



Indian Health Service Office of Quality

NATIONAL TRIBAL HEALTH CONFERENCE

SEPTEMBER 17, 2019

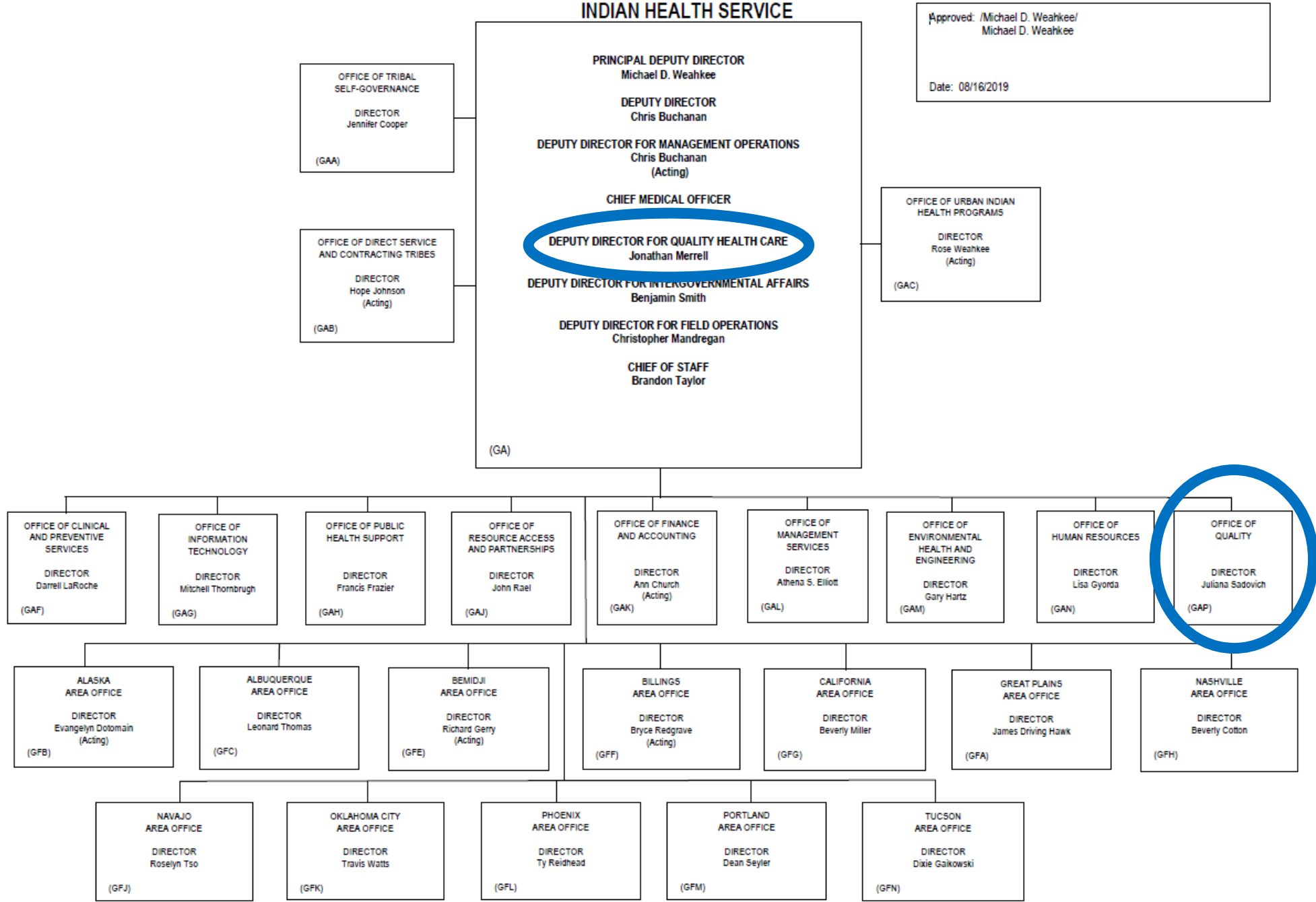
Agenda

- Review the structure of the Office of Quality (OQ)
- Review OQ Strategic Plan Implementation
- OQ Activities
- FY 2020 Outlook

DEPARTMENT OF HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVICE

Approved: /Michael D. Weahkee/
Michael D. Weahkee

Date: 08/16/2019



Office of Quality (OQ)

