offered to patients of all ages.

The Chinle Service Unit Nurse Staffing shortages continues in all departments, due to COVID-19 impact to CSU, nurse staffing has decreased overall post COVID-19. We have been supplementing with contract nurses in mostly all inpatient and outpatient departments. We have reached a critical staffing shortage within the nursing division at CSU. We have actively recruited at various conferences throughout the nation.



The Chinle Service Unit JMI summer walk/run events are organized and coordinated by the Health Promotion and Disease Prevention (HPDP) Department within the Division of Public Health. JMI events were held at all 16 chapter houses within Chinle Service Unit. The 2024 finale was hosted by Dine College. JMI events were incredibly successful, with a total of 4,404 registrants across all 17 events, a 93% increase in participation from the year before.



The Pinon Health Center (PHC) is being challenged by medical provider workforce shortage. PHC Employees have transferred, relocated, and changed career tracks. Our goal is to globally increase staffing at PHC to address our community's healthcare needs, preferably hiring permanent employees but will utilize locum staff until we can acclimate to the new HR process. Our proposed process will allow us to carefully select employees who will contribute to our community for as long as possible, show interest in our culture and community needs, and foster the skills to be great team players. PHC will continue to provide quality healthcare services despite our current challenges.

Purchased Referred Care (PRC) and CSU established quarterly meetings with Sage Memorial Hospital/ Ganado - PRC to complement referred care. Both Teams collaborate on the referrals generated for each facility based on the process of home or record and/or he who refers pay process. Meetings are encompassed of updates from each facility, discussion on current issues, establish outcomes to meet the needs of both parties; discuss, implement test of change of the iterative process and information sharing.

PHC will continue to review customer feedback from Patient Advocate and Management. Management continues to abide by the Service Unit policies on responses to our customers. In addition, Mandatory Customer Service Training to all PHC staff scheduled for October 31, 2024. Staff are to complete organization required mandatory trainings.

The Chinle Service Unit is coordinating with Medline to insure the supplies needed are kept in stock at the Medline warehouse in Tolleson AZ. Currently, we are able to keep supplies on hand, however space will become a factor once supplies are increased in house.



Crownpoint Service Unit

The Crownpoint Service Unit is replacing existing quarters on the south campus. This project consists of demolition and abatement of twenty-five (25) existing units, and will replace them with thirty-three (33) units to include three (3) Single Family homes (1 and 2 bedrooms, 1 ADA), six (6) Quadplex multi-family homes (1 and 2 bedroom), and three (3) Duplex multifamily homes (2 bedroom). This includes replacement of sidewalks, ramps, curb /gutter, pavement section, and construction of all utility improvements as needed to improve services and meet current code. The anticipated Notice to Proceed is October 15, 2024 and is will be in two phases, and is contracted to be complete within 730 days.

The Crownpoint Service Unit is one of the ten Indian Health Service facilities across the U.S. to receive a Maternal Child Health grant. This grant provides funding for the development and expansion of maternal child health for our Crownpoint community. A baseline assessment of maternal and child health indicators using qualitative and quantitative methods is under way. We are working with Navajo Area Office to obtain incentive cards for mothers seeking prenatal care and for parents/guardians bringing their children to receive routine vaccinations.

The Crownpoint Service Unit's (CPSU) Nursing Education Program has upgraded the Nursing training, orientation and competency requirements to stay compliant with healthcare accrediting bodies standards of nursing care and scope of work by re-establishing the Vermont Nurse Internship Program (VNIP) which has been integrated into the Nurses International (NI) Clinical Alliance. NI has collaborated, and shared ongoing development, and evaluation of the Clinical Transition Framework (CTF). The CTF is a model that was set-up over twenty years ago that included multiple agency use of resources in development, implementation, and the research was completed by VNIP and is now a part of the company's program. Veana Archer, Clinical Coach (CC), contacted the NI consultant who has done extensive work with Indian Health Service. NI shared updated orientation and training materials and we are able to utilize them with our newly hired nurses. Division of Nursing will work to institute more of NI's material for our Nursing Program.

Starting in February 2024, CPSU has worked to maintain Northern Navajo Medical Center (NMC) services by opening the CSR program to their needs in sterilizing instruments. NNMC is scheduled to utilize CPSU program form 8:00am to 12:00pm Monday through Friday. The CPSU CSR Technician, Ms. Tonita Yazzie has been critical to develop, coordinate, and provide her experience and insight to this additional task in her department. To meet regulatory requirement updates, Ms. Tonita Yazzie had to complete orientation, education, training, and competency with (3) NNMC Technicians. As of September 1, 2024 NNMC, has processed over 200 items at CPSU.

