

## Navajo Area Indian Health Service Quarterly Report to Tribal Leaders – July 2020

---

### Executive Summary

During this reporting period, the Navajo Area Indian Health Service (NAIHS) focused on Covid-19 activities with a focus to diagnosis, treat and recover. Navajo Nation has been significantly impacted by Covid-19, and the report summarizes the NAIHS effort to respond to patient needs, and the quality and safety of our health care team members. As of July 17, 2020 the following describes an unduplicated count of Covid-19 test summary. The NAIHS also worked extensively with Navajo Nation Tribal Leaders to improve the access to water Infructure on the Navajo Nation by using the data tracked through IHS Environmental Health data systems.

Service Unit	Positive	Negative	In Process	Total Tested
CHINLE	2090	7445	319	9854
CROWNPOINT	603	3115	168	3886
GALLUP	2486	6531	602	9619
KAYENTA	993	3135	225	4353
SHIPROCK	1841	4948	564	7353
	<b>8013</b>	<b>25174</b>	<b>1878</b>	<b>35065</b>

Executive Leadership Support provided during Covid-19:

- Executive support of Emergency Operation Center
- Shared information and guidance for clinical care
- Support of the ECHO program and shared clinical care information for all of IHS
- Oversight and monitored test supplies and test modalities
- Provision of ventilators
- Weekly updates to NAO employees

During Covid-19 response the following teams were developed to respond to the needs of our patients:

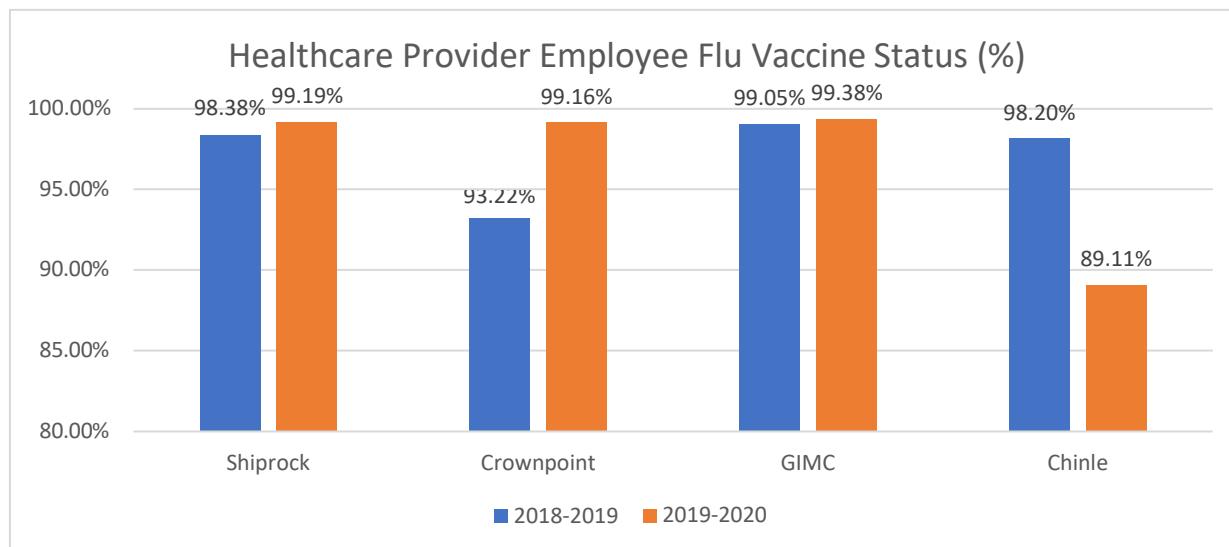
- Volunteer Management Team
- Alternative Care Sites and Isolation Teams
- Patient Mobilization Team
- Epi Response Team
- Case management Team
- Data Collection and Reporting Team
- Testing Strategy Team

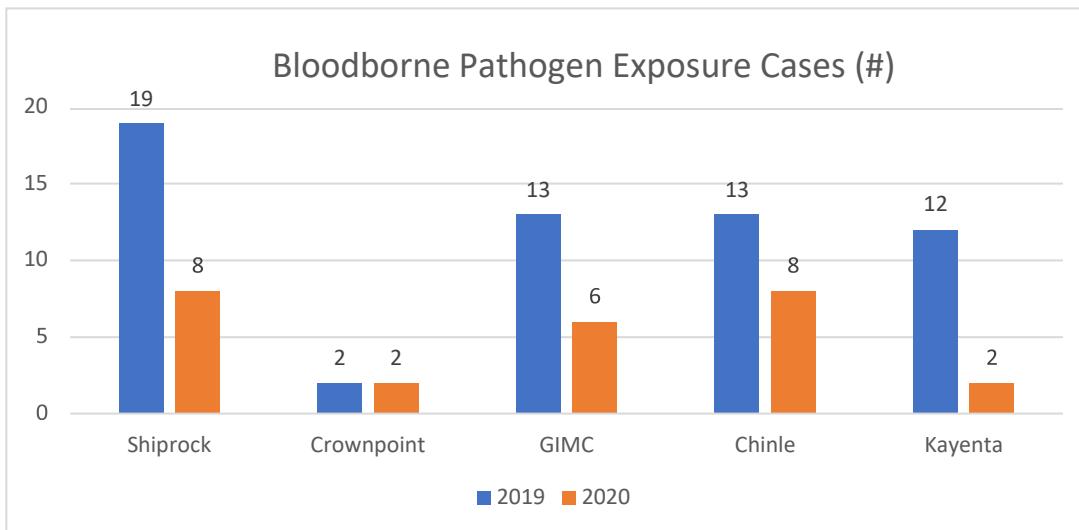
## Quality Activities or Fiscal Year 2020 Summary:

