



FORT DEFIANCE INDIAN HOSPITAL BOARD, Inc.

STRATEGIC PLAN

FISCAL YEARS 2013-2015

TSÉHOOTSOOÍ MEDICAL CENTER



NAHAT'Á DZIIL HEALTH CENTER

HOW TO USE THIS PLANNING DOCUMENT

The task of reshaping the face of healthcare for Fort Defiance Service Area came on January 28, 2010 with the signing of the Public Law 93-638, Indian Self-Determination & Education Assistance Act, contract to allow Self Determination. A key element of immediate and measured organizational success was the implementation of a strategic plan with participation and support of the board, leadership and selected key staff of Fort Defiance Indian Hospital Board, Inc. (FDIHB) The first plan was broad based in terms of identifying system and policy needs as well as organizational restructuring.

Today, FDIHB strategic planning is the ongoing result of cooperation and collaboration among staff, leadership, board, patient and community in order to be an effective and efficient health care organization. As you read this document it is important to connect the dots in terms of how one division and department is coordinating efforts across the organization to achieve measured results for the patient and our community. Questions to be asked as you review this document might include:

1. How does the patient benefit?
2. Are the goals simple to understand?
3. How can the overall community be impacted by the results?

This document is organized to first educate the reader on the history, service area, and demographics of FDIHB. The use of graphs, outlines, and other visuals is our attempt to share an up to date and accurate depiction of the current state of the organization.

Beginning on page 21, this section provides an overview of the division goals to meet board directive and internally identified challenges. Each division provides a broad based view of baselines, goals, evaluation factors and general costs to achieve the plan. Under each division, each department or work team is to develop a more detailed list of goals and objectives to meet every broad based division statement. It is up to each Division Chief to continually monitor, evaluate and modify departmental plans to ensure these goals are met in a timely, efficient and effective manner.

Finally, as you review this document always ask how the patient will benefit and if the plan is meeting the mission “To provide superior and compassionate healthcare to our community by raising the level of health, Hózhó, and quality of life”.

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BOARD OF DIRECTORS

As President of the Fort Defiance Indian Hospital Board Inc., I am grateful to work with my fellow board members, I am thankful for their leadership and commitment in laying the foundation for the 2013-15 Strategic Plan. Each board member led discussions and actively identified the goals necessary to improve patient care and patient safety here at Tséhootsooi Medical Center (TMC) and Nahaʼá Dziil Health Center (NDHC). I truly appreciate every prayer offered by the Board members. I also extend my sincere gratitude to the Chief Executive Officer, Dr. Leland Leonard and all the staff for completing this plan.



Mr. Roy B. Dempsey

The Fort Defiance Indian Hospital Board, Inc. (FDIHB) expects compassionate and superior health care at TMC and NDHC. Today, status quo is not an option for FDIHB.

Our passion for the mission, vision and values of our patients pushes us to consistently create opportunities for high quality patient care. We acknowledge and support the Hózhó orientation in the diagnosis and treatment of our patients. The Diné people value Hózhó, this is a well-balanced orientation to life that encompasses K'é, holism, unity and harmony. The Board is honored to be part of this unique process.

In March 2010, we became a “self-determined” hospital by using the Public Law 93-638, Indian Self-Determination and Education Assistance Act. This status gives FDIHB full control of the management and operation of TMC and NDHC. We will continue to grow using the autonomous decision making process by involving all staff, patients and communities served at TMC and NDHC. I truly believe in ourselves when we say “We are making tremendous progress!”

The Strategic Plan will provide dynamic and clear communication on the future plans for TMC and NDHC. The plan will address many complex challenges and produce verifiable results. The employees at TMC and NDHC are dedicated professionals; they display conviction, commitment, collaboration, and creativity. The CEO and the leadership team are true examples of teamwork.

Quality, results driven strategic planning is foundational to being competitive in today’s changing, sophisticated health care environment. We fully embrace the changes necessary to be competitive and to assure quality patient care and patient safety.