The Crownpoint Service Environmental Service Department sent two (2) staff members to training in Saratoga, New York, in September 2024. Jarvis Tsosie, Environmental Service Supervisor and Harry Lynch, Environmental Service staff completed and passed their Certified Health Care Environmental Services Technician (CHEST) program pairs quality education for performing health care environmental services professionals with training session.





The CHEST train-the-trainer program prepares participants to perform their duties in patient care settings, including infection prevention, disinfection, communication, safety, waste and linen handling, and floor care. Crownpoint Service Unit (CPSU) would love to show appreciation for dedicated Environmental Services (EVS) personnel who ensure that our health care facilities are clean, safe for our patients, their families, and staff members. Crownpoint Service Unit is proud of our Environmental Services staff and the hard work they put forward every day to keep our patients and employees safe and improving our quality of care.



The Crownpoint Service Unit is pleased to share a great success to one of our projects. Eight sites including three communities participated in the Division of Public Health (DPH) Garden Team. We hosted a Garden Evaluation Workshop on July 30, 2024 at Navajo Technical University (NTU) with 19 participants. The communities of Becenti, Crownpoint, White Rock Chapters, Standing Rock Wellness Center and Crownpoint Office of Environmental Health provided valuable insight on how they are caring for their gardens.

The DPH Garden Team has worked diligently over the past months in assisting the community partners. The team did a fantastic job in facilitating the whole process and accomplished what they set out to do. Feedback provided by participants will be compiled and used in program planning for next year's garden season. The long-term goal is to partner with our Crownpoint Service Communities in developing a Food System for the Crownpoint Service Unit.





A Health Relationship Training of Trainers coordinated by Karen Arviso, Health Promotion Coordinator took place on July 22 & 23, 2024 at Navajo Technical University. We had the opportunity to collaborate with the Sexual Assault Services of Northwest New Mexico team from Farmington, NM. A total of 23 schools and resources who work with children received training. Representation included: Gallup McKinley County School District Head Counselor, Baca, Pueblo Pintado, Mariano Lake and Tseiiahi Community Schools, T'iistso'ozí Bi'Olta FACE Program, Navajo Nation Family Harmony Program, Navajo Treatment Center for Children & Family, NTU Child Care Services, CHR Program, Navajo Nation Workforce Development and Crownpoint Healthcare Facility/Health Promotion Program/Women's Health Clinic & New Horizon Wellness Center. Other participants included Northern Navajo Medical Center and Shiprock Department of Family Services.

The goal of the training is to provide Sexual Abuse Prevention Education to Schools, early childhood providers and child-serving entities ways to develop healthy children and families, to prevent child abuse and neglect in its many forms and to empower children to be seen and heard by expressing and sharing their experience and points of view. Next steps are to meet with this group of trainers on a quarterly basis to review and practice lessons from the Care for Kids Curriculum for Pre-K to 2nd Grade.



Gallup Service Unit

On July 8, 2024 The Gallup Indian Medical Center Quality Division and Pharmacy Department met with The Joint Commission Consultant. The purpose of the three-day review was to discuss with the pharmacy management team of pharmacy operations, challenges, initiatives, current staffing, organizational structure, overview of technology current state supporting the medication system.

On September 16, 2024, Tohatchi Health Center employees received a Just Culture training presented by facility Just Culture champion Calandra Ahasteen, RN. Just Culture refers to an organizational approach that encourage open communication and learning from mistakes while holding individuals accountable for their actions. It aims to balance accountability with fairness, focusing on system improvement rather than blame. This approach fosters a culture where individuals feel safe to report errors and near misses, leading to continuous improvement and enhance safety within an organization.

The Gallup Service Unit continues to use the service for a Nurse Advice Line. The Nurse Advice Line is a service offered 24 hours a day, 7 days a week. It allows our patients to talk to a Registered Nurse to ask questions or obtain advice. In the month of July, there were 1,859 Phone Calls Handled; 186 of those calls were for pediatric patient concerns; 109 patients were referred to the Emergency Department. In the month of August, 1,741 Phone calls were handled; 187 of those calls were for pediatric patient concerns; 181 patients were referred to the Emergency Department.