- At this time, Service Units hold accreditation status from the Joint Commission and Center Medicare and Medicaid Services.
- Navajo Area mock tracers are currently on hold due to covid-19. However, tracer resources in regarding to covid-19 are shared with all service units.
- Navajo Area Quality Management monitor and track WebCidents continuous. Any incidents that need further root cause analysis is requested by Navajo Area Quality team.
- Navajo Area Quality Management is seeking an automatic quality software to assist creating an area- wide dashboard. Manual data submissions have been challenging process past several years.
- Navajo Area Quality Management is also seeking an area wide contract for IFUs with OneSource.
- Navajo Area Wide Bi-weekly Safety and Infection Management skype call to discuss current issues and technical support.
- Service Units conducted daily reports Covid-19 patients and resources to CDC/NHSN.
- Service Units conducted PPE compliances training and education to employees.
- Navajo Area Office Infection Prevention provides technical support for covid-19 related policies.
- Navajo Area Office Infection Prevention and Service Units exchanged information in regards to US approved PPE.
- Service Units continue Infection Surveillance and report to CDC/NHSN quarterly.

## Quality Indicators

Healthcare Provider Employee Flu Vaccination Status. Data Source - NHSN and Webcidents. All service units exceeded 2018-2019 national average of 81%. Chinle Service Unit Flu vaccine rate has 9% decreased from 2019 to 2020 flu vaccine season.





- Bloodborne Pathogen (BBP) Exposure Cases (Number) in 2019 (12 month) and 2020 (as of July). Data Source - NHSN and Webcidents.
- There was no case reported of death, days away from work, or transport position due to BBP exposure incident in 2019 and 2020.

Covid-19 funding received in the NAIHS are described as follows:

**COVID 19 Funds to Navajo Area**  
As of 7/07/2020

COVID 19	NAIHS SU	NN/PL 93-638	Urban	Total
Testing	\$5,370,682.41	\$2,345,956.59	\$81,472.00	\$7,798,111.00
Response	\$6,263,577.00			\$6,263,577.00
CARES	\$34,540,624.60	\$20,946,068.40	\$1,357,869.00	\$56,844,562.00
CARES PRC	\$9,939,978.50	\$6,756,446.50		\$16,696,425.00
CARES M&I	\$2,624,101.00	\$1,475,899.00		\$4,100,000.00
CARES Equipment	\$5,851,404.00	\$3,302,396.00		\$9,153,800.00
PPPHCEA COVID Testing	\$39,958,918.00	\$24,186,375.00	\$1,357,868.00	\$65,503,161.00
COVID Reimbursable (Provider Relief)	\$34,381,678.54			\$34,381,678.54
CARES SFC (Water)	\$620,000.00			\$620,000.00
GIMC PreFab ICU*	\$11,980,699.00			\$11,980,699.00
	\$151,531,663.05	\$59,013,141.49	\$2,797,209.00	\$213,342,013.54

## LEADING CHANGE

- On a monthly basis, the Navajo Area Office (NAO) budget team leads telephone conference calls with the Service Units' leadership and Finance staff to monitor budget activities, revenue collections, and Covid-19 budgets spending compliance. Budget Spending Plans have been established for the various Covid-19 federal appropriations received by NAIHS.
- During COVID-19 Pandemic, the NAO made a change by allowing a majority of the workforce to telework from home as a safety measure. The Area staff successfully adapted to this change. A reliance on telecommunication and technology has allow the NAO to continue its business operation without disruption to patient care and service unit health care operational support.
- Early March 2018 the NAO quickly assembled an Epidemiology Response Team to provide case management, contact tracing and data collection and analysis. This team has been strong and performed well and works cooperatively with the Navajo Nation Epi Team. We will gather additional tools to analyze all of the Navajo Area Data and provide epidemiologic analysis of our patient population.
- NAIHS expanded the HEAL fellowship program across Navajo Area, working with HEAL to establish public health and health career programs in the area for students. As a result, three fellows are part of the HEAL fellowship.
- In response to the pandemic Chinle Service Unit put many improvements in place to accommodate the patients so that some services can continue, i.e., Drive through Pharmacy, Plexiglas in place at many of the windows.
- The Leupp to Dilkon Waterline, since the last update June 2, 2020, the design package is nearing completion by the Tuba City District and will be submitted to NTUA for review. The Navajo Nation President signed the Right of Way (ROW) request for Tribal Trust Land. Permission to Construct is approved for Tribal Trust Land. The ROW package request for Allotted Lands will be submitted to the BIA.
- The NAO Acquisition program is assisting the Navajo Area Service Units to consolidate service, supply and/or equipment purchase requests made to the Joint Commission Accreditation (JCA) organization. The JCA provides the necessary accreditations to all participating medical facilities within Navajo Area to ensure their ability to provide safe and quality. On a national level, the Indian Health Service (IHS) issued an order against the Health Resources and Services Administration (HRSA) contract to increase award turnaround time.
- The Office of Tribal Programs, known as the Office of Indian Self-Determination, is working to improve the efficiency of the Office, and meeting weekly with the five agencies of the Navajo Nation. The intent is to help ensure we communicate federal activities with regard to Covid-19 and Water infrastructure projects with the goal of addressing substantial issues that arise and to resolve timely.
- To support open communication, the Office of Tribal Programs shares e-mail reminders to Tribal Leadership to participate on various White House, DHHS, CDC, and IHS calls which are held weekly on Covid-19 status/updates and receive vital information. Along with Bi-

weekly Covid-19 email updates for Tribal leaders from RADM Michael Weahkee, Director, IHS.