Thank you,

Mr. Roy Dempsey, President
FDIHB

BOARD OF DIRECTORS



Mr. Caleb Roanhorse



Mr. Martin Ashbly



Ms. Lorraine Nelson



Mr. Jerry Freddie



Dr. Raymond Reid



Mr. Tim Goodluck




Mr. Elmer Milford



Mr. Leland Anthony

DR. LELAND LEONARD

 I am grateful to the Fort Defiance Indian Hospital Board, Inc., (FDIHB) for their leadership in creating the 2013-15 Strategic Plan. I fully acknowledge all the staff in each of the eight Divisions for spending countless hours to complete their Strategic Plans and budgets.

Strategic Planning is the process used to define an organization's strategies and allocation of its resources to achieve the goals and objectives. The key components of strategic planning include an understanding of the organization's vision, mission, values and strategies. The mission of FDIHB is "To provide superior and compassionate healthcare to our community by raising the level of health, Hózhó and quality of life". Hózhó is a well-balanced orientation to life that encompasses K'é, holism, unity, and harmony. The vision is "Harmoniously uniting communities in healthy lifestyles". The core values are nitsáhákees/thinking, hoł' nilj/respect, Yiih nih dił yiin/reciprocity, hó'yaqah'/discipline, yéego/diligence, K'é/relationships, jidísin/reverence/spirituality and ahjiitaai/impression.

Hózhó is crucial to the overall health and strength of the Navajo Nation. We developed the circle of health care model rooted in the Diné philosophy.

The FDIHB 2013-15 Strategic Plan will provide direction and implementation strategies required to deliver quality patient care and assure patient safety. The goals are prioritized and the budget cycles are aligned with each Division Plans. The highlights of our plans include:

- New facilities, renovation of existing buildings at TMC and NDHC
- Build a Long Term Care Facility
- Implement the Lean Six Sigma for process improvement
- Provide Telehealth services for nine Navajo chapter/communities
- Implement Electronic Health Records
- Stabilize the financial base, grants, third party reimbursements, etc.
- Strengthen the workforce by training, including in-house "train the trainers" and performance improvement initiatives

I believe the plan is comprehensive, practical and exciting! The planning of all the activities ensures a competitive advantage and profitability; we have taken utmost prudence of all resources for the plan.

The TMC and NDHC leadership embraces the many challenges and rewards/celebrations they encounter daily, they are committed to superior and compassionate health care for all patients. The employees are our greatest asset. I kindly thank them for their commitment in delivering compassionate and superior health care.

Dr. Leland Leonard, CEO



Dr. Leland Leonard

WHO WE ARE

OUR MISSION

“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

INTRODUCTION

OUR 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 Nahaʼá Dził 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.