On September 18, 2024, the 2nd Annual Four Corners IHS Primary Care Summit was held in Gallup, New Mexico. Hosted by Gallup Indian Medical Center Internal Medicine providers, a total of 60 attendees gathered from GIMC, Northern Navajo Medical Center, Tséhootsoóí Medical Center, Chinle Comprehensive Healthcare Facility, Zuni Comprehensive Health Center and Winslow Indian Health Care Center. Topics included COPE's work on promoting healthy foods via FVRx (Fruit and Vegetable Prescription program), FibroScan for earlier detection of liver disease at Gallup, enrollment process for patient health record, and Navajo Area Public Health Office initiatives. There were also lively panel discussions about improving staff communication, patient appointment clinic access, Purchased/ Referred Care coordination, substance use disorder treatment options, and street outreach innovations. Many wonderful ideas were shared and new connections were made between service units.



The Gallup Service Unit Trauma Program receives funding for maintaining the designation of Level III Trauma Center from the New Mexico Department of Health EMS Bureau Trauma Program committee. As a Level III Trauma Center, we can provide prompted available trauma care on a 24 hour basis, including on-call general surgery and select specialty coverage such as orthopedics. The hospital can provide evaluation, initial stabilization, and limited ongoing care for the transfer of acutely injured patients of all ages to Level I or Level II facilities, which can provide further definitive surgical care.



The DAISY Award is a national recognition program for RNs who exhibit excellence and compassion in nursing practice. There were a total of 10 nominations received for this quarter. Our quarterly ceremony was held in August and recognized Georgianna Piestewa from the General Surgery Clinic, as the DAISY Honoree.

GSU is open to working collaboratively with all stake holders for the common goal of having a safer and more enjoyable experience at GIMC. Health Information Management team continue to work with clinical providers in ensuring our patient records are completed with complete and accurate information for continuity of care. The four main projects of the Facilities Management department are the opening of Building 3000 – Emergency Department (ED), ED Expansion, demolition of older buildings on the GIMC campus, and preparation for an Endoscopy Unit.



Just Move It is a national campaign to promote physical activity for American Indians and Alaska Natives. JMI community events draw hundreds of runners and walkers to roads, sidewalks, paved trails or dirt paths across the service unit. The objective of JMI at GSU was to continue the momentum of encouraging community members to act in daily physical activity. Highlights throughout the series this year were a new signage boards out on the courses which included the mile markers and encouraging signs for all the participants, staff coverage at various course points such as registration, crowd control, safety/monitors/first aid station, traffic control, water station duties, water/snack station, emergency transport, and the increase in the support from numerous GIMC departments, external community programs, and tribal partners.

Kayenta Service Unit

Kayenta Alternative Rural Hospital, formerly Kayenta Service Unit was unable to expand its clinical capabilities this quarter due to internal and external issues beyond our control. After multiple quarters of progress and increasing clinical capabilities, KARH was forced to take a pause in Q2 of FY2024. As mentioned in previous reports, providing modern health care in a remote and resource limited setting such as Kayenta takes an entire team of people working seamlessly together. This quarter we had no alternative but to cease some operations to correct identified deficiencies. At the same time our acquisition and human resource's structure was reorganizing and under-staffed creating a backlog in equipment purchases and hiring processes. For KARH to become an accredited rural hospital, is in our favor and for the first time in many years Kayenta has reduced its transfers to outside medical systems and increased its ability to meet the community needs. We will continue to be here and advance our capabilities in providing the care our community deserves.



The Kayenta Service Unit Health Promotion Program hosted the annual 2024 Just Move It summer fun run/walk series from June 2024 to July 2024 as part of the Special Diabetes Program for Indians grant initiatives to support and promote diabetes prevention awareness throughout the surrounding communities and chapters of the Kayenta Service Unit. For each event, customer service feedback forms were administered to help refine the program and make improvements. The Kayenta Health Promotion Program also worked closely with the local Kayenta Service Unit Chapters to coordinate and plan. A total of 1,256 registered participants attended the 2024 Kayenta Service Unit Just Move It series. The highlight of the event, is having a local family from Shonto, The Brown Family, host the finale JMI event on their homestead. This was the first event where the Kayenta Health Promotion Program was able to collaboration with a local family to host the finale event at their residence.