- The Crownpoint Service Unit (CPSU) initiated the 2020 Strategic update on January 22, 2020. The Mission, Vision and Core Values were reviewed and they will remain the same. The IHS Strategic goals and objectives have been incorporated, and the initial Dashboard has been developed. The plan includes how CPSU will achieve its mission through the three strategic goals.
- The CRSU plans to participate as a Patient Centered Medical Home (PCMH): Surveyors during Mock Survey conducted by Joint Commission Resources in May 2019 indicated CPSU is ready for PCMH certification. Our goal is to become PCMH certified and recognized by December 2021. The Executive Committee will apply for PCMH with regular Joint Commission application this fall.
- The Dith-Na-Ole-dith-le Health Center's (DZHC) incident command system task force activated on February 28, 2020 and effectively responded to Covid-19 pandemic and maintained safe environment to patients and staff. DZHC remained open with limited outpatient services. Daily monitor daily outside screening team and patients. Recognition of staff as Covid-19 Champion on weekly base.
- The Gallup Indian Medical Center (GIMC) Stat building final design and construction package was completed with approved signatures provided on July 10, 2020. The project is scheduled for completion by January 6, 2021. This facility will allow the GIMC to prepare and provide enhanced services.
- The GIMC Site Selection held a meeting on July 15, 2020 to discuss the Title I Contract for the GIMC SSER Phase II, with the Navajo Nation. The next step is the Navajo Nation will schedule a conference call with the Technical Assistance Team, Navajo Nation and IHS, to discuss the SSER Phase II scope of work.
- The GIMC Trauma & Recovery Tent for Emergency Department (ED) from National Guard is available through July 2020. GIMC Building 2002 is designated as an alternate holding area for space for inebriated Covid-19 negative patients seen in the ED. The redesign for improved compliance includes Plexiglas for employee and patient safety. Redesign tentatively scheduled in August.
- The Kayenta Service Unit (KSU) Incident Command Systems for Covid-19 established nine goals and objectives during this public health emergency. The goals focus on patient safety, implemented case management to follow up on patients who have been discharged from an inpatient status with Covid-19. The KSU implemented a newsletter to inform staff of ICS status and objectives. This will continue throughout 2020.
- The Pinon Health Center (PHC) improved communication to the patients and to the community by creating a digital sign set up near the north entrance of the health center to provide PHC updates and services. The plan is to have the digital sign up by the end of August.
- The Shiprock Service Unit (SRSU) ICS task force was activated on February 28, 2020 to begin mobilization and coordination of employees, equipment and supplies. Since February, the ICS team has effectively responded to the Covid-19 pandemic, managing all

activities related to providing safe and quality care to patients and maintain safe environment.

- The SRSU delivery of healthcare services during pandemic, using parking lot operations to triage patients and provide pharmacy services. Maintain services and ensuring practice of CDC guidelines are followed to protect patients, employees and visitors. Planning for staff and patient safety by controlling patient flow in hospital and mandatory masks for all employees.
- The Tohatchi Health Center (THC) assessed and adjusted to changing situation by implementing innovative solutions. Increase access to care for Pharmacy department with curbside services. Pharmacy Point of Care increased collections by 23% from last year.
- The TSAILE Health Center (TSA) increased and improved hiring of essential staff to enhance patient continuity. We are rethinking our employee balance based on factual and historical data.

## LEADING PEOPLE

- The Navajo Area Office Acquisition program continues to sponsor the Acquisition Intern Program (AIP) for contract specialists. The internship is a development program for entry-level contract specialists to equip them with knowledge and skills in federal contracting and procurement requirements, acquaint them to IHS mission and operation, and integrate them into the IHS workforce as seamless as possible. The internship prepares the interns for increasing professional independence by giving them complex and high-level procurement and contracting responsibilities as they progress through the program. The program has a maximum of 36-month participation period.
- The AIP supports local community members who are hired as entry-level contract specialists, with little or no experience, and/or recent college graduates, the opportunity to embrace and grow in a Federal Contracting career. The Navajo Area has graduated six Interns from the Level II program, with most becoming Supervisory Contract Specialists and/or Leads for their respective Service Units. Sixteen graduates have established careers and remained in their communities. In the third quarter of Fiscal Year 2020, the Federal Acquisition Career Institute that manages certifications for federal Job Series: 1102 (Contract Specialist) registered two Interns whom have earned their Level III certifications (top certification) and one intern has earned a Level II certification.
- The Area Finance Accounts Payable Certifying Officers have decreased the volume of vouchers created in the Unified Financial Accounting System (UFMS). The vouchers are used to pay vendor invoices. Last year in July 2019, the voucher count was at 558, today it is at 41 due to improving the process and reporting mechanism to give immediate feedback to the Officers. An excel report is used to identify vouchers requiring immediate attention for payments. This data is obtained from the Financial Business Intelligence System (FBIS) and dumped into a formatted excel worksheet. The Worksheet is used by the Officers to alert them to pull vouchers that require immediate review and approval for payments. The result is vouchers invoices are now paid timely to prevent disruption to

clinical service and business operation. There is less phone calls and email communications about payments from the vendors.