THE HEALTH CARE ENVIRONMENT

HÓZHÓ EMBEDDED HEALTHCARE

The Diné

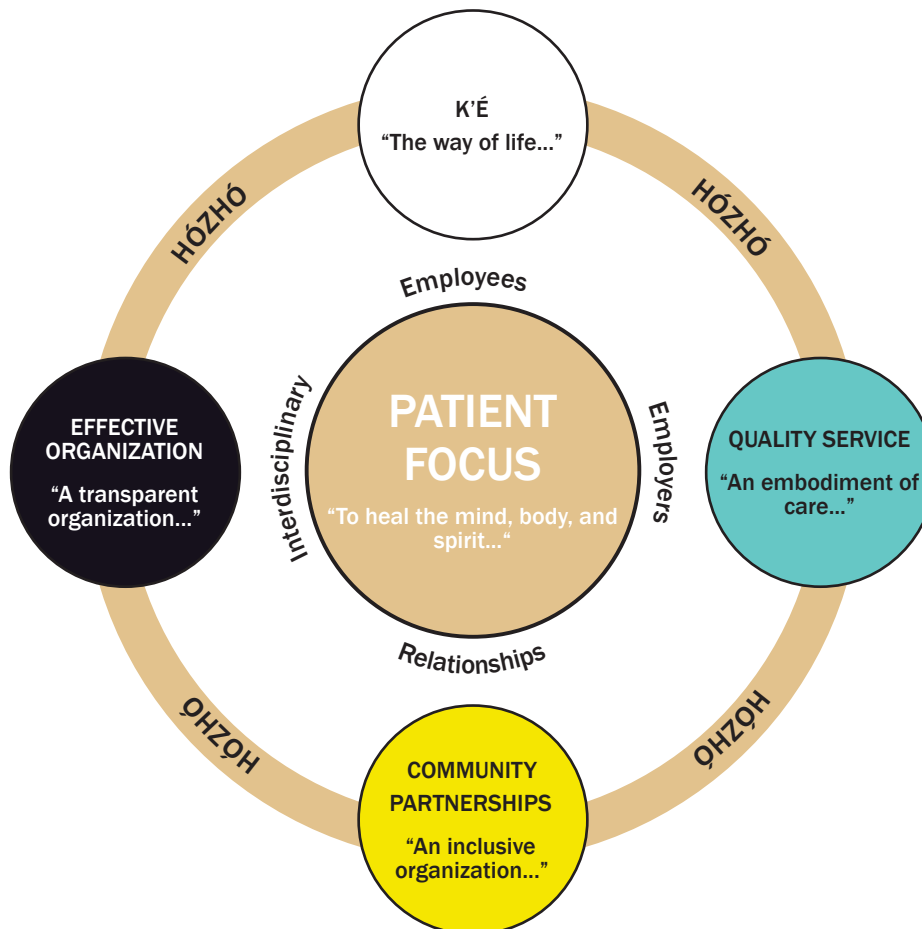
The Diné have always been guided and protected by the immutable laws provided by the Diyin, the Diyin Diné'e, nahasdzaan and Yadihilil; these laws have not only provided sanctuary for the Diné Life Way but has guided, sustained and protected the Diné as they journeyed upon and off the sacred lands upon 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

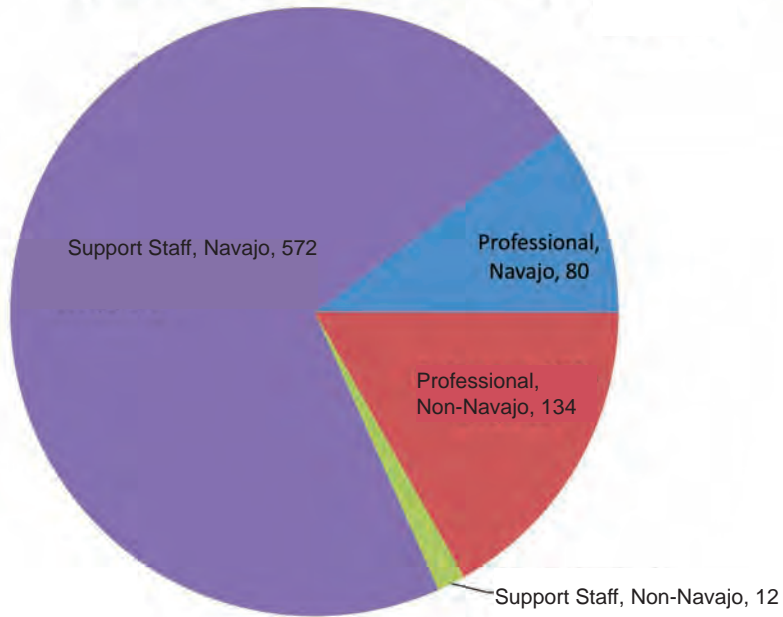
The "Patient Focus" model is to heal the patient's mind, body and spirit. This is an interdisciplinary approach that incorporates K'é, (Diné way of life, relationships), caring and quality service, community partnership (inclusive organization) and an effective, transparent organization.



