

FORT DEFIANCE INDIAN HOSPITAL BOARD, Inc.

ANNUAL REPORT

TSÉHOOTSOOÍ

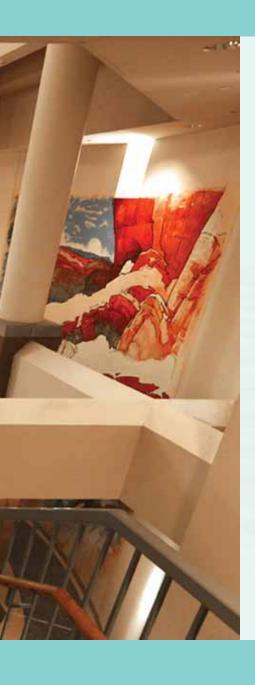


NAHATÁ DZIIL

FORT DEFIANCE INDIAN HOSPITAL BOARD, Inc.



Tséhootsooí Medical Center Rotunda



ANNUAL REPORT

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BOARD OF DIRECTORS



Board members attentive to FDIHB division presentation.



Mr. Caleb Roanhorse, *Vice-President*



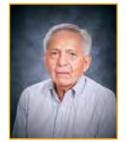
Ms. Lorraine Nelson, Secretary



Mr. Martin Ashley, Treasurer



Mr. Elmer Milford, Member



Dr. Raymond Reid, *Member*



Mr. Jerry Freddie, *Member*



Mr. Tim Goodluck, *Member*



Mr. Leland Anthony, *Member*

CEO Dr. Leland Leonard, along with Board members, Lorraine Nelson, Leland Anthony, Elmer Milford, and Tim Goodluck, with Chief of Planning, Dr. Janet Slowman-Chee at the Arizona Legislative Day.





MESSAGE FROM THE CHIEF EXECUTIVE OFFICER AND BOARD PRESIDENT

the President and Chief Executive Officer for Fort Defiance Indian Hospital Board, Inc. (FDIHB), are honored to present the 2012 Annual Report. We hope this information will reflect the overall operation, accomplishments and goals of Tséhootsooí Medical Center (TMC) and Nahat'á Dziil Health Center (NDHC).

Here at FDIHB, every initiative we start, every effort we support and every investment we make is guided by one simple question: How will this improve the patient care and patient safety of all patients at TMC and NDHC? To find the answer we know our work must be rooted directly in delivering superior and compassionate health care by raising the level of health, Hózhó and quality of life. Our vision is to harmoniously unite the communities we serve by engaging them in healthy lifestyles.

In the year 2012, the Board of Directors, Leadership Council and staff created a strong partnership to define what we are doing, where we are going, how we will complete our tasks, and the budget necessary to fulfill our plans, thus, creating the Strategic Plan.

Of particular focus are our goals to work with 16 chapters to promote healthy living by community capacity building, self-sustaining initiatives, self-determination, self-autonomy and Hózhó. We are calling for transformational changes in the communities, a fearless, innovation and collaboration for a healthy lifestyle. This will empower communities with the knowledge and skills to make a lasting and meaningful impact on the health of our current and future communities.

We are proud of TMC and NDHC accomplishments, included are, but not limited to:

- NDHC facility expansion; moving from 3400 sq. ft. to 30,000 sq. ft. (direct patient care)
- Unqualified financial audits for 2010 and 2011
- Successful containment of the Pertusis outbreak
- · Adoption of the Lean Six Sigma model
- Successful implementation of the Baby Friendly Hospital Initiative
- TMC facility expansion (urgent care, wellness center) to increase patient care
- Transition of all but 32 IPA employees to the Corporation

We humbly serve as the President and Chief Executive Officer for FDIHB; we are extremely honored to have this responsibility. We have advanced beyond our original vision; we know we are achieving great things.

As you will see in this report, TMC and NDHC continues its dramatic, remarkable teamwork among the leadership team, physicians, nurses, ancillary care and other health and support professionals, we are transforming our hospital into one of the best in the nation.

We will never stop working toward a future of better outcomes for all patients; we are setting our sights on expanded horizons.

Respectfully,

Roy Dempsey and Dr. Leland Leonard



OUR MISSION STATEMENT

TO PROVIDE SUPERIOR AND COMPASSIONATE HEALTHCARE TO OUR COMMUNITY BY RAISING THE LEVEL OF HEALTH, HÓZHÓ, AND QUALITY OF LIFE



OUR VISION

Harmoniously uniting communities by engaging our customers in healthy lifestyles.

OUR CORE VALUES

- Thinking Being mindful and innovative
- Respect For mother earth, our colleagues, and those we serve
- Reciprocity To give and take with humbleness, grace, and thankfulness
- Discipline We will be role models, do what we say, and respect ourselves and others
- Diligence The things we do are not easy, we will not give in or give up
- Relationships Build and sustain K'é and strong connections with the community, patients, and colleagues
- Spirituality We will constantly think about what we believe in and acknowledge that guidance is received from reverence
- Impression Put forth the best of efforts to impress upon others the strengths of character and professionalism of skills



ORGANIZATION HISTORY

The original Fort Defiance Indian Hospital was built in 1912 and it was controlled by the Bureau of Indian Affairs until 1955 when Congress transferred it to the Indian Health Service (IHS) within the U.S. Public Health Service. This facility was located near the original military post in Fort Defiance, AZ, Navajo Nation.