- The Office of Indian Self Determination (OISD) provides leadership in the overall management and administration of Five (5) Title I Self-Determination Contacts and three (3) Self-Governance Compacts with the Navajo Nation. To strengthen the government-to-government relationship, Mr. Marquis Yazzie will serve as Acting Director of the Office of Indian Self Determination and Mr. Leonard Chee, Tribal Liaison, in executing our mission, functions, and responsibility to Agency activities that are critical to the Navajo Area Indian Health Service's relationship with the Navajo Nation.
- The OISD participates in structured conversations with the Tribe, Navajo Nation Washington Office, Chapter governments, IHS Direct Service Tribes Advisory Committee and Tribal Self-Governance Advisory Committee, and HHS Consultation Region 6, 8, and 9.
- In the first 120 days of the Covid-19 Response the Chinle Service Unit created systems of 24/7 monitoring and response to address community, patient, and staff needs. Established response system for over 1000 staff members, provided leadership to staff via clear objectives, consistent communications, and leading by example.
- The CPSU Team STEPPS Initiative on Navajo Medical Interpreter was accomplished. Ten (10) employees are now certified as medical interpreters. Departments can request for Interpreters through the hospital operators. They have updated list to rotate and call upon request.
- The CPSU ICS is in Phase I of the soft reopening as of June 8, 2020. Currently, the CPSU is evaluating the status of Phase I of the service units reopening plan in order to move into Phase II. Organization Structure undergoing changes as some staff are returning to direct patient care. Review of budget ongoing and completing allocation of Covid-19 for staff that are dedicated to the Covid-19 response. With the help of New Mexico Department of Health, Johns Hopkins, Eastern Chapters, and CHRs, the service unit has led weekly off site test events. Curbside Covid-19 Clinic ongoing Monday-Friday with numbers decreasing.
- The DZHC in collaboration with NM Department of Health and the service unit ICS Team, Providers, Nursing, and Administrative Support staff assisted with the drive thru Covid-19 testing at Nageezi Chapter in May and June 2020. The health center used community outreach models and provided information such as "We are Open! Please call us! To keep our patients and staff safe, DZHC has made some changes in how we do business with the encouragement to please call the clinic first, most visit are done over the phone with their primary care providers.
- The GIMC re-initiation of the service unit Employee Wellness Program. The increase wellness options as part of staff fitness program and there are weekly lunch hour walks.
- The KSU continues to work to achieve PCMH accreditation for KSU and meet the IHS objective for certification by 2021. The service unit has identified care teams, team drivers and provide supportive initiatives to PCMH Team Leaders for KSU. Multidisciplinary Team with outpatient providers, nursing staff, HIM, Coders, Navajo Nation PHN, Quality Management, and Business Office. Weekly/monthly team meetings and develop policies and procedures.

- At the KSU, to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian/Alaskan Natives (AI/AN) people. Information Technology (IT) coordinated with the ICS Team and implemented the nurse hotline for public access and communicate with KHC regarding Covid-19 medical concerns and patient education. The telephone hotline includes a hunt group type of calling structure, an auto attendant pickup system, and voicemail features to leave messages. This service will continue throughout 2020.
- The PHC employees are provided an opportunity to attend daily sessions on stress management provided by Chinle Hospital and the PHC Counseling Services are available for services for our employees as well.
- The PHC weekly prayers are provided by our Native Medicine staff and daily announcements and updates are provided regarding our Covid-19.
- The SRSU performed the following to improve patient wait-times:
  - The Transforming Patient Care Outpatient Clinics and Pediatric Department have established same day access. NNMC is PCMH certified.
  - NNMC uses patient satisfaction survey to identify waiting time issues in the inpatient and outpatient clinics and monitored through the Performance Improvement process to make improvements.
  - The Patient Advocate receives, identifies, addresses, tracks and resolves patient complaints about wait times with management and committees.
  - Expanded Evening Clinics: Adolescent Evening Clinic serves teenagers and young adults and the Women's Health department holds evening clinics.
  - NNMC Pharmacy has been integrated into the clinic visit to pre-screen patients and begin ordering medications to minimize patient wait. Pharmacy Mail Order program continues.
- The SRSU performed the following to improve recruitment of medical providers:
  - As of May 2020, the vacancy rate for medical and dental officers is 18.11%. Overall, the Clinical Division vacancy rate decreased from 17.85% in January 2020 to 16.14% in May 2020.
  - The CEO meets regularly with Division Directors and Supervisory Human Resources Specialist to ensure efficiency of the Service-Unit hiring process. Challenges remain and management continues to work with staff and system. The Medical Staff Recruiter works with the Clinical Director to identify high-priority areas. Nurse Recruiter provides information and assists applicants.
  - Use of Direct Hire Authority enables and expedites hiring of qualified applicants.
  - The Work Force Committee that consists of Division Directors and HR Specialists meet regularly to review process flow, outcomes and recommendations and determine strategies to reduce time involved in hiring processes.
  - SRSU supports continuing medical education.
  - To assist in recruitment and retention, SRSU offers medical student loan repayment, recruitment allowances, retention allowances, and hire above the minimum pay.