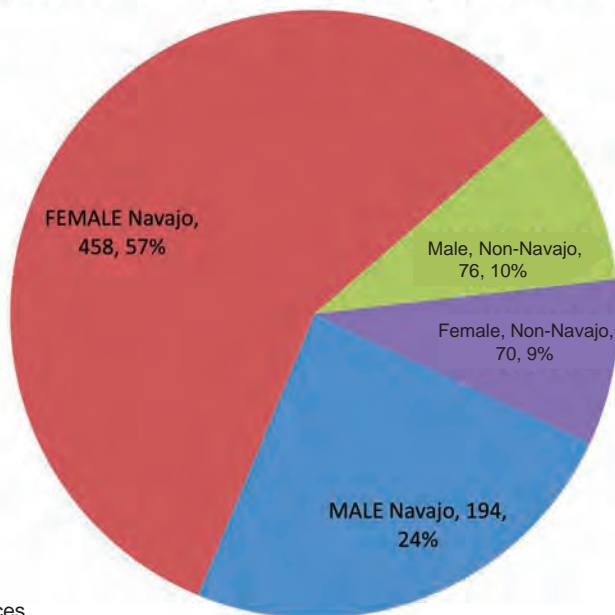
HUMAN RESOURCES

PROFESSIONAL & SUPPORT STAFF GENDER & ETHNICITY

Tséhootsooí Medical Center and Nahaʼá Dził Health Center Employees: 798
Professional/Support Staff & Ethnicity



Tséhootsooí Medical Center and Nahaʼá Dził Health Center Employees: 798
Gender & Ethnicity



Data Source: Division of Human Resources

OFFICE OF CHIEF EXECUTIVE

SUMMARY

GOALS

BUDGET

CHIEF EXECUTIVE OFFICE

GOALS

- **Lean Six Sigma Policies**
- **Baldrige Model**
- **Corporate Culture Training**
- **Fundraising**
- **Collaborate with Service Providers Outside of TMC and NDHC**
- **Urgent Care Clinic**
- **Nation Building with Governing Board**
- **Celebrate More!**



*Dr. Leland Leonard, Dine
Chief Executive Officer*

Purpose:

The Office of the Chief Executive Office is established for the Chief Executive Officer (CEO) of the Fort Defiance Indian Hospital Board, Inc. (FDIHB). The CEO is appointed by FDIHB to oversee the two health care centers owned and operated by FDIHB which are the Tséhootsooi Medical Center (TMC) and the Nahaʔá Dziil Health Center (NDHC). The CEO is held accountable to carry out fiduciary duties and responsibilities on behalf of FDIHB. The CEO provides guidance and leadership to secure healthcare services and to ensure the Fort Defiance hospital service area has access to the best health care that modern medicine can offer and to develop a sustainable approach for future FDIHB operations.

The CEO works for and with the Board of Directors to ensure that administration of all hospital programs, functions, services and activities are in accordance with the Scope of Work defined in the FY 2010 Annual Funding Agreement, along with the Public Law-93-638 Indian Self Determination Education Assistance Act and FDIHB's 501(c)3 Non-profit status.

To assist and guide the strategic planning process, the Leadership Council, which consists of seven Division Chiefs and the CEO, provides guidance and leadership to implement the strategic plans. The Leadership Council provides expertise in their respective fields to strategically move forward with the plans. The Leadership Council has professional knowledge and expertise in planning which is of great value and benefits the organization's development. The CEO will keep the Board of Directors apprised of the implementation and progress of the Strategic Plan, thereby ensuring the Board of Directors' continued participation in the strategic planning process.

