



Gila River
HEALTH CARE

2017 ANNUAL REPORT



Gila River

HEALTH CARE

VISION

To be the premier Native American healthcare delivery system empowered to serve the lifelong needs of our people.

MISSION

To provide high-quality healthcare and improve the health of the Gila River and Ak-Chin Indian Communities.

PROMISE

We promise to treat you with dignity and respect.

VALUES

- Accountability
- Commitment
- Patients & Families
- Culture
- Quality
- Self-Governance
- Trust

BOARD OF DIRECTORS

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BOARD OF DIRECTORS' MESSAGE

Dear Gila River Indian Community,

It is an honor to share the Gila River Health Care (GRHC) 2017 Annual Report with the Community we serve. GRHC strives to meet the healthcare needs of the Community by expanding services and facilities. This annual report highlights growth based on patient visits as shown in most areas of service. While patient visits have exceeded historical levels and continue to grow, our vision has not wavered enabling us to respond appropriately to our patients' needs.

In 2017, we responded to the increase in patient visits by expanding our services and employee base while focusing on improved quality of care. One of numerous examples that can be found in this annual report is the Life Center's reorganization that has eliminated some eligibility requirements so that more people with or without a diabetes diagnosis may access services. Another area of service improvement is the GRIC Leadership-supported suicide prevention and awareness initiative led by Behavioral Health Services (BHS). This endeavor marks the first Community-wide effort to help increase awareness, encourage dialogue and direct Community members to resources for help. Additionally, GRHC enhanced the Emergency Department-based BHS Response Team to assist more Community members in crisis.

This past year, GRHC built a strong foundation for future growth. This effort included establishing the framework for the FY18 implementation of a new electronic health record system that will enable improved reporting, collaboration and replaced an outdated system. The Hau'pal (Red Tail Hawk) Health Center (RTHHC) construction was completed, and equipment is currently being installed in preparation for an FY18 opening. While Federal funding continues to be a challenge, GRHC and Community Leadership continue to take every step possible to bring this new facility into operation.

We have seen success with recruitment in a difficult healthcare labor market with the increased hiring of clinical and non-clinical staff. Additionally, our work in FY17 on Community training programs will continue to show benefits in FY18. These programs include: Certified Nursing, Dialysis, Medical Transportation, Customer Service, and the Life Center.

GRHC has embraced the challenges of the past year. We continue to adapt and expand our services to meet the changing needs of our growing patient population. We are dedicated to our mission of providing excellent healthcare, and this commitment will remain at the core of our efforts.

Respectfully,
GRHC Board of Directors

HEALTH DATA OUTCOMES

HU HU KAM MEMORIAL HOSPITAL

AMBULATORY VISITS: FACE-TO-FACE

	2016	2017	% Change
Dental	14,726	16,307	10.74%
Dental Mobile Units	3,273	3,343	2.14%
Dialysis	18,779	18,924	0.77%
Emergency Department	35,114	35,958	2.40%
Optometry	10,232	11,332	10.75%
Physical Therapy	12,959	12,344	-4.75%
Podiatry	12,794	14,662	14.60%
Primary Care	64,152	69,834	8.86%

Key Services	2016	2017	% Change
Laboratory	216,841	231,292	6.66%
Medical Imaging	22,451	22,865	1.84%
Pharmacy Prescriptions	549,444	550,540	0.20%



HEALTH DATA OUTCOMES

KOMATKE HEALTH CENTER

AMBULATORY VISITS: FACE-TO-FACE

	2016	2017	% Change
Dental	6,459	6,545	1.33%
Dialysis	10,069	10,335	2.64%
Optometry	3,903	4,253	8.97%
Physical Therapy	4,124	4,872	18.14%
Podiatry	4,039	4,376	8.34%
Primary Care	22,406	21,917	-2.18%

Key Services	2016	2017	% Change
Laboratory	28,118	31,173	10.86%
Medical Imaging	4,432	4,633	4.54%
Pharmacy Prescriptions	127,888	129,040	0.90%

AK-CHIN CLINIC

AMBULATORY VISITS: FACE-TO-FACE

	2016	2017	% Change
Pharmacy Prescriptions	15,713	12,751	-18.85%
Primary Care	3,424	3,418	-0.18%



Komatke Health Center

HEALTH DATA OUTCOMES

Gila River Health Care Community Outreach

VISITS: FACE-TO-FACE

Clinical Department	2016	2017	% Change
Emergency Medical Services	13,641	14,397	5.54%
*Life Center	13,981	16,621	18.88%
*Medical Transportation Services	105,918	139,013	31.25%
Public Health Nursing	19,537	17,771	-9.04%
School Health Services	13,230	15,998	20.92%

*Explanation:

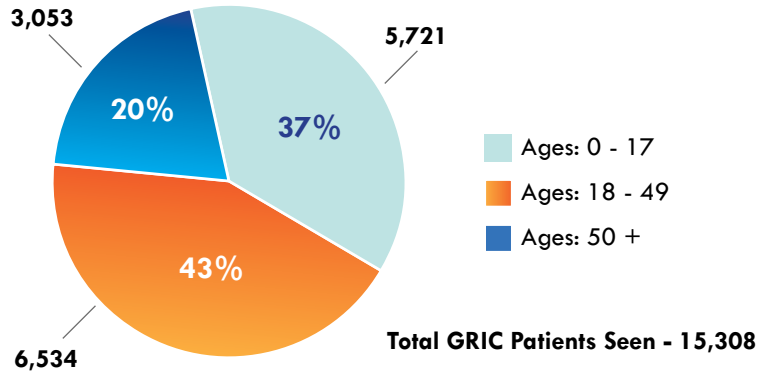
- Life Center: Life Center and DCP merged in FY17. Data represents a compilation of outcomes from both programs.
- Medical Transportation Services: Due to the implementation of new software, data reflects annualized total transports from February through September FY17.

Behavioral Health Services

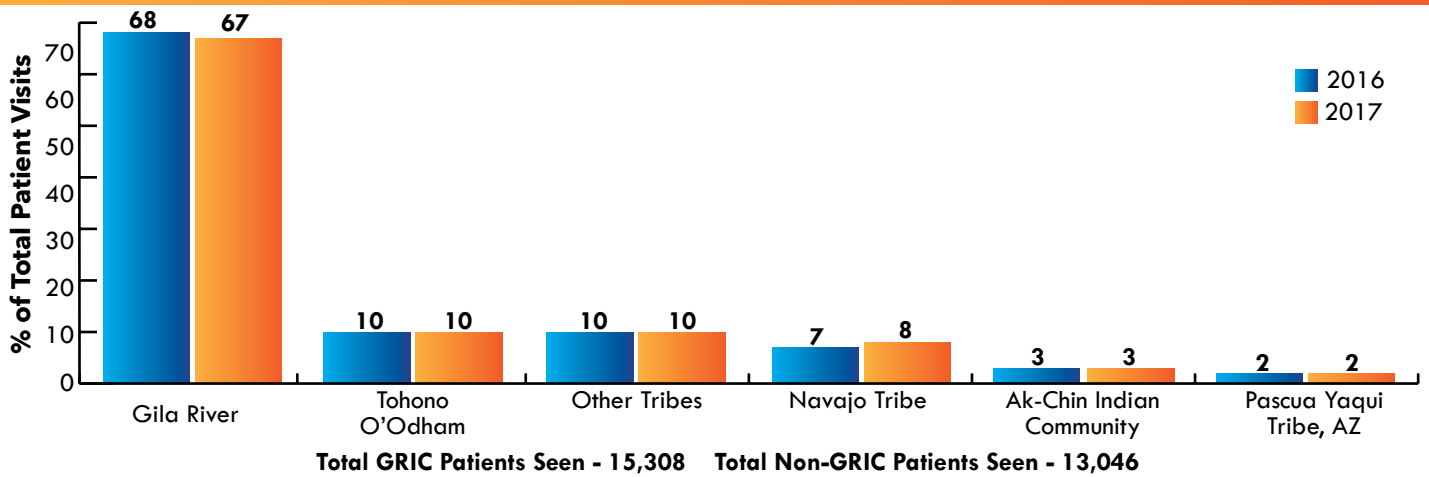
Unit of Service	2016	2017	% Change
Behavioral Health Outpatient - Addictive Substance Intervention Services (OASIS)	62,389	100,668	61.4%
Outpatient Services - Sacaton (HHKMH)	25,622	41,761	62.9%
Outpatient Services - Shegoi (KHC)	4,667	13,596	191.3%
Regional Behavioral Health Authority (RHBA) - Case Management Enrollment	1,884	1,866	-0.96%
Residential Treatment Center (RTC) - Bed Days	13,596	14,294	5.1%
Youth Services Patients	6,021	8,191	35.7%

Data collection methods changed from FY16 to FY17. FY17 was the first full year of NextGen electronic medical record data collection.