- The Tohatchi Health Center work to recruit and retain a high quality workforce. Improved vacancy rate from 38% to 29%.

## **BUSINESS ACUMEN**

- Due to the Covid-19 Public Health emergency, the federal OPM granted each Area's Human Resources Program hiring flexibility mechanisms that allowed Human Resources staff to implement a new process for hiring. The process allowed efficient hiring of a large number of people to respond to the Covid-19 staffing need. In the 3rd quarter of FY 2020, 107 temporaries and 114 permanent employees were hired using this newly implemented process. The staff was needed to meet patient care demand for increasing Covid-19 illnesses among the population served.
- The Department of Health and Human Services (DHHS) released several "Acquisition Flexibilities" to the Areas to allow a faster procurement award lead-time. The guidance and process allowed rapid respond to Covid-19 pandemic emergency presented by a medical facility. The Area and Service Units' Acquisition Departments were able to utilize the flexibilities, resulting in timely processing of 113 procurement actions, worth \$8,585,081.02.
- The Area leadership established security contract for ISO site; Coding and billing collaboration with service units; providing waivers from CMS; and continued the incentive/onboarding process.
- The OISD executed contract modifications/amendments for payment obligations within a 5-day timeframe. Both Title I and Title V received funds to combat COVID and related activities. The Navajo Area IHS has received a total of \$234 million in COVID-19 supplemental funding.
- The CPSU monitored weekly by finance and the hospital executive leadership to ensure expenses are tracked and monitored while revenue and allowances are applied for a balanced budget. Major expenses fluctuate the budget such as payroll, contract cost, medical supply lines, medication, and operating cost such as utilities. Revenue and monthly allowance distribution to the service unit which are factored into the budget. The main budget activity areas closely monitored are Health & Clinic (H&C), Medicare and Medicaid and Private Insurance. Currently, the budget is projected in the positive of \$18.1M.
- The CPSU established the Covid-19 spend plan for the service unit is projected for FY 2020 and FY 2021. Projected spending for FY 2020 is \$2,422,226.33 and FY 2021 is \$1,208,129.65. The spend plan summarizes use for supplies, equipment, services and temporary hires.
- The Chinle Service unit addressed the enhanced risk of the Covid-19 Pandemic by creating a new supply chains for logistics established, financial oversight of over 20+ million dollars in CARES Act funding, and direct community education on services provided.
- The Chinle Service Unit has begun the Recovery and Long term planning.

- The DZHC providers, nurses, nurse assistant and medical support assistant staff were assigned to the SRSU to assist with inpatient workload during the Covid-19 Pandemic, since April 2020.
- The GIMC increase Behavioral Health support and resources for staff and community. Develop a revenue based business line. GIMC met with Avera Ecate July 14, 2020 and a follow-up meeting scheduled for week of July 21, 2020 to enhance telemedicine capacity.
- To promote excellence and quality through innovation of the Indian health system into an optimally performing organization the KSU created quality improvement capability at all levels of the organization. IT collaborated with ICS, Inscription House Health Center (IHHC) staff, Team Rubicon, Navajo Nation Police Department and other volunteers who responded to the Covid-19 pandemic with KSU. A mass swab blitz was successfully conducted on Saturday, June 20, 2020. This involved network cabling, switch configuration and installation including DataRay label printers and desktop PCs with monitors. IT technical support was provided where needed during this code green such as being a runner for phone, pharmacy dispensary traffic control and checkpoint station assistant.
- The KSU works to strengthen NAIHS program management and operations. Secure and effectively manage the assets and resources. The service units plan to meet a minimum of 2% of the user population to be tested each month beginning July 2020 and gradually increase throughout the fall of 2020. The KSU will move forward to perform own test at clinic by increasing staff, purchase updated laboratory Covid-19 testing equipment, acquire outside laboratory service, expand infrastructure to accommodate additional laboratory equipment, perform in-house serology service, acquire a mobile unit for accessibility of community testing and expand community outreach with Navajo Nation PHN, Navajo Nation CHR, HPDP, CDC and John Hopkins.
- The planned expansion of PHC Optometry services for soft re-opening: the health center will start at about 35-50% of pre-Covid-19 capacity and prioritizing: Glaucoma care, Diabetic retinopathy care and optical services by appointment only. We continue to work closely with NAO on ordering supplies i.e. PPEs, etc.
- The SRSU pharmacy set-up a curbside pharmacy service in the hospital parking lot that had “runners” to retrieve information from the patients’ while they remain in their vehicle and deliver the information to the Pharmacy and return to the patients’ vehicle with medications or other information.
- The SRSU IT Team assisted the ICS and frontline medical teams with technological planning and operation to ensure rapid response and support by setting laptops, outdoor Wi-Fi access, Workstation on Wheels for outdoor triage, telehealth access, and platforms for clinical data sharing, etc. The IT Team also setup the Alternate Care Site with IT resources required for continuity of patient care.
- To meet staffing levels, the SRSU employees were encouraged to sign up for at least one training to help out in areas of the hospital that needed additional support. The following training were provided to interested employees: (1) Basic Vital Signs for non-clinical staff to take blood pressure, temperature, respirations, pulse, etc.; (2) Online Food Handler to assist dietary with food services (passing meals, stocking, cleaning, and helping kitchen staff), and (3) Housekeeping & Environmental Services to assist with basic duties such as

sweeping, taking out trash, wiping down items, and mopping, etc. in the non-Covid-19 areas.