In 1965 the Fort Defiance IHS became an accredited hospital. In the early 1980s, a grassroots effort began planning to request for a new IHS facility. The group known as the Fort Defiance Hospital Steering Committee was composed of community members and elected community leaders, along with the Navajo Nation Division of Health and the Navajo Area Indian Health Service. The efforts of the committee led to the allocation of funds to construct a new hospital. In August 2002, the new 56 bed; 240,000 square foot hospital opened its doors.

Throughout that time the hospital continued to grow with the acquisition of the Nahaťá Dzill Health Center in Sanders, Arizona in 1999. Hospital leaders also initiated efforts to become one of several hospital organizations on the Navajo Nation to be governed by Public Law 93-638, Indian Self-Determination and Education Assistance Act. On July 31, 1995 the Navajo Nation Business Regulatory Department of the Division of Economic Development approved and certified the Bylaws of FDIHB and on August 3, 2009, FDIHB cleared a major hurdle in the self-determination process by garnering the approval of the Intergovernmental Relations Committee of the Navajo Nation Council in support of FDIHB's request to become a '638 facility.

On March 28, 2010, the hospital received approval and officially became the fourth Public Law 93-638, self-determined hospital on the Navajo Nation and is no longer under the control of IHS. The '638 status gives the community control of the management and operation of the facility. The Fort Defiance Indian Hospital Board of Directors voted unanimously on April 15, 2011, to name the hospital Tséhootsooí Medical Center.

GOVERNANCE

The FDIHB is a tribally chartered, 501(c)(3) nonprofit healthcare organization that operates and manages TMC and NDHC. It has a ten-member Board of Directors that oversees and approves facility operations. It is certified by the Centers for Medicare & Medicaid Services (CMS) to offer a wide range of acute and ambulatory care services to patients. The two facilities provide healthcare services to an estimated 47,000 people; a majority of whom are members of the Navajo Nation and reside within the 16 Navajo communities/chapters of the Fort Defiance service area.

TMC is located at the Northwest corner of Navajo Route 7 and Navajo Route 12 in Fort Defiance, Arizona. TMC is an inpatient and outpatient facility with a 24-hour Emergency Room.

NDHC is located off Interstate 40 and State Highway 191 in Sanders, Arizona. NDHC provides basic outpatient services with a small laboratory, a pharmacy, and four exam rooms. It is open Monday through Friday from 8 am to 5 pm.



Original Ft. Defiance Indian Hospital



Above: Navajo male hogan

Below: Navajo female hogan



THE HEALTH CARE ENVIRONMENT

HÓZHÓ EMBEDDED HEALTHCARE

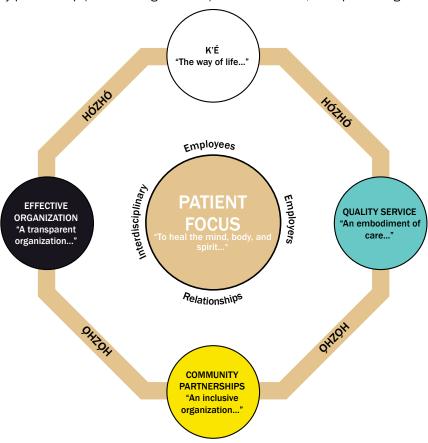
The Diné have always been guided and protected by the immutable laws provided by the Diyin, the Diyin Diné'e, nahasdzaan and Yadilhil; these laws have not only provided sanctuary for the Diné Life Way but has guided, sustained and protected the Diné as they journeyed upon and off the sacred lands upon which they were placed since time immemorial (Navajo Nation Code, Titles 1 to 5, 2005).

Each department at TMC and NDHC will offer Hózhó oriented health care for all patients. Hózhó is a well-balanced orientation to life that encompasses K'é, holism, unity, and harmony.

Patient care and patient safety will uphold Hózhó. Healthcare that incorporates Hózhó brings joy, happiness, peace and beauty to the diagnosis and treatment of all patients at the three levels of health interventions: primary, secondary and tertiary.

STRATEGIC PATIENT CARE PLANNING MODEL

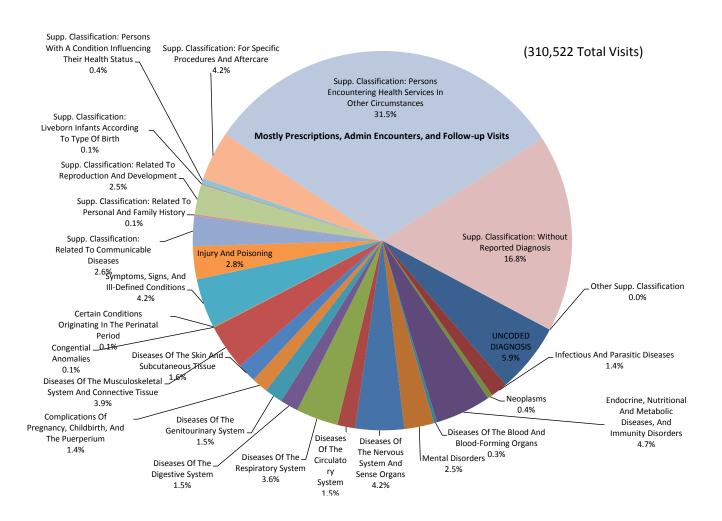
The "Patient Focus" model is to heal the patient's mind, body and spirit. This is an interdisciplinary approach that incorporates K'é, (Diné way of life, relationships), caring and quality service, community partnership (inclusive organization) and an effective, transparent organization.