The Inscription House Health Center has made it our firm goal to meet our community's medical needs, not only to the level they were pre-pandemic but we are determined to excel that standard and to raise the bar to the highest level that our resources allow for. Because we had to close our doors at times due to staffing shortages, exacerbated by our remoteness, COVID impacts, we are striving to win our patients back. In the past few months, we have been actively seeking to hire staff. Working closely with Kayenta Service Unit, who has our shared HR Department, we have added two permanent Nurse Practitioners to our employ. We have three full-time providers serving our population, the most we had in several years. We will continue to actively hire staff as meeting our community's needs are our top priority.

Shiprock Service Unit

The Northern Navajo Medical Center's Purchased Referred Care Program provides eligible patients with referrals to non-IHS medical facilities for medical services unavailable at IHS. IHS pays for the non-IHS medical services. The communication, and coordination between the PRC and the non-IHS medical facilities are essential to ensure that the patients receive quality care. PRC has implemented electronic billing with San Juan Regional Medical Center, San Juan Oncology, University of New Mexico Hospital, Southwest Eye Consultants, Cedar Ridge, etc. to simplify the payments and adjustments. In addition, the PRC is improving the claim process and tracking. A project was started with Southwest Eye Consultants, UNM Medical Group, and San Juan Oncology to share electronic spreadsheets of future patient appointments and expedite, and track purchase orders.

The Northern Navajo Medical Center's Psychology Internship Program was accredited in August 2024 by the American Psychology Association. This is the first accredited Psychology Internship in the Indian Health Service. The program will increase clinical psychologists to provide mental health care for children, adolescents, and adults. This accreditation shows the program's commitment to high standards in training and education to ensure the postdoctoral fellows and psychology interns receive the professional and academic competencies necessary for delivering vital mental health care to patients.

The Four Corners Regional Health Center began training employees about workplace violence prevention and skill-building through interpersonal communication and awareness to establish a safer work environment. The AVADE Workplace Violence Prevention Training is a course on education, prevention, and mitigation of violence in the workplace. The course teaches that workplace violence is preventable by recognizing the threat, identifying and mitigating risks, preparing employees, and providing resources to assist in preparation and response. In addition, some employees took the self-defense skills training. Since the training began in early 2024, over 80% of FCRHC staff have taken the training.

The collaboration between the Public Health Nurse (PHN) and the Clinical Division at Four Corners Regional Health Center plays a vital role in education, prevention, and medical services at the community schools. During the school year, the PHN team provides educational services on hand hygiene, seizure first aid training, and car seat safety and conducts health screenings, BMI assessments, and immunizations. The physicians and mental health specialists provide mental health services, prevention, and intervention to the schools. Many of the schools are experiencing the need for mental and emotional support for students in the areas of grief and loss. This collaboration is a great way to keep children and teachers healthy and safe.



The Dziłth-Na-O-Dith-Hle Health Center (DZHC) celebrated its 40th anniversary on September 25, 2024. It was a celebration to reflect on the progress and commitment to deliver healthcare services to the communities of the Counselor, Huerfano, and Nageezi Chapters. Past and present employees were recognized and honored for their years of dedication and service. In addition, the strong partnership between the federal, tribal, and private agencies was recognized because of their instrumental role in the Indian Health Service's mission and vision. The event was attended by the following dignitaries: Richelle Montoya, Navajo Nation Vice-President; Roselyn Tso, IHS Director; Dr. Beverly Cotton, Acting Deputy Director for Field Operations; RADML Brian k. Johnson; Ms. Shirley Yazzie-Lewis, 1st DZ's Health System Administrator, and Sherylene Yazzie, Executive Director for Navajo Department of Health.



Northern Navajo Medical Center has water that is safe to drink. However, the water requires additional processing, which is called utility water. Utility water is required to sterilize instruments without damaging them. NNMC Sterile Processing Department (SPD) is expeditiously managing the disruption of the sterilization of medical instruments due to utility water quality. Currently sterilization is being completed at Crownpoint Healthcare Facility and Gallup Indian Medical Center. During this time the surgical services are limited to emergency services. We continue to provide colonoscopies, dental surgeries and obstetrics. The construction on the infrastructure for a mobile SPD unit will begin on October 21, 2024. The mobile SPD unit will allow the facility to begin sterilization on site. The current water systems are being evaluated and plans have been made to improve the water systems in order to meet utility water standards.