- The Tohatchi Health Center reduce Prior Year undelivered order by working with GIMC Acquisition staff. Decrease in undelivered orders by 45%.
- The Tsai Health Center added an additional 10.71 acres of land to our acreage. The plan is to use this land to expand employee housing rests to enhance staffing and facility resources.

## **BUILDING COALITION**

- To maintain a positive partnership, the Navajo Area Acquisition Program was instrumental in completing the contracting requirement to distribute Covid-19 funds to Native American Community Action (NACA) Urban Health Clinic. The federal appropriation is for Urban Indian Clinics' response to Covid-19 pandemic. The Navajo Area Finance Program in concert with the OISD distributed federal appropriated Covid-19 funds to PL 93-638 contracted tribal organizations and programs immediately to ensure the funds get to the front-lines for patient care needs. The Area Finance team developed a "Frequently Asked Questions" (FAQ) document relative to what Covid-19 funds can and cannot be used for. This FAQ is updated periodically as new information becomes available.
- The Navajo Area Human Resources' ethics staff created a gifting/donation process for Service Unit staff to follow for Covid-19 donations and gifts during the pandemic. The local Service Unit Human Resources' staff assisted and monitored the process and assisted the local Points of Contacts for gifts' receipts and processing to ensure federal ethics compliance. 594 gifts were received, 456 were cleared, 138 denied, and 114 awaiting signature approvals for the third quarter.
- The Navajo Area IHS enhanced its working relationship with Navajo Epi Center to work together on data analysis, modeling, and following gating measures; the Chief Medical Officer serves as a co-lead on the Covid-19 response of the Navajo Nation Command Center overseeing public health and medical care; and work with all tribal programs to support their needs during Covid-19 including Abbott machines, testing supplies and isolation placement of patients.
- The NAIHS and IHS Headquarters hold calls twice per week with focus on improving water infrastructure for the Navajo Nation. Project NA-20-TWP funded for \$5.15M will provide emergency transitional water points and repairs. The project MOA#1 approved July 14, 2020 includes eligible design, engineering, construction and support of a safe water storage program. The Water Access Mission Team #4 is currently working on the design and construction of watering points at selected Chapters.
- The OISD will be conducting upcoming FY 2021 Annual Funding Negotiations with the Fort Defiance Indian Hospital Board, Inc. and the Navajo Health Foundation/Sage Memorial Hospital, Inc. Anticipation to enter into these agreements by September 30, 2020, continue to build key relationships and working on activities related to a critical part of both organizations in proving technical assistance.

- The OISD participates in the weekly Water Projects call, IHS field team updates, and pending actions/coordination needs on the Navajo Nation. Beneficial Use Agreement Form on chapter agreement form to be used to transfer goods to chapters; Navajo Water Access Mission Communication Proposal - Endorsement for the need to engage contractor assistance to aid in communication about the Safe Water Collection & Storage Programs. Navajo Water Access Mission Communication Proposal for Pueblo Pintado Chapter to determine waterpoint connection location/billing.
- The CPSU leadership participates in weekly teleconferences with the Navajo Nation Council and Office of the Speaker, and Eastern Navajo Agency chapters for updates on Covid-19 pandemic and related activities. They are facilitated by Delegate Mark Freeland and Legislative Staffer, Sherylene Yazzie. The discussions include leadership updates, State Representative updates, New Mexico State Senator, and Agency updates which includes the NAIHS Area Director and CPSU updates.
- The CPSU works with numerous entities since the onset of the pandemic to plan, collaborate, and develop plans needed to respond and mitigate this critical situation of the Covid-19 outbreak. The ICS stood up on March 2, 2020 to address this need. The entities and purpose are as follows:

New Mexico Department of Health/Albuquerque and Gallup Offices	COVID-19 Testing Drive Up Event/provided computer/Label printer/labels and staff to type data into the computer.
National Guards	Accompanied the NM Department of Health, Traffic Control
John Hopkins	Nurses provided for swabbing and runners
Community Health Representative (Navajo Nation)	Organized traffic flow, assigned location for registration and mobile clinic to be set up
Crownpoint Fire Department	Traffic Control
Torreton & Ojo Encino EMS	Traffic Control
CPSU Registration Team	2 staff from Med Records & 2 staff from Pt. Registration
Division of Public Health	Overall Coordination, provided Mobile van, planning event, contacted chapters & CHRs, developed promotional materials and faxed to all the radio stations and newspaper companies, stock the van with cloth mask, supplies, etc.
First Nations Community Health Source	Food supplies & PPE's
PMS/Cuba	Coordination of the upcoming Torreton event on July 29, 2020
Capt. Guy Mahoney, Ph.D, LCSW, BCD	Confidential behavioral health support for employees

- The DZHC Leadership participated in the weekly telephone conference with Eastern and Northern Navajo Agency Council provided updates on the Dzilth-Na-O-Dith-Hle Health Center on Covid-19 response and operation of the facility.