Specifically, the Chief Executive Officer will champion the following nine priority goals:

1. **Adopt Lean Six Sigma-** the Chief Executive Officer facilitates weekly Leadership Council meetings to ascertain hospital operational issues and to assure that the FDIHB's strategic plan is being implemented. In adopting the Lean Six Sigma business model, we will create 240 in-house Lean Six Sigma trained staff over the next three fiscal years. The trainers will guide the strategic plan by using Lean Six Sigma principles. In adopting Lean Six Sigma, TMC will achieve goals, build capacity, move closer to sustainability and implement the following:
 - Greater profitability through leaner processes and greater productivity;
 - Become more customer-focused with staff responding rapidly to complaints;
 - Continuous quality improvement of all processes;
 - Empower employees to maintain increased performance;
 - Quality is everyone's job;
 - Vision-driven leadership; and
 - Value-based operation.
2. **Explore Baldrige Business Model-**The Baldrige Business model has lead to improved results in the healthcare industry by achieving and sustaining the highest levels of patient safety; healthcare outcomes; staff satisfaction and engagement; revenue and market share and; community services. Management will determine the viability of using Baldrige at TMC and NDHC.

3. Provide Corporate Culture training to the Medical Executive Committee (MEC) and divisions/departments. There will be corporate culture overview for all new employees.

Corporate culture training will develop staff's insight with regard to:

- A shared vision to focus on job productivity; FDIHB's corporate vision must satisfy all stakeholders and be meaningful to all employees (it is vital to feel protected, rewarded, and highly regarded). Develop employees so that they can succeed and be part of a performance winning team!
 - Develop highly ambitious individuals to drive and work together for common goals;
 - Customer friendly environment is our aim; determine employees' skills and provide training in the best interest of TMC and NDHC;
 - Provide additional trainings in understanding positive communication, internally and externally, and in support of business models that can change the work place environment;
 - Each goal must be realistic and attainable; deadlines should be set as benchmarks or standard for measuring or assessing;
 - Cultivation – participation and commitment from all board members and staff that self-determination is a deep commitment to our patients;
 - Efforts and results must be shared with employees and celebrated!
4. The CEO and the Chief of Planning will seek alternative resources, including but not limited to fundraising, grants, philanthropy, etc; for TMC and NDHC future growth and development.
 5. The CEO will establish partnerships with surrounding providers regarding laws, mandates, policies, and paradigm shifts with regard to healthcare provision, diagnosis, and treatment.
 6. Explore the possibility of fast track/urgent care clinic, the Office of CEO will work with the legal counsel, the Chief Medical Officer and the Chief of Planning to complete conceptual plans for the Urgent Care clinic at TMC and to ascertain other available facilities/clinics with regard to clinical buildings on the market.
 7. Utilize Native Nations Building Institute's (NNBI) nation building model to improve the lives of our patients and the communities we serve by working collaboratively with Chapter governments. This task will be championed by the Chief Executive Officer and the Chief of Planning. The planning subcommittee and key staff will attend the NNBI training at the University of Arizona to acquire concepts and skills to use with regard to nation building and

the goal of sustaining Chapters. The ultimate goal is to build, create, and sustain healthy chapter communities who take ownership of embracing healthy lifestyles and healthy habits. We will use the NNBI model to provide Chapters in our service area with the resources to living a healthy lifestyle. The Planning Division will assist in the completion of the Nation building plan for TMC, NDHC and the Chapters we serve.

8. CELEBRATE MORE! This task will be championed by the Chief Executive Officer, Board members, and all personnel. We have had many significant achievements and accomplishments; thus, we need to celebrate frequently. In addition, we will create a tradition of Achievers and celebrate our successes as a self-determined hospital organization. All FDIHB programs, departments and divisions will celebrate their respective accomplishments frequently and spontaneously.
9. Share FDIHB's Strategic Plan with TMC and NDHC personnel. This task will be championed by the Chief Executive Officer. The FDIHB Strategic Plan will be posted on the intranet for all personnel to view. In addition, management will provide training, education, and information sessions on the FDIHB Strategic Plan for FY 2013-15 to all TMC and NDHC employees.

Evaluation

The evaluation of the goals will derive from key action results, by identifying measures, analyzing performance, through our successes, and through continuous communications which will ensure future improvement.