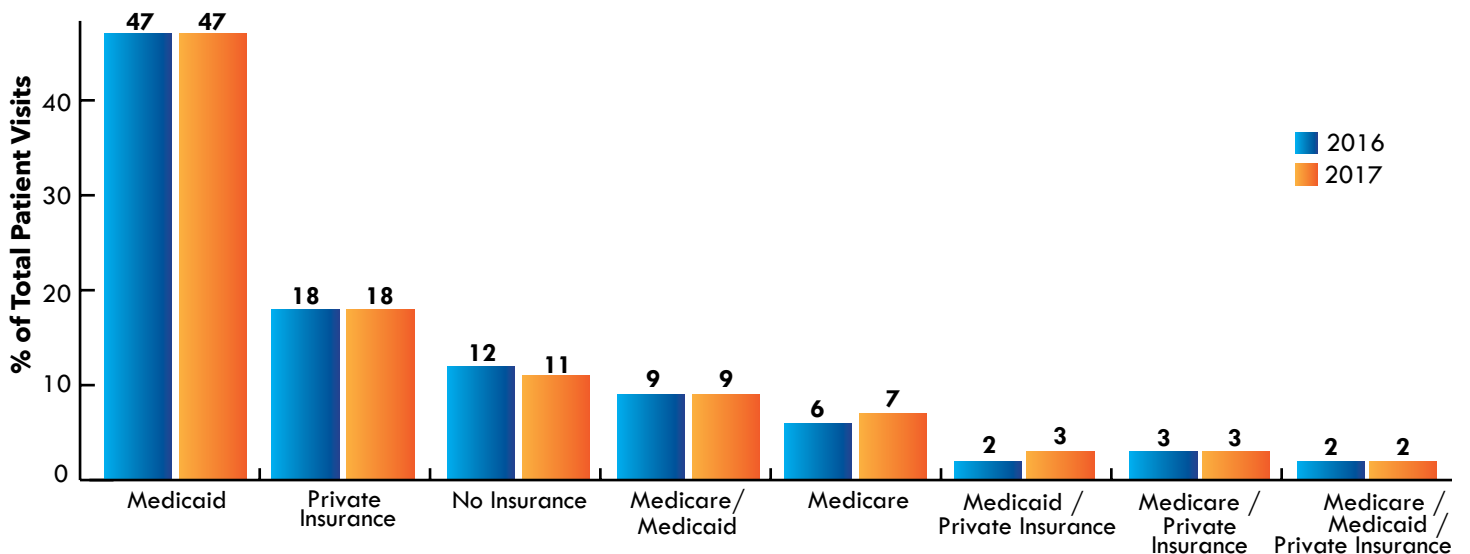
GRIC Patient Breakdown by Age



Tribal Affiliation Yr. Over Yr.



Visits by Payer Yr. Over Yr.



PATIENT SERVICES

Alternative Therapies Program

GRHC offers holistic treatment to our patients. Located within the Inpatient Department, these services include chiropractic, massage therapy, and acupuncture. The therapies can assist with relieving pain, inflammation, tension, allergy symptoms, and can improve mobility and promote tissue healing.

FY17 had a total of 4,714 visits as compared to 5,082 visits in FY16 which was a decrease 7.8%.

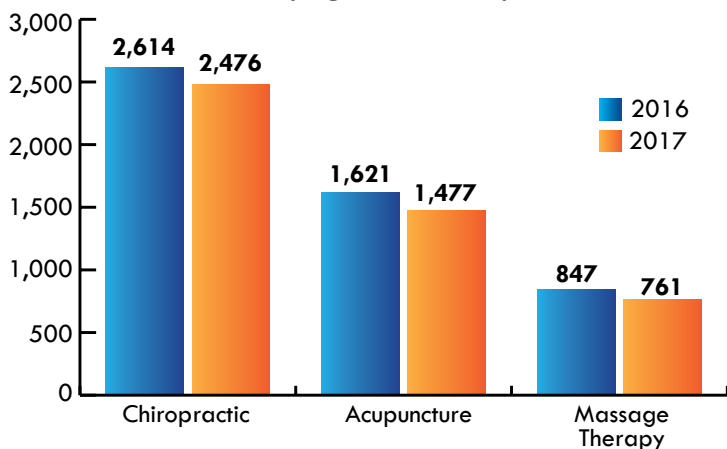
In FY17, the chiropractor had 2476 visits. 1,176 of these visits were GRIC patients and 1,300 were non-GRIC patients. FY16 saw 2,614 visits. Of these, 1,419 were GRIC patients and 1,195 were non-GRIC.

In FY17, the massage therapist had 761 of visits of which 400 were GRIC patients and 361 were non-GRIC patients in comparison to FY16 of 847 visits. 480 of these were GRIC patients and 367 were non-GRIC patients.

In FY17, the acupuncturist had 1,477 visits, 822 of which were GRIC patients and 655 were non-GRIC patients as compared to FY16 of 1,621 visits with 936 being GRIC patients and 685 being non-GRIC patients.

For Alternative Therapies, the plan is to expand services to the Komatke Health Center in first quarter of FY18.

ALTERNATIVE THERAPIES VISITS YR. OVER YR.



Arizona Long Term Care System

The Arizona Long Term Care System (ALTCs) Department increased services from an average of 518 patients per month to 604 patients per month for FY17. The department experienced a 17% increase in the bi-annual Arizona Health Care Cost Containment System (AHCCCS) Annual Operational Review/Case Management Service Review from scoring 75% in 2015 to 91% in 2017 meeting full compliance guidelines. The department received recognition for its excellent results.

Behavioral Health Services

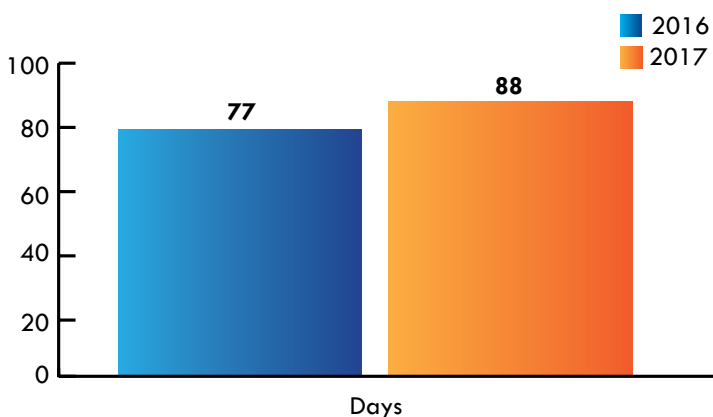
The Behavioral Health Response Team has become fully established in FY17 and is helping Community members in crisis. The team, through collaboration with other GRHC departments, has reduced the amount of time to place a person in need of psychiatric hospitalization. The team provides valuable support to HHKMH patients, staff, and Community departments.

The BHS Prevention Program strives to increase knowledge and awareness for youth and adults to promote healthy lifestyles and to strengthen family and community relationships. The program focuses on mental health wellness (suicide/substance use prevention), early childhood education, and community advocacy. Together, the Gila River Indian Community and Gila River Health Care BHS program have established (1) a suicide prevention awareness media campaign, (2) a tribal resolution recognizing September as Suicide Prevention Awareness Month, and (3) a letter from the Governor mandating suicide prevention training for all school employees.

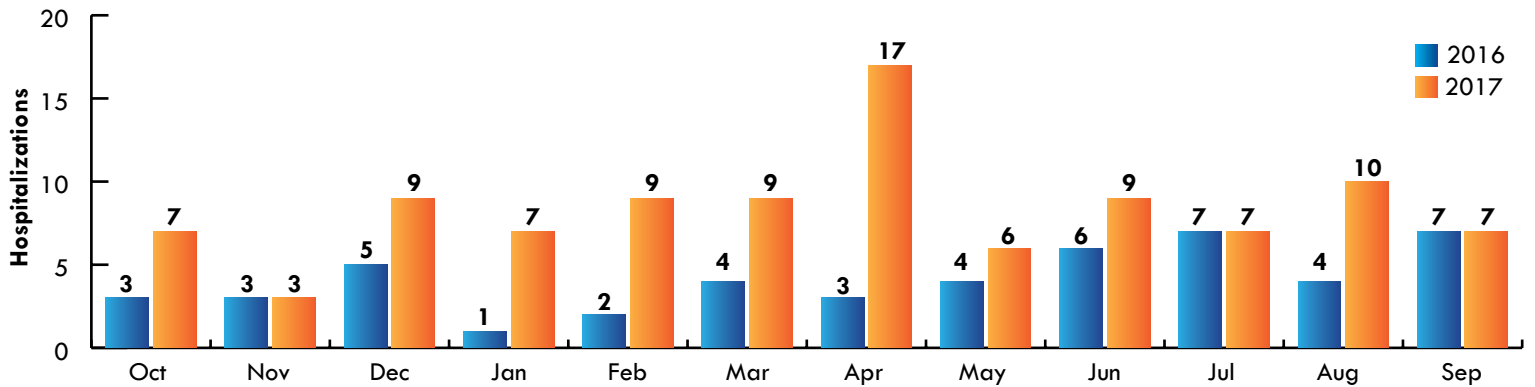
During FY17, the treatment philosophy at the Thwajik Ki Residential Treatment Center (RTC) was revised, leading to more patients being seen with a collaborative treatment approach. Program improvements resulted in a higher retention of patients and longer lengths of stay for treatment and transitional living.