PATIENT DIAGNOSIS BREAKDOWN

Patient Diagnosis at TMC: Fiscal Year 2012 - October 1, 2011 to September 30, 2012

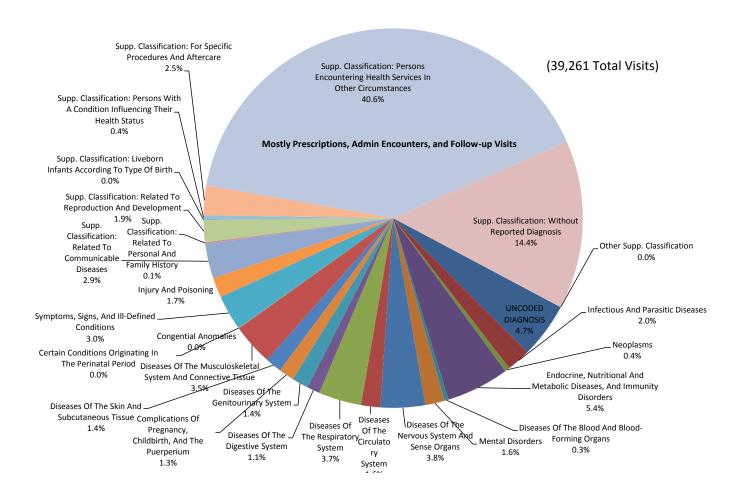


Data Source: Resource and Patient Management System (RPMS), November 2012



PATIENT DIAGNOSIS BREAKDOWN

Patient Diagnosis at NDHC: Fiscal Year 2012 - Oct 1, 2011 to Sept 30, 2012



Data Source: RPMS, Nov 2012



CHIEF MEDICAL OFFICE



Dr. Nazone Yazzie

HÓZHÓ

We exist for the health and medical necessity of the Navajo People. Accessing quality medical care is an unending need within our community. This is a daily dilemma that our healthcare facility faces. Part of that access also includes the patient experiences which influence the satisfaction of the patients, and satisfaction driven repeat utilization of our facility. It is our goal to serve our community's needs and improve the health of the community we serve through providing the highest obtainable quality and continuity of medical care.

ACCOMPLISHMENTS

Dental Service - Expanded services to NDHC, Sanders, AZ.

Primary Care Clinic – Reorganized the Improving Patient Care (IPC) process.

Optometry – Completed the assessment of flow process to address delayed patient access.

Surgery – Completed expansion plans of clinical space to increase surgical services

Emergency Services – Increased midlevel providers to handle urgent care patients.

Home Base Care – Established the IV therapy room Radiology – Services added are stereotactic breast biopsy, Dual-energy x-ray absorptiometry (DEXA), mammogram (diagnostic & tomo-synthesis) and hired a fulltime radiologist.

Laboratory – Redesigned the lab using the Lean Six Sigma method to create greater efficiency.



Luisa Alvarez, OD (right), Helene Morgan, ENT/Audio MSA



Pharmacy - Redesigned layout for efficiency

Rehabilitation – Established and continue to provide dry needle service for chronic pain treatment, expanded staggered therapist hours, expanded Physical Therapist student program.

GOALS

- Improve Patient Care
- Assure provider cultural orientation.
- Expand facility at Nahatadziil Health Center, Sanders, AZ to serve more patients.
- Continue to strengthen staffing recruitment and retention.



Jeffrey Mazique, MD gets acquianted with the camera

Tséhootsooí Medical Center Rotunda

UNIQUENESS

Received impressive review by the Committee on Native American Child Health (CONACH), the reported "The commitment by pediatric staff, nursing staff, and administration to the highest quality of child health programs and collaboration was palpable in all encounters. This is a very functional facility which has accomplished a model transition to self-governance and has expanded its health resources in culturally-appropriate community outreach to the Navajo people".



Dr. Talia Pindyke and Dr. Julianna Reece from Primary Care Clinic



CHIEF NURSING OFFICE

HÓZHÓ

The Nursing division approaches the care of individual patients with using the Relationship Based Care nursing model. This model incorporates the culture of the person/patient and their family, Hózhó as a part of that care.

ACCOMPLISHMENTS

- Nurse vacancy rate is 16% and the staff turnover rate is 2%.
- Department and division monitoring indicators have been established and are being tracked with the assistance of the Quality Assurance Performance Improvement (QAPI) Statistician.
- Strategicplanforthedivisionandnursingdepartments are submitted, Nursing Program reviewed and updated.



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