Summary

Transformational change at TMC and NDHC with regard to resources, energy, and desire to change calls for a new level of fearlessness, innovation, and collaboration to execute the strategic plans. TMC and NDHC work force have demonstrated the desire and energy to change the organization into a quality health care organization. There is no doubt we have assembled a leadership team that is comparable to great organizations in the mainstream. These leaders must provide resources to achieve self-autonomy for the work force. Empowerment of the staff will help deploy and implement the transformational change. Now is the time to deploy this business strategy which is integrated into our strategic plans for the next three years. We can be the best but we must work as a team and continuously improve the processes to make changes. Lessons learned can be used as a tool to improve the system. Evaluation will be measures against baseline during the first year and thereafter against the previous fiscal year outcomes and results. Finally, we are grateful to board members and leaders for this opportunity to grow and sustain our organization for the future. I am excited to help lead this unique organization in providing the best clinical services to our people.

Nitsáhákees - Thinking Hózhó náháasdlíí - Joy		Nahat'á - Goals/Planning today Hózhó náháasdlíí - Happiness	liná - Implementation/Acting tomorrow náháasdlíí - Peace
Mandates/ Accountability	Profile	Planning of Action	Carry Out Plan
Compliance/ Regulations	Needs Baseline	Goals	Strategies/Timelines
Office of the Chief Executive Officer			
<p>Vision: To achieve a sustainable quality healthcare system for our patients and community.</p> <p>Values: Thinking, Respect, Reciprocity, Discipline, Diligence, Relationships, Spiritually and Impression.</p> <p>Philosophy: FDIHB is dedicated to raising the health status of American Indians to the highest possible level through a multidisciplinary team and by pursuing community control of health care services.</p> <ul style="list-style-type: none"> • FDIHB Policies/ Procedures • FDIHB Approved Resolutions • 42 CFR 482.21 • Center for Medicare and Medicaid Services (CMS) • Snyder Act • Public Law-93-638 Indian Self Determination & Education Assistance Act • Indian Health Care Improvement Act • Annual Funding Agreement • Navajo Nation laws 	<p>1. CEO Staff Chief Executive Officer Executive Assistant No vacancies</p> <p>2. Expectations- Assure effective operation of TMC and NDHC at all times.</p> <p>Strengths</p> <ul style="list-style-type: none"> • Self determination • Quality staff • Community relations • Effective leadership • Office location, beautiful country, close to NN govt. • Great financial position • Sister clinic at NDHC • Traditional healing srvs. • Electronic Hlth. Records • Telehealth initiative • Hózhó initiative • Non-profit corporation • Effective, active board/ subcommittees • Board Retreat led to FY13-15 Strategic Plan <p>Weaknesses</p> <ul style="list-style-type: none"> • Corporate culture business model • Self-determination mentality/mind set • In-house attorney • Community Liaison <p>3. Community/Stakeholder context- 16 Navajo chapters, patients are predominately Navajo people who have limited resources for health care, qualified staff & providers. 900 FDIHB employees, works closely with federal, state, & tribal entities.</p>	1. Adopt Lean Six Sigma	1.1 Facilitate weekly Leadership Council r Create In-House Lean-Six Sigma traine strategic plans using Lean-Six Sigma p achieve goals, sustainability and capa
		2. Explore Baldrige Model	2.1 Develop in-house experts to lead the study, act process for all Strategic Plan
		3. Corporate culture training Medical Executive Committee, divisions and departments	3.1 Provide 12 Corporate Culture awarene (annually) with an emphasis with the executive committee.
		4. Fundraising – Volunteer in global projects, i.e., United Way	4.1 Seek alternative resources, including grants, philanthropy and New Market FY 13-14.
		5. Collaborate with nearby service providers on laws/ policy change, paradigm shift	5.1 Collaborate and partner with other he providers to identify effective healthc patients in surrounding communities.
		6. Explore fast track/urgent care clinic, work with legal counsel	6.1 Pursue Urgent Care Clinic facility in su area and at TMC in FY 13.
		7. Nation building	7.1 Attend Nation Building training with T Governing Board and acquire concept nation building
		8. CELEBRATE MORE!	8.1 All FDIH programs, departments and celebrate their respective accomplish owner ship of prize earn and/o accom and CELEBRATE with staff!
		9. Share Strategic Plans with FDIH and NDHC personnel	9.1 Leadership will provide FDIH program departments and divisions training/e regarding FDIHB's Strategic Plans for f