BHS is building a strong foundation for improving outcomes through the treatment of trauma and promoting positive relationships. BHS training and clinical supervision focused on improving assessments, diagnoses, and treatment. The new electronic health record, NextGen, allows management to evaluate prevalence rates of mental disorders and to continually improve our understanding of best practices in treatment.

RTC AVG. LENGTH OF STAY YR. OVER YR.



BHS PSYCHIATRIC HOSPITALIZATIONS BY MONTH YR. OVER YR.



Case Management

Patient Liaisons (Licensed Social Workers) visit as many of our hospitalized patients as possible: elders, high-risk, ICU, and new mothers/babies. To ensure the best service possible, Case Management increased staff to help make additional visits. The department visited 1,314 of our hospitalized patients in the Phoenix Valley hospitals in FY17.

Case Management had a performance improvement project in FY17 to increase the number of follow-up phone calls to either the hospitalized patient or their Case Manager/Discharge Planner/Social Worker. The department surpassed its goal and achieved a 32% improvement.

Clinical Education

To validate clinical staff competency and meet The Joint Commission requirements, Competency and Education training sessions were held over the course of three days at HHKMH and KHC. This year, 270 staff participated, including staff from The Caring House. The Competency and Education Days in the spring of FY17 included 299 participants.

PATIENT SERVICES

Dental

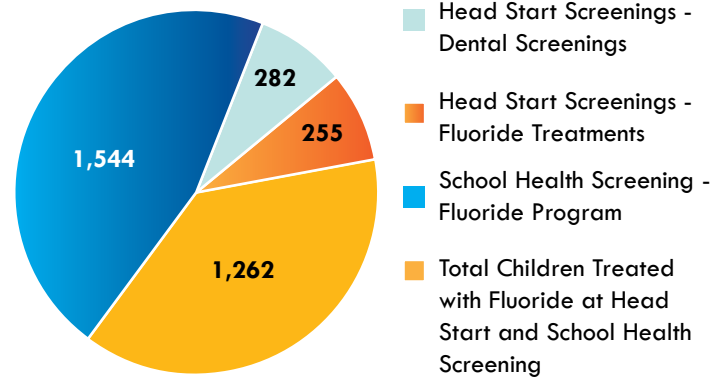
In FY17, GRHC Dental focused on fluoride treatments and sealants.

- The Dental Clinic provided fluoride treatments to pediatric patients and also held fluoride clinics at Community schools and Mobile Dental Units (MDUs).
- HHKMH and KHC Dental worked with the Primary Care Department (PCD) to provide fluoride treatment to pediatric patients and siblings.
- Sealant Clinics were also provided at HHKMH Dental, KHC Dental, and the MDUs.

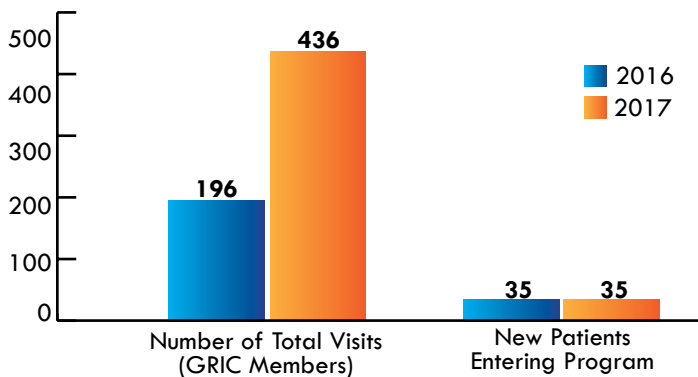
The Dental Department is striving to improve prevention and patients' access to care. The department has focused on increasing dentist and dental assistant staffing along with a Community education program on dental treatment scheduling and care in FY18.

With Dental's new program initiated with School Health Services (SHS), Dental staff provided dental fluoride treatments at the Head Start Programs and Community schools during the children's annual health screenings between August and September 2017.

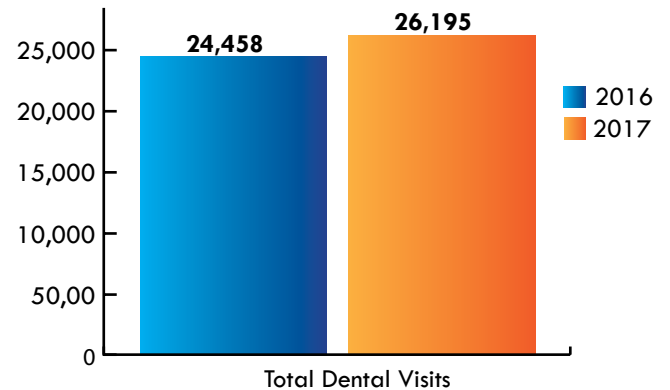
DENTAL SCREENINGS



TOBACCO TAX DENTAL ORTHODONTICS PROGRAM YR. OVER YR.



TOTAL DENTAL VISITS YR. OVER YR.



Dialysis

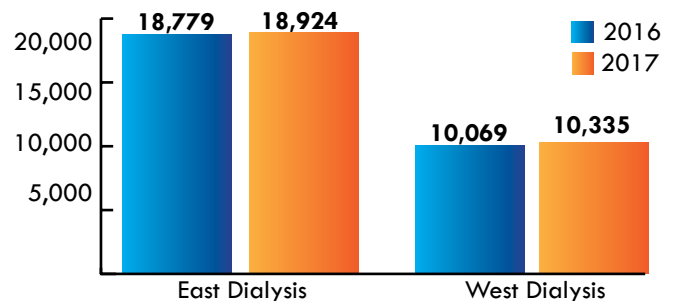
GRHC continues to provide the Community with access to top-tier dialysis treatments for clinical care through its West and East Dialysis facilities.

A notable achievement is GRHC's Dialysis facility ranking. As of February 2017, both facilities obtained a full recertification from the Centers for Medicare and Medicaid Services (CMS). Both facilities received a 5-star rating, placing them in the top 5% of the nation for outstanding clinical results.

In FY17, the focus has been on increasing the number of kidney transplants. As a result of education and awareness efforts through monthly "Lobby Days," six patients transitioned off of dialysis treatment upon receiving a kidney transplant. This number doubles the transplants in comparison to FY16. In addition, Dialysis offers the dialysis advocacy program to support the health of GRIC hemodialysis, peritoneal dialysis, and renal transplant patients.

The Dialysis Department will continue to grow in FY18 by continuing to outperform the national average in the *Dialysis Facility Compare*, increasing transplants and minimizing the use of external dialysis centers.

EAST AND WEST DIALYSIS VISITS YR. OVER YR.



Department of Rehabilitation & Supervision

In July 2017, the Department of Rehabilitation and Supervision - Juvenile Division (DRS-J) medical clinic successfully passed the Bureau of Indian Affairs Inspection by meeting compliance with all standards. Medical policies and procedures were incorporated into the department's standard operating procedures as were deemed appropriate and beneficial for staff and patients. The department also implemented the functions of a DRS Health Care Quality Improvement Committee to provide oversight for quality improvement activities.



Emergency Department

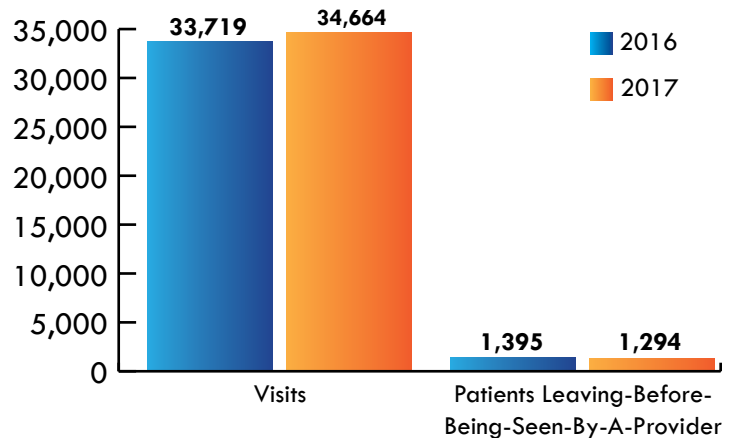
In FY17, the Emergency Department (ED) increased patient volume and decreased average door-to-door provider time. The ED saw 35,958 patients, a 2.4% increase over FY16. Despite the increase in patient volume, the yearly average for door-to-provider time was 65.5 minutes, a decrease of 8.4% from FY16 (71 minutes). The ED also saw a decrease in patients leaving-before-being-seen-by-a-provider by 7.8% in FY17 (1,294 total) from FY16 (1,395 total).