- The GIMC increased daily testing for GIMC and THC including increased community-based testing. On June 26, 2020, THC offered additional drive-thru testing. July 9, 2020 – Naschitti Chapter House hosted testing event. Additional Chapter House testing scheduled at Naschitti, Chichiltah, Manuelito, and Iyanbito in partnership with the NMDOH and Johns Hopkins.
- The GIMC supported two officers completed a four-week deployment to GIMC for Behavioral Health support of employees. Provider support made over 500 contacts which included individual and group contacts. Positive feedback from staff.
- The KSU Incident Command System and Covid-19 Community Engagement collaborate with tribal organizations/ services in the development of community-based health programs that will increase awareness on COVID-19 preventive measures. Work with the local chapters in Kayenta, Dennehotso, Chilchinbeto, Shonto, Navajo Mountain, and Inscription House by providing hands on education and showing the community members of how to prevent the spread of COVID-19 in public, in the household and among their family environments. Topics of education focuses on mental health and emotional wellness, drive-thru swab testing clinic, how to boost and keep nutritional and immune system in tack, and how to keep safe by utilizing face masks, gloves, hand sanitizer, and keeping a social distance per the CDC guidelines. Ongoing throughout the public health emergency of 2020.
- To strengthen NAIHS program management and operations the KSU improve communication within the organization with Indian/Tribe/Urban organizations and other stakeholders especially the general public. Community Covid-19 mass testing to increase number of community members tested during the pandemic. Overall, the testing fostered a cohesive relationship with Chapter Houses, Township, Navajo Nation Police Department and community members.
- The PHC continues to meet with community partners/stakeholders to provide Covid-19 Pandemic information and updates.
- The PHC Drive Thru Clinic has collaborated with Epi- Response team for all patients that test positive to begin contact tracing and case building on the same day as results are provided.
- The PHC held an Employee Appreciation Luncheon on July 9, 2020 for employees to thank them for their commitment and dedication during this challenging time. Virtual presentations were provided.
- The SRSU continues to make monthly contacts with Navajo Nation Chapters concerning service unit Covid-19 Response and obtain feedback on other concerns.
- The SRSU leadership participates on weekly telephone conferences with the Northern Navajo Agency Council to provide updates on SRSU Covid-19 Response.
- The SRSU collaborates with the Navajo Nation Health Command Operations Center, NM Department of Health, NM National Guard, Central Consolidated School District #22, NN CHR Program. NNMC Community Health supported 11 mass drive-thru COVID-19 community testing in SRSU.
- The SRSU newsletter is distributed at Chapter Houses, included in Covid-19 food distribution boxes, to inform community members of available medical services, nutrition education, wellness and lifestyle education, and community resources, etc.

- The SRSU supported the following volunteer groups came from across the country to support the SRSU/ICS response to the COVID-19 crisis: DMAT Team, Samaritan's Purse, PHS officers, Brigham Women's Hospital and University of San Francisco Hospital. Volunteers were nurses, a medical team, counseling staff, epidemiologists, and contact tracing staff. PPE training was provided to all.

## RESULTS DRIVEN

- The Gallup Regional Supply Center (GRSSC), which manages the supply chain for NAIHS and for several health facilities within the Albuquerque and Phoenix Areas, has issued Personnel Protective Equipment (PPE) items valued at \$1.17 million to combat Covid-19 pandemic. In addition, the GRSSC has processed 84 private donations/gifts valued at an estimated \$1.8 million worth of supplies. These donations were processed and pushed out to the GRSSC's customers within NAIHS and Albuquerque and Phoenix Areas, including federal, tribal PL 93-68 and urban health facilities. The GRSSC plays a major role in securing PPE items from regular vendors the Center has active contracts with and from the IHS National Supply Services Centers located in Oklahoma City, OK.
- The Navajo Area Human Resources' Personnel Security staff has worked on 727 pre-security clearance actions to allow 209 federal employees, 198 contractors, and 248 volunteers to start work immediately to deal with the Covid-19 emergency. Due to an existing federal HHS Agreement, the volunteers did not require pre-clearance, which lessen the burden of pre-clearance action on the federal hiring system.
- The EPI data is run and reviewed daily, from that data we create modeling, gating measures, which are used to make decisions about acute care and community mitigation. Our testing plan is based on an epidemiologic review of cases by Chapter House and targeting the best areas for testing. The team also monitors bed occupancy that gives us real time data to plan for staffing, resources and impact on the facilities when examining trends, volumes and inpatient bed and ICU numbers as well as transfers.
- The OISD worked with the Gallup Regional Supply Service Center and the Emergency Medical Service in establishing an agreement for purchase of Covid-19 supplies, providing technical assistance and interpreting language and negotiating terms and conditions.
- The CRSU continues to review GPRA data. Nine (9) of 26 measures are being met as of July 7, 2020. There are five measures that are at 2% or lower of being met. They should be met within the next two weeks. Challenging measures are; retinopathy exam, dental access, topical fluoride, tobacco cessation, and controlled blood pressure. The Optometry and Dental clinics have been limited due to COVID-19 pandemic.
- The CPSU administered 4,619 test from week of March 16 to June 28, 2020. Our weekly percentage who tested positive for week of June 28 was 6.3%. In addition, there was Covid-19 testing held at six (6) community locations including; Navajo Technical College, Ojo Encino Chapter, Torreon Chapter, Mariano Lake Chapter, Smith Lake Chapter, and Casamero Lake Chapter. Others testing sites scheduled through July and first week in August are: Lake Valley, Littlewater, Torreon, and Thoreau chapters. There were 1,132 individuals tested at these sites. 1.4% tested positive.