community by raising the level of health, Hózhó, and quality of life. Communities in healthy lifestyles.				
How Hózhó	Siihasin - Reflection/Next month/year Hózhó náhasdlí - Beauty			
	Results	2013 Budget	2014 Budget	2015 Budget
	Evaluation			
Chief Executive Officer				
meetings. ers to guide principles to city building.	240 personnel to complete, Green Belts, Yellow Belts, Black Belts and Master Belts	\$250 K to train 80 FDIHB personnel in FY 13	\$250 K to train 80 FDIHB personnel in FY 14	\$250 K to train 80 FDIHB personnel in FY 15
e plan, do, ns	Use Baldrige to implement/do, evaluate/study and revise/act in to Strategic Plans.	Train managers on Baldrige model.	No cost	No cost
ess sessions medical	Complete Corporate Culture awareness sessions for all new employees.	CEO's time No Monetary Cost	CEO's time No Monetary Cost	CEO's time No Monetary Cost
fund raising, Tax Credits in	Secure funds to use for TMC & NDHC future development.	400k to secure NM Tax Credit, grants & to fund Long Term Care Facility.	400k- continue NM Tax Credit, & seek grants to fund Long Term Care Facility.	LTCF funding secured for 1st & 2nd phase project.
health care are for all	Establish partnership with surrounding providers on laws, policy, and paradigm shift. Completed conceptual plans for Urgent Care clinics at TMC &/or local communities.	No Cost establish partnership with NN and 9 communities.	No cost to maintaining partnerships	No cost to establish other outreach.
urrounding	Complete concept building plan for Urgent Care Clinic at TMC and ascertain other available facility in the area.	Funds are available for Master Plan which include urgent care	No Cost-Open Urgent Care at TMC	No Cost
TMC ts to use with	Initially train TMC Governing board and key staff to NNBI for training at UofA . They'll develop a plan & an assessment tool for evaluation purposes. Train others in the community who can train others.	Training Costs	Training Costs	Training Costs
divisions will ments. Create mplishment	Unify staff upon achieving each task or project. Celebration of appreciation will be the norm at FDIHB.	Staff Time	Staff Time	Staff Time
ns, ducation FY-13-15.	Share, collaborate, and sustain throughout Fort Defiance service area.	Staff Time	Staff Time	Staff Time

Fort Defiance Indian Hospital Board, Inc.

FY 2013 Division of Chief Executive Office

Budget Summary Form

Division: Executive

Division Chief: Dr. Leonard

Section II - DIVISION SUMMARY

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Cost Center Code	Cost Center Account Title	Personnel Budget	Non Personnel Budget	Total Operating Budget	Total Capital Budget	Total Proposed Budget
1000	EXECUTIVE	631,218	1,835,365	2,466,583	-	2,466,583
0100	FDIH INC BOARD	-	243,746	243,746	-	243,746
0002	TOTAL:	631,218	2,079,111	2,710,329	-	2,710,329

FORT DEFIANCE INDIAN HOSPITAL BOARD, Inc.



Tséhootsooí Medical Center
Corner of Navajo Routes 12 & 7
P.O. Box 649
Fort Defiance, AZ 86504-0649

(928)729-8000
(928)729-8019 Fax



Nahaʼá Dził Health Center
ChiiToh Blvd., Bldg. 2
P.O. Box 125
Sanders, AZ 86512-0125

(928)688-5600
(928)688-2550 fax

www.fdihb.org