A challenge addressed in FY17 was ED's BHS hold hours increasing 40.3% due to the unavailability of beds at accepting facilities. The ED is now staffed 7 days a week by BHS staff, which has greatly improved ED's ability to find available admission beds. Full-time BHS staff in the ED also provides improved continuity of care for our BHS patients.

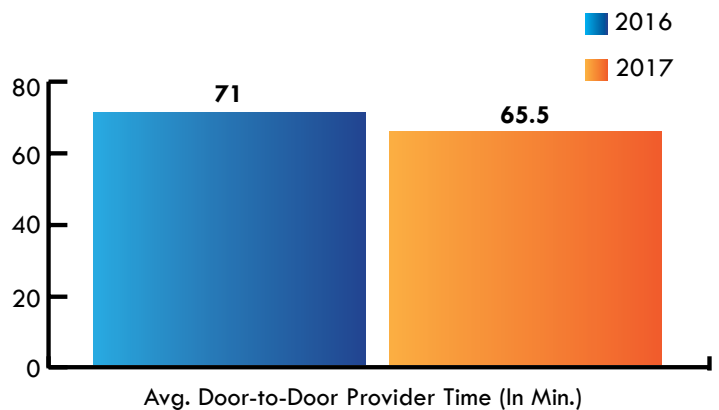
The ED continues to analyze data and adjust staffing accordingly to achieve the FY18 departmental goal of decreasing average door-to-provider times by 5 minutes over FY17, thereby showing the ED's commitment to improving service to our patients.



EMERGENCY DEPARTMENT YR. OVER YR.



ED AVG. DOOR-TO-DOOR PROVIDER TIME YR. OVER YR.



PATIENT SERVICES

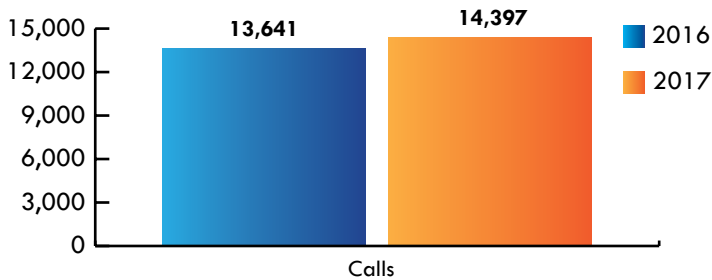
Emergency Medical Services

EMS showed an increase in call volume in FY17 running 14,397 calls for service in the Community which was a 5% increase over FY16. EMS transported 2,867 Community members from the HHKMH campus to outside hospitals which was an 8% increase over FY16.

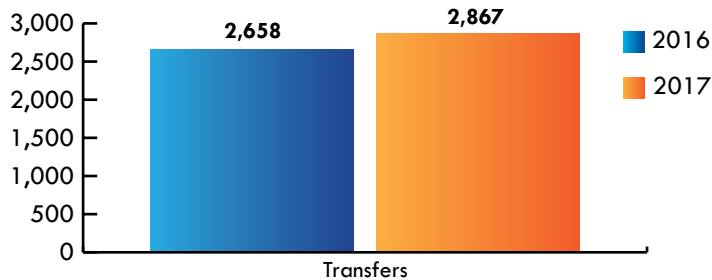
Instructors taught 2,158 Community members, workers, and GRHC staff in CPR/AED/First Aid which was a 4% increase from FY16. Medical standby requests increased in FY17 within the Community with EMS providing over 100 donated Community standbys and 41 billable standbys.

EMS was able to replace two older ambulances in FY17. Additionally, EMS worked with the Gila River Indian Community's Public Safety group to enhance our station alerting. This improvement allows EMS units to respond to emergencies quicker and allows the dispatchers to handle multiple calls more efficiently. EMS was also able to purchase 18 additional Automatic External Defibrillators (AED) with Tobacco Tax funding. These AEDs were placed in offices and mobile medical units throughout the districts.

EMS CALL VOLUME YR. OVER YR.



EMS TRANSFER YR. OVER YR.



Infection Prevention

The FY17 Flu Campaign provided 9,260 vaccinations which was 93% of the 10,000 goal. This was accomplished through departmental collaboration among Outpatient clinics, School Health Services, Public Health Nursing, and Pediatric Mobile Outreach.

A poster competition was held in the 9 schools within the Community to promote the importance of infection prevention awareness in the children. Each poster was to render the child's understanding of the importance of hand hygiene. In collaboration with School Health Services, 150 posters were submitted, and a Student Grand Champion was selected from grades 3rd, 5th, and 8th.

Infusion Clinic

The infusion clinic provides therapy such as intravenous antibiotic therapy, hydration fluids and other conditions. In FY17, there were 2,626 infusion visits and 364 injections. This is a 37% increase of infusion visits from FY16 (1,911 visits).

Inpatient Unit

The HHKMH Inpatient Department admits non-critical patients needing further evaluation and treatment of their condition. In FY17, the HHKMH Inpatient Department served 71 patients (40 GRIC and 31 non-GRIC). This is a 22% increase from FY16, which totaled 58 patients (36 GRIC and 22 non-GRIC). For FY17, through discharge planning with Case Management, the average length of stay decreased from 60 hours to 48 which is below the benchmark of 96.



Laboratory

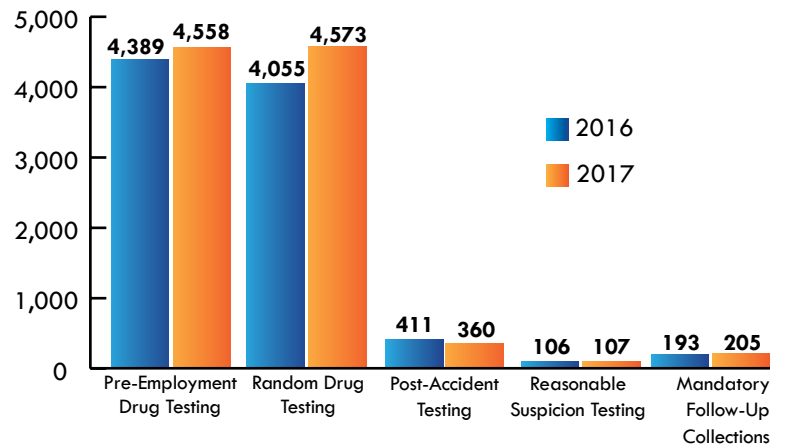
A new laboratory software system was installed and to improve patient care, laboratory science services were moved closer to the patient with our new Point of Care Laboratories. A Point of Care Laboratory was opened in the Primary Care Department. Better access to laboratory services, like phlebotomy and waived testing, gave providers faster test results for immediate care of patients.

Laboratory Outreach

Lab Outreach provides a variety of services ranging from drug screenings to random lab specimen testing. In FY17, the number of service agreements with outside entities increased to over 90 including specialty testing provided to the Ak-Chin Indian Community.

Additionally, Lab Outreach completed 285 education encounters explaining drugs of abuse, the drug testing process, the breath alcohol procedure, and reporting methods.

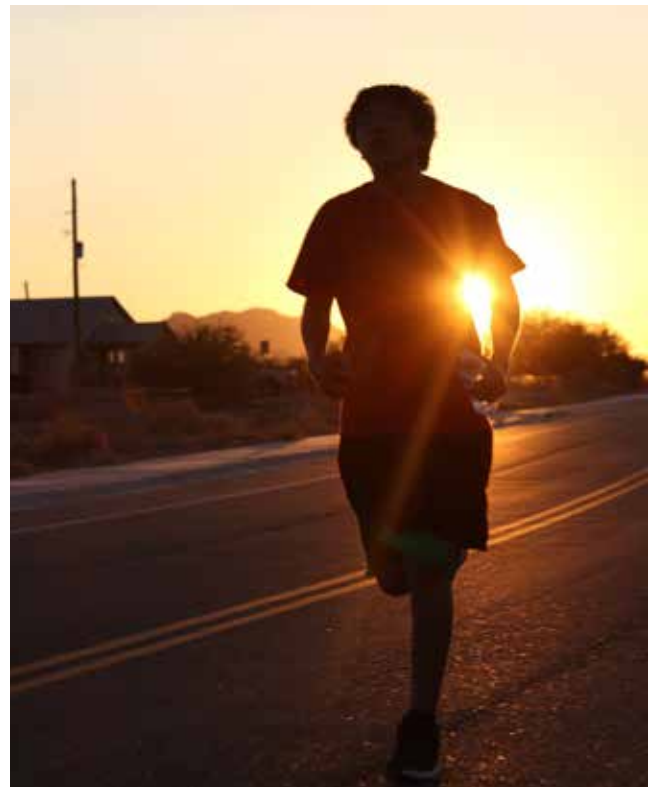
LAB OUTREACH DRUG SCREENING SERVICES YR. OVER YR.



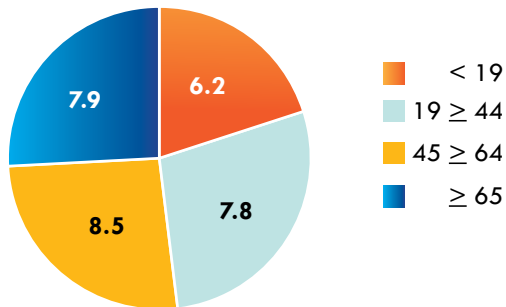
Life Center

Life Center combined the Diabetes Care Program and the Special Diabetes Program for Indians (SDPI) into one seamless program that provides services to those pursuing a more healthy lifestyle. Services include medical management, nutrition education, case management, counseling and support, prevention, fitness, transportation, and youth education.

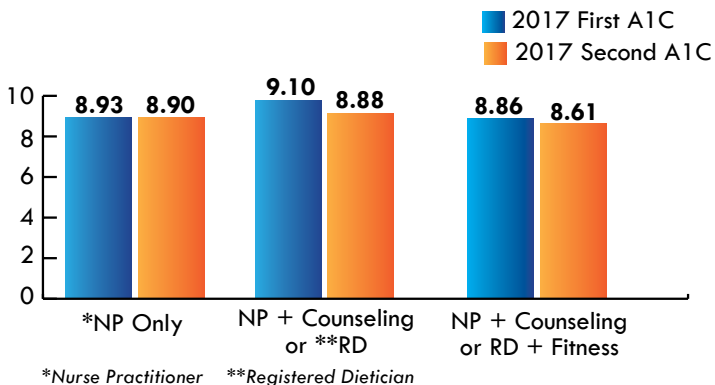
As one component of the total care of GRHC patients, the Life Center collaborates with the other departments serving our patients with diabetes. Life Center patients are currently building strong foundations for their health and setting an example for other Community members. This success is clearly observed as patients using more Life Center services obtain lower average blood sugars (A1C).



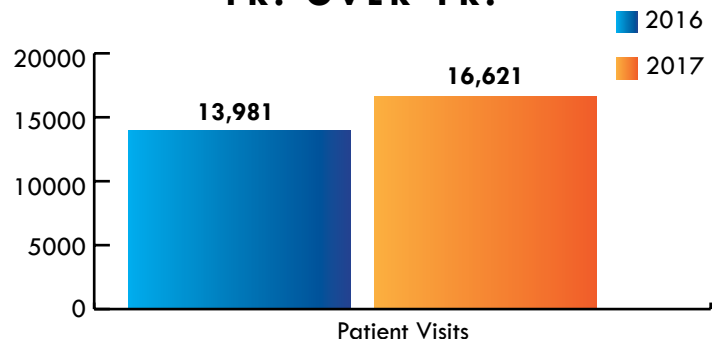
AVERAGE A1C BY AGE RANGE FY17



2017 A1C LEVELS BY SERVICE TYPE



LIFE CENTER PATIENT VISITS YR. OVER YR.

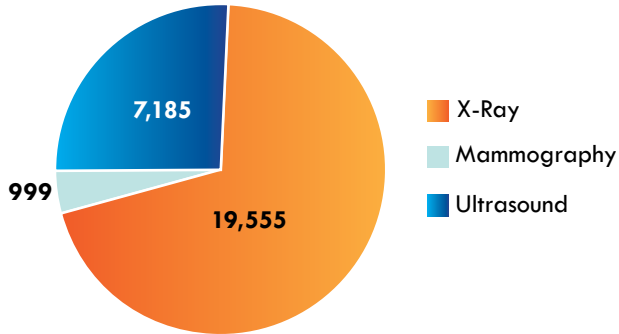


PATIENT SERVICES

Medical Imaging

To improve access to care, the Medical Imaging Department extended X-ray hours at KHC. Additionally, HHKMH now offers ultrasound for emergency appointments on Saturday and Sunday and added Saturday Mammography appointments.

TOTAL MEDICAL IMAGING FY17

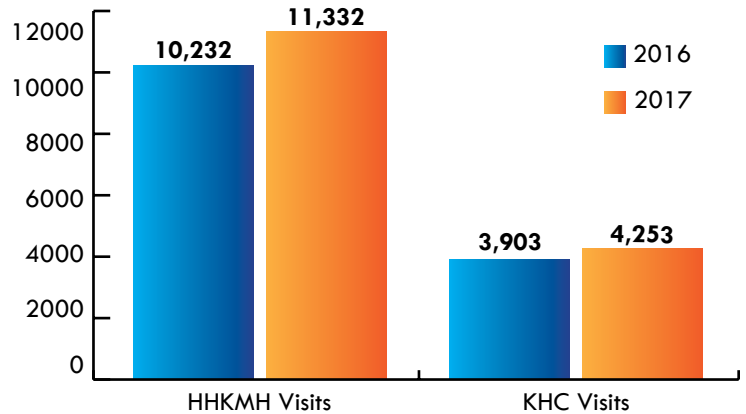


Optometry

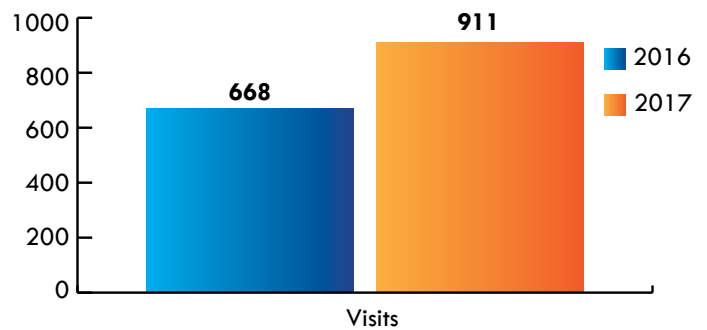
Vision services increased significantly from FY16 to FY17. A record number of Tobacco Tax eyeglasses were dispensed in FY17, totaling 6,373 (an increase of 7% over FY16).

In order to increase the number of diabetic retinopathy screening exams, the Optometry Department staff reached out to recall patients on a daily basis. Additionally, the Optometry Department conducted a study on cataract surgical outcomes for the past 2 years. Compiled data demonstrated that 90% of patients have 20/30 or better vision after cataract surgery.

OPTOMETRY VISITS YR. OVER YR.



DIABETIC RETINOPATHY SCREENINGS YR. OVER YR.



Patient Satisfaction

Outcomes Management Informatics (OMI) sought patient feedback once again for FY17. Over 21,000 Patient Satisfaction Surveys were processed – an increase of 5% over the last year. Patients again scored GRHC at 4.83 out of 5.00 on the question “Would you recommend the services received?” demonstrating overall excellent satisfaction. On the question related to our Promise Statement: “Were you treated with dignity and respect?”, patients scored GRHC an even higher 4.89 out of 5.00 - up from 4.86 last year.

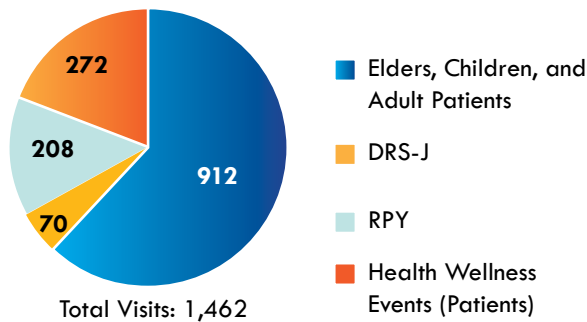


Pediatric Mobile Unit

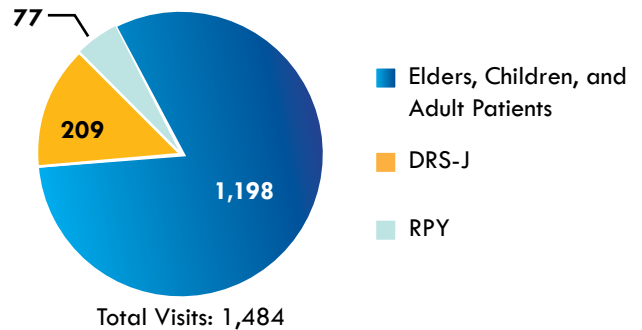
The Pediatric Mobile Unit is designed to improve Community members' access to healthcare. The primary goal of the Pediatric Mobile Unit program is to provide medical services onsite at schools, District Service Centers, Residential Program for Youth (RPY), and Department of Rehabilitation and Supervision - Juvenile Division (DRS-J). Pediatric Mobile Unit also provides immunizations to adults.

The Pediatric Mobile Unit provides medical services to the youth in the Community in non-traditional healthcare settings. It also identifies youth at risk for diabetes to provide them with early intervention. Services provided by the Pediatric Mobile Unit Program include physical exams, labs, chronic healthcare, health maintenance, acute care visits, and immunizations to children and some adults. While there was minimal increase in patient visits in FY17 due to staffing issues, the department added additional outreach efforts with health wellness events.

FY17 PEDIATRIC MOBILE UNIT VISITS



FY16 PEDIATRIC MOBILE UNIT VISITS

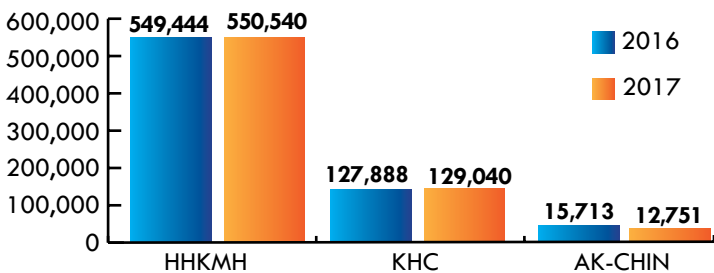


Pharmacy

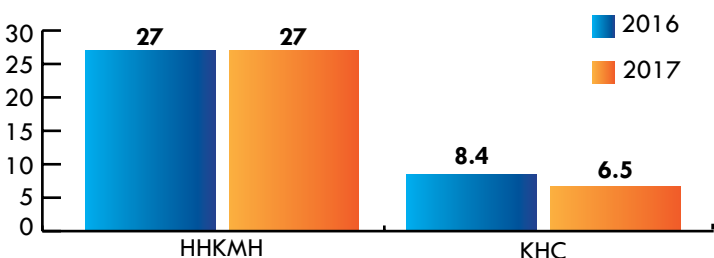
To increase access to care, the HHKMH Pharmacy extended hours of operation until midnight, Monday through Saturday.

Pharmacy staff provided education to patients and their families to identify symptoms and treat an overdose. Providers and pharmacists routinely monitor all narcotic prescriptions using the national database. To ensure adherence with best practices for opioid use, a major patient safety initiative began this year to provide Narcan (a reversal agent) to patients on a high dosage of opioids.

PRESCRIPTIONS FILLED YR. OVER YR.



PHARMACY AVG. WAIT TIMES (MIN.) YR. OVER YR.

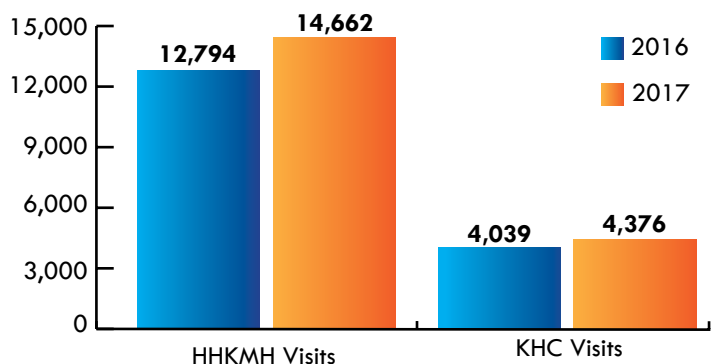


Podiatry

The Podiatry Department continues to play a vital role in the care of our patients. In FY17, HHKMH Podiatry saw 14,662 patients which was more than any previous year since the program's start in 1987 and a 15% increase over FY16. KHC Podiatry also had a record number of visits during FY17 with 4,376 visits. HHKMH Podiatry dispensed 319 diabetic shoes and custom made orthotics to our patients with diabetes, protecting their feet from hazardous objects that could cause the patients harm.

Originally started in 2010, the pedorthist program was designed to provide much-needed custom shoe inserts and shoe modifications to our patients. Having a pedorthist technician onsite allows Podiatry to treat patients more quickly in our clinics versus referring them to a Phoenix area specialist. Podiatry is able to make on-the-spot modifications while the patient waits and provides tighter control over the quality of the product. In 2017, Podiatry dispensed 398 much-needed inserts to our patients.

PODIATRY VISITS YR. OVER YR.



PATIENT SERVICES

Primary Care Department

The Primary Care Department (PCD) at HHKMH, KHC, and Ak-Chin clinics saw nearly 6% more patients in FY17 (95,169) than FY16 (89,982). PCD department at HHKMH is better staffed compared to the previous years, and key leadership positions within the department have been filled. The PCD at the HHKMH campus was remodeled in FY17 and now has 15 additional exam rooms to meet the expanding patient population. The majority of our patients are empaneled with an assigned primary care provider. In FY17, Life Center registered nurses, registered dietitians, and diabetic educators were located within HHKMH PCD to assist patients on a daily basis with their diabetes needs.

The Primary Care Department played a crucial role in screening patients for tobacco use and cessation. PCD will continue to improve performance related to this quality measure by exceeding the target in future years and help grow a healthier Community.



In 2017 Joan Lazore, Nurse Practitioner, was selected as the recipient of the American Association of Nurse Practitioner for Excellence award. This prestigious award is given annually to a dedicated nurse practitioner who demonstrates excellence in their area of practice in each state. Joan will be recognized during the 2018 National Conference in Denver, Colorado.

Public Health Nursing

Public Health Nursing (PHN) is a unique service to members of the Gila River and Ak-Chin Indian Communities. PHN attends to the medical, psychosocial, and environmental needs of individuals in their homes, PHN offices, or other mutually agreed upon locations based on the needs of the patient.

For FY17, PHN served a total number of 16,316 patients and completed a total number of 17,771 patient visits in collaboration with a specialized healthcare team that includes a Family Nurse Practitioner, Registered Nurses, Licensed Practical Nurses, and Community Health Representatives (CHR).

The department has been invited to many new and different events this year allowing PHN to reach a larger patient population. Some of the new events attended by PHN include the Diabetes Awareness Event in Ak-Chin, Health and Wellness Events for the employees of the GRIC casinos, and monthly Elder Concerns meetings.

School Health Services

In FY17, there were 15,998 visits by the School Health Services registered nurses with students in GRIC schools. The SHS registered nurses provide needed care to students with acute and chronic conditions connecting students to healthcare providers such as doctors, dentists, optometrists, and behavioral health service professionals. Of the 2,700 enrolled students, 1,994 parent/guardian referrals were sent home with students by school nurses.

Good vision is a key to success in school since estimates suggest that as much as 80% of learning occurs through a child's eyes. A total of 722 students participated in eye clinics at GRIC schools, organized by SHS.

At the beginning of each school year, the school nurse provides training to GRIC teachers and staff on topics such as Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act, blood-borne pathogens, epi-pen training, lice management, and other health-related topics. This important training prepares teachers and staff to identify and recognize when a student needs to be seen by the school nurse with a total of 580 teachers and staff trained in GRIC schools.

Women's Health

In FY17, the Family Planning Program and Women's Health became integrated allowing expansion of Mobile Unit services from strictly reproductive health to include prenatal care for the Obstetrical patient and Gynecologic care for women over 50 years old.

The Women's Health expanded the number of providers at KHC, which allowed for increased appointment availability and the patient's choice of provider.

Women's Health hired a new full-time nurse midwife increasing the total number of providers from 5 to 6. Also, a new OB/GYN surgeon joined the department thus broadening surgical services available to our female patients.

Wound Clinic

The wound clinic treats diabetic foot ulcers, surgical wounds, abscesses, and other wounds. In FY17, the wound clinic had 5,487 visits which is a 68% increase over FY16 (3,260).



Customer Service

Each year, GRHC strives to continuously improve the patient experience. The Customer Service Department is committed to making every interaction one that is consistent, culturally sensitive, and seamless.

In order to exceed service excellence standards, the Customer Service Department provides cultural sensitivity and service excellence training to all employees. In FY17, 650 employees completed these trainings. Additionally, 92 vendors, all providers of non-emergent medical transportation services, received cultural sensitivity and service excellence training.

Due to numerous construction projects, the Customer Service Department was responsive to increased patient needs for wayfinding assistance and wheelchair transports during FY17. During the HHKMH Pharmacy service expansion, Customer Service Representatives worked directly with patients to respond to questions and to reduce wait times resulting in greater patient satisfaction.

Education and Training Efforts

The HR team worked diligently to align itself with the GRIC Employment and Training Department using funds from the Workforce Innovation and Opportunity Act (WIOA) program to develop career internships that benefit the Community and GRHC. As a result of this alignment, Customer Service and Life Center Departments sponsored internships in FY17.

Additionally, Community partnerships were expanded through the WIOA Summer Workforce Initiative Program resulting in 100% participation with 11 internships across multiple GRHC departments such as Primary Care, BHS, Physical Therapy, Revenue Cycle, and EMS.

Additional training programs were established to facilitate entry of Community members into the healthcare field which include the Certified Nursing Assistant Program for The Caring House and Non-Certified Dialysis Technician Program. For FY18, HR will be adding new training programs for Dental Assistant, Emergency Medical Technician, and Medical Transportation Drivers. GRHC continued to build on the well-established Navigator Program by placing three Community members in career development roles.



HHKMH Café

As the Community's only restaurant in Sacaton, the HHKMH Café launched an online ordering application for customers to conveniently order in advance from the Café menu and pay online. The "app," called ChowNow, was launched in July 2017 with 199 customers adopting the "app" – 75% of which were not employees of GRHC. In the next fiscal year, customers may look forward to a new feature of the Café, a self-serve salad bar to promote healthy lifestyles.



SUPPORT SERVICES

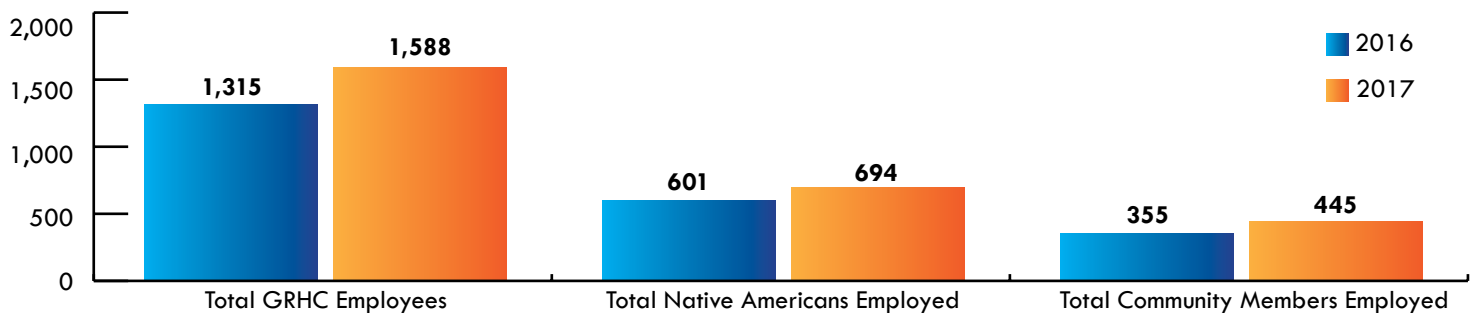
Human Resources

The Human Resources Department placed emphasis during FY17 on recruitment from both within the Community and from external sources such as local universities, healthcare associations, and national Native American organizations. To increase the GRHC employee base to meet patient demand, GRHC participated in more than 24 career fairs and hosted four Community-focused career showcases. Additionally, HR assisted more than 300 candidates through GRHC's recruitment process.

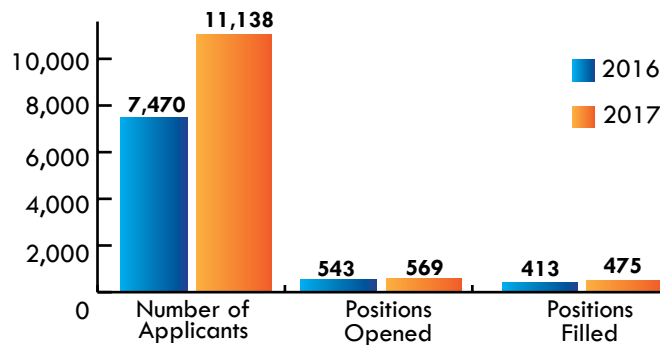
To improve employee health, HR launched a Wellness Initiative to promote healthy lifestyles. Individual biometric screenings and health risk assessments guided employees on their personal wellness journey. Employees also enjoyed the convenience and accessibility of telemedicine for physical and behavioral health needs. Participant demand for telemedicine services increased over 200% in FY17.

Human Resources spent the beginning of FY17 analyzing current positions and career paths for all employees. The result was the development and introduction of a new compensation philosophy which, ultimately, established updated compensation ranges by position. These market-driven ranges ensured that The Caring House compensation was brought into alignment with the rest of GRHC. This analysis of compensation will continue into FY18 with revisions to the remaining unmodified position descriptions and the roll out of a corporate-wide, annual evaluation process that will create a performance-oriented merit increase system. Finally, a new Applicant Tracking System will be implemented in FY18.

NATIVE AMERICANS EMPLOYED BY GRHC YR. OVER YR.



RECRUITING EFFORTS YR. OVER YR.



THE CARING HOUSE

The Caring House (TCH) is a licensed, skilled nursing facility. Its mission is to provide skilled nursing care and rehabilitation services in a kind, caring and compassionate way while honoring the tribal and cultural traditions of our residents and their families.

Under this licensing, TCH provides the following levels of care:

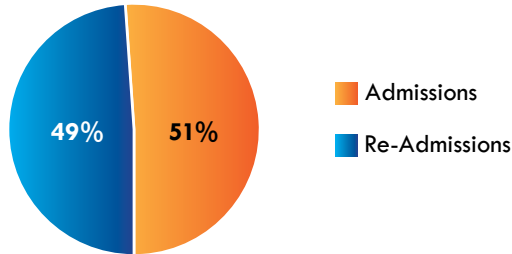
- Skilled Nursing/Rehabilitative (Physical Therapy/Occupational Therapy) - 15 beds
- Long-Term Care - 60 beds
- Dementia/Alzheimer's - 20 beds
- Hospice - 5 beds

Each level of care requires specific criteria for admission to ensure appropriate patient placement, safety, and regulatory compliance.

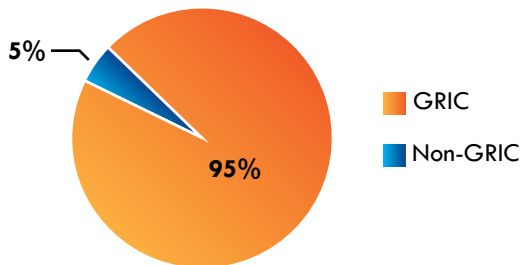
The Caring House continues to improve resident care and satisfaction including a reduction in third party nursing agency usage through employee shift changes, nurse recruiting efforts, and organized leadership rounding.

In order to increase Community member staffing and maintain a close working relationship with GRIC Employment and Training Department, a Certified Nursing Assistant program was developed and instated. The program recruited its first candidates in FY17 and the inaugural class will graduate in the second quarter of FY18.

ADMISSIONS AND RE-ADMISSIONS



ADMISSIONS BY GRIC AND NON-GRIC RESIDENTS



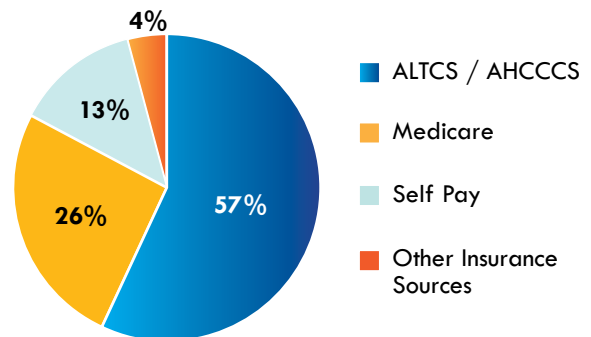
The Caring House Financials

Revenues	
Net Patient Revenues	7,382,567
Tobacco Tax	4,045,995
AFA Funding	3,431,100
Other Revenue	808,993
TOTAL REVENUE	15,668,655

Expenses	
Wages & Salaries	8,037,483
Fringe Benefits	3,056,708
Supplies.	998,645
Professional Fees	1,542,069
Repairs & Maintenance	100,249
Utilities	422,554
Food	263,635
Insurance	46,322
Travel & Training	8,719
Other	156,853
TOTAL EXPENSES	14,633,237
Depreciation	137,948
Bad Debt Expense	1,109,541
TOTAL EXPENSES	15,880,725
OPERATING LOSS	212,070

All financial information included in the FY17 Annual Report is unaudited.

REVENUE BY PAYER SOURCE



KEY INDEX DATA

Revenue
Third Party Payer - payments from insurances; Medicare, Medicaid, Private Commercial Insurances
AFA Funding - payments through Annual Funding Agreement with federal government
Tobacco Tax - payments from Gila River Indian Community
Self pay - Residents that make payments for private charges or use Medicaid / Medicare A or B co-insurance
Other - state assessment funds, transportation, vending, rebates

Expenses
Wages and Salaries - all employee wages
Fringe Benefits - health, dental, 401k, workers' compensation
Supplies - office, cleaning, paper goods, printing, postage, small equipment
Professional Fees - paid to outside advisement professionals, audits, legal, consultants, banking, RN, LPN, Aides, Physical and Occupational therapies, Medical, Lab and X-ray purchased services
Repairs and Maintenance - repair of facility and equipment
Utilities - phones, electric, water, fuel, cable television

Food - costs related to meals for patients including raw food and dietary supplements
Insurance - various types of insurance coverage, interest expense
Travel and Training - fees for attendance at seminars, workshops, travel expenses, airfare, lodging
Other - Recruiting fees, pre-employment drug screening, activities, dues, and subscriptions, uniforms
Depreciation - depreciation on furniture, fixtures and equipment
Bad Debt Expense - unpaid patient receivables reserved due to uncollectibility

OPERATIONS

Communications

GRHC emphasizes the importance of communication among the 34 GRHC departments and interaction with the Community. As a result of collaborative efforts with the Behavioral Health Services, the Human Resources, Planning, Design and Construction, and Information Technology Departments, the following major awareness communication campaigns were implemented: Yes2Life!, construction of the HHKMH lobby, construction of Hau'pal (Red Tail Hawk) Health Center, NextGen (new electronic health record system) and HR's Recruitment Marketing/Advertising Strategy.

Applying strategic tools of marketing communication and technology paired with performance metrics, has allowed the team to measure the total campaign awareness by the target audience. Communications created over 200 external communication awareness projects during the year accounting for a combined audience reach of 6,300,273 interactions. This was done by engaging the audience via social, digital, and web platforms, thereby providing a more interactive experience for patients of GRHC.



Contracts and Grants

The Contracts and Grants Department has collaborated with both internal and external customers in an effort to educate staff and vendors on GRHC standards. The department executed 516 contracts and 13 grants which is a 27% increase over FY16 mostly due to construction of the Hau'pal (Red Tail Hawk) Health Center.

Facilities

In FY17, The Joint Commission Survey outcome was successful in part to programs in the Facilities Department. These programs included maintenance management for utilities, fire safety, medical equipment, building and ground renovation.

In an effort to address the increased need for pest control services, numerous Facilities staff members completed the Pesticide Certification Community Applicator training, a week-long training provided by the GRIC Department of Environmental Quality.



Medical Transportation Services

Non-emergent transportation is an intricate and important service provided by GRHC to the Community. In October 2016, Trip Spark, a new electronic tracking system, was launched to improve dispatch functions and assist with tracking rides from Gila River Medical Transportation Services (MTS) and all third-party vendors. On average, Gila River Medical Transportation Services completed 8,830 rides per month in FY16 and 11,600 rides per month in FY17, representing a 31% increase.



Planning, Design, and Construction

Planning, Design, and Construction (PDC) worked closely with GRHC Leadership to formulate a five-year capital improvement plan. This plan identifies renovations and expansions needed to support patient care and established priorities for the organization.

The expansion of the HHKMH Primary Care Department was completed at a total project cost of \$6.9 million. HUD II funding covered \$2.75 million with the remaining balance of \$4.15 million supported by GRHC's capital fund. The expansion of the HHKMH Primary Care Department nearly doubled the size of the previous space and was completed in December of 2016.

Construction of the HHKMH Arrival Experience started in January 2017 and is scheduled for completion in early 2018. The total cost of the project is \$3.3 million – all funded by GRHC.

The Hau'pal (Red Tail Hawk) Health Center neared 100% completion in FY17. This important facility will increase the access of outpatient healthcare services to the entire GRIC Community while providing state-of-the-art technology and diagnostics.

Security

In FY17, a new alarm and video surveillance system was implemented. Security staff were hired to support the additional healthcare services needed at the Pharmacy for extended hours of operation and the newly constructed Hau'pal (Red Tail Hawk) Health Center. During the various construction projects, the GRHC Security Department assisted patients with wayfinding in the facility as well as parking enforcement.



Hau'pal (Red Tail Hawk) Health Center - June 2017

FINANCIALS

FY17 Operating Revenue

Third-Payer	\$101,277,219
Annual Funding Agreement.	\$53,817,349
Tribal Funding - Tobacco Tax.	\$2,961,217
Tribal Funding - Department of Corrections.	\$539,889
Grant Revenue	\$2,863,247
TOTAL\$161,458,923

FY17 Grant Revenue

Special Diabetes Program for Indians	\$1,886,495
Diabetes Primary Prevention	\$508,144
Family Planning.	\$49,161
First Things First - Home Visiting	\$148,942
Methamphetamine Suicide Prevention Initiative	\$130,691
First Things First - Teen Parents	\$98,029
First Things First - Maternal, Infant, & Early Child Home Visiting	\$30,914
AZ Coalition for Healthcare Emergency Response	\$4,240
Small Rural Hospital Improvement	\$6,633
TOTAL\$2,863,247

FY17 Other Operating Revenue

Miscellaneous	\$1,042,621
Laboratory Outreach	\$331,040
TOTAL\$1,373,662

FY17 Operating Expenses

Salaries & Wages	\$ 74,797,591
Benefits	\$ 17,178,871
Fees	\$ 12,347,836
Medication / Drugs	\$ 9,227,876
Maintenance & Utilities	\$ 7,501,302
Payroll Taxes	\$ 5,363,862
Purchased Referred Care (Contract Health).	\$ 5,247,858
Medical Supplies	\$ 4,506,539
Supplies	\$ 2,265,595
Insurance, Interest, & Others	\$ 716,059
Travel & Education	\$ 579,645
Program Services/Activities	\$ 590,648
Purchased Referred Care (Premiums)	\$ 401,631
Rent/Lease.	\$ 360,479
Dental Supplies	\$ 210,519
Equipment	\$ 119,994
Depreciation	\$ 7,453,473
FY17 TOTAL OPERATING EXPENSES	\$ 148,869,779

FY17 Operating Margin

OPERATING REVENUE	\$162,832,584
OPERATING EXPENSES	(\$148,869,779)
OPERATING PROFIT	\$13,962,805
OPERATING MARGIN	8.57%

5-Year Financial Trend

Fiscal year	Operating Profit	Operating Margin
2013	\$8,518,963	5.96%
2014	\$11,494,814	7.55%
2015	\$24,817,839	15.20%
2016	\$22,374,096	13.47%
2017	\$13,962,805	8.57%

All financial information included in the FY17 Annual Report is unaudited.



KEY INDEX DATA

Revenue

Third-party Payer - payment from Medicare, Medicaid, and private insurance
Annual Funding Agreement - payment from federal government
Tobacco Tax - GRIC specific program funding
Grants - various federal, state and private grants
Miscellaneous - cafeteria, rebates, vending machines profits, EMS contracted events
Tribal Funding Dept. of Corrections - MOU to provide health services
Laboratory Outreach - payment from entities we contract with to do their drug screening
Other - recycling, fee for printing documents for external requests

Expenses

Salaries & Wages - all employees' wages
Benefits - health, dental disability, 401K, workers' compensation
Purchased Referred Care - claims paid to external hospitals and medical provider when patient meets Contract Health criteria
Medication/Drugs - Medication/drugs used for patient care
Depreciation - depreciation on land improvement and fixed assets
Contract Labor - non-provider labor, such as TERO
Maintenance & Utilities - repair of facility and equipment, cable television, phones, electric, water, fuel, etc.
Fees - paid to outside advisement professionals,

audits, legal, consultants, banking fees, contracted labor
Payroll Taxes - Medicare, Social Security, Unemployment taxes
Medical Supplies - consumable supplies for patient care
Supplies - office, cleaning, paper goods, uniforms, printing, postage, small equipment
Insurance, Interest & Others - advertising, promotional items, professional fees, insurance
Travel & Education - fees for attendance at seminars, workshops, travel expense, airfare, lodging, per diem
Dental Supplies - supplies for patient care
Equipment - patient care equipment <\$5,000
Rent & Lease - lease of buildings, government-leased vehicles

VISION FORWARD

As shown in the annual report, Gila River Health Care (GRHC) has witnessed growth in many areas of our services. We strive to continuously improve and, at times, we must overcome obstacles to achieve success.

Legislative efforts to repeal and replace the Affordable Care Act coupled with the state's efforts to limit AHCCCS eligibility have threatened reimbursement and have been a constant challenge to our revenue. Additionally, federal funding for the start up and operation of the Hau'pal (Red Tail Hawk) Health Center has been delayed due to poor federal budgeting. Through intense efforts led by Community Leadership, we are hopeful that these adverse effects will be realized only as mere delays and not cause financial hardship. The future is not certain, so diligence is still needed.

While these external political and economic forces must be addressed, we continue to examine our services and strive for excellence internally. Substantial effort has been made with noteworthy progress this past year, all with the intention to achieve more in the next fiscal year. This is noted in our aggressive approach to acquire talented employees, optimize clinical and operational systems, improve facilities, and continuously enhance business processes that will undoubtedly result in a solid foundation for future growth. Additional career training programs made accessible to Community members have allowed us to fill critical positions. This coupled with a new electronic health record system and the construction of the RTHHC is propelling GRHC forward toward becoming a stronger healthcare service provider for the Communities we serve.

We will continue to invest in our facilities. In many cases, expansion of services is not possible without proper infrastructure. A five-year capital plan was created in FY17, giving GRHC Leadership a strategic roadmap in which to invest with confidence and also allow for annual adjustments. While our patients may experience short-term inconveniences, the future brings modern facilities and equipment and, most of all, improved services.

While the world of healthcare evolves and we change accordingly, many of our future efforts will remain focused on improving the patient experience. To drive our efforts, we are coming together as an organization around our strategic objectives so that every employee understands and takes part in achieving our goals. Our intent is to involve and align employees with GRHC's shared vision and demonstrate how each employee's contribution will have an impact on short and long-term strategic goals. We eagerly look forward to this process.

GRHC is focused on the future and is excited about our efforts to date. With the support of our patients and the Community, we will persevere on the path of continuous improvement and strive for excellence.

Respectfully,
Scott Gemberling, MBA
Chief Executive Officer



Gila River

HEALTH CARE



Proudly accredited by
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Center for Medicare and Medicaid Services,
Quality Incentive Reporting

grhc.org