- The CPSU Emergency Room Systems (ERS) /Emergency Department Dashboard (EDD):
  - 98% of Total Visit Duration are at or under the 120-minute benchmark.
  - Time to Triage – The time to triage benchmark is 15 minutes. Although there has been some improvement toward this goal which is currently at 45% from 41% at beginning of year, majority of “time to triage” fall within under 30 minutes at 51%.
  - Majority (85%) of visits meet the benchmark of 45 minutes on Time to Medical Screening Exam.
  - Left Without Being Seen (LWBS) – The benchmark for this measure is 2.0%. Although, this percentage fluctuated at the average rate of 3.48% beginning January 2020, the rate for the last two months has been under 2.0% at 1.87% and 1.71%.
- The DZHC Covid-19 changes include parking lot operation, curved side Pharmacy set up, telehealth/medicine available to patients on site and criteria based COVID Testing on site. Staff offered water bottles to patients during the summer weather while patient waited outside in vehicles with frequent follow up.
- For the Covid-19 Response, the Chinle Service Unit has consistently led the way in testing strategies and the overall volume of tests completed. Quickly addressed burgeoning outbreaks, expanded internal capacity, and established systems to address a surge of patients.
- The GIMC Chief Financial Officer (CFO) was brought on board to increase accuracy of financial planning and budgeting. The CFO oversees the Business office, Finance and Purchase Referred Care (PRC).
- The GIMC is in a planning phase of re-opening several ambulatory clinics. Goal to move from current volume to 50% by August 14. Space limitations are a barrier. Tohatchi Dental Department moved Dentist back to THC and is now seeing patients.
- The KSU Influenza-like Illness (ILI) Clinic and Drive-thru testing: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to AI/AN people. Increase access to quality health care services. The introduction of the ILI clinic and drive-thru testing resulted in a decrease in time for two ED measures from Quarter 2 to Quarter 3: Check in to triage (decrease from 15 minutes to 11 minutes) and triage to room (decrease from 37 minutes to 24 minutes). Once ILI clinic is closed, the drive-thru testing will start.
- The KSU works to Recruit, Develop and Retain a dedicated, competent and caring workforce to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to AI/AN people. Increase access to quality health services. Inscription House Health Center (IHHC) is working diligently to decrease vacancy rates and improve community access to healthcare. Two permanent Dentists have been selected and are in the credentialing process. Two physician contractors came on board July 2, 2020 and contracts are set through December 2020. A nurse practitioner contractor has also been selected and offered a position. This will fill all the current vacant provider positions at IHHC. All the vacant nursing positions have been filled. Total permanent positions (94), contract providers (2), on-duty encumbered (65), pending hires (6), vacancies (21), COVID-19 temporary positions (1 encumbered) and four vacancies to fill.

- The PHC drive-thru clinic with tele-health services is ongoing daily with average patient seen through the drive thru is 70 patients per day since May 2020.
- The PHC staff assisted with one Community Covid-19 testing site at Whippoorwill Chapter House and provided 110 Covid-19 tests. Forest Lake Chapter test was held on July 17.
- In May 2020, the SRSU care for 20 and 30 COVID positive inpatients each day at the NNMC. From March through May 2020, 61 COVID patients at NNMC required intubation and ventilator support. In that period, 60 people were transferred out for critical care, usually to Albuquerque.
- The SRSU partners with 22 Navajo Nation Chapters that are located within the service unit. The SRSU conducted community testing at Navajo Nation Chapters and other community outlets to increase testing. The following are some results: Over 1,100 residents from Shiprock, 600 from Farmington and 40 to 120 residents from Navajo Nation Chapters were tested. These testing events have identified positive patients in every Chapter.
- The SRSU Covid-19 testing has been provided at the following Navajo Nation Chapters and SRSU facility: Hogback Chapter (120 tests), Newcomb Chapter (170 tests), Red Valley Chapter (114 tests), Beclabito Chapter (120 tests), and Four Corners Regional Health Center (174 tests). In collaboration with State of NM, NM National Guard, Navajo Nation Health Command Operations Center and NNMC Community Health.
- The Tohatchi Health Center Dental Department re-opened after the Infection Control, Safety Officer and Facility reviewed facility and process or safety compliance. Dental currently seeing urgent and emergent patients.
- The Tsai Health Center new air conditioning unit for the facility is in process. This changes included new rooftop units to the Laboratory Department and the Pharmacy as well as Rockpoint. These new rooftop units will make these departments self-contained, which will prevent waste and make the main unit more reliable for a steady comfortable temperature range. Increase our reliability to provide customer care.
- The Tsai Health Center Facility Director, Dwayne Thompson will lead the Chinle Service Unit Master Plan acquisition process. It is a long process but once completed will justify our facilities' expansion based on our demographics and also identify all of our 'real property' potentially enabling us to get additional government funding. Increase our capacity in our service area.
- Developed a plan and schedule for virtual meetings with CSU Tribal Leaders Town Hall sessions. Conducted two sessions on June 25 and July 2 with approximately 14 Tribal Leaders participants. An upcoming session scheduled for July 16. Agenda covers 1) Overview of COVID-19; 2) CSU IMT/IC Update; 3) Situational Awareness Report; 4) Discussion: Questions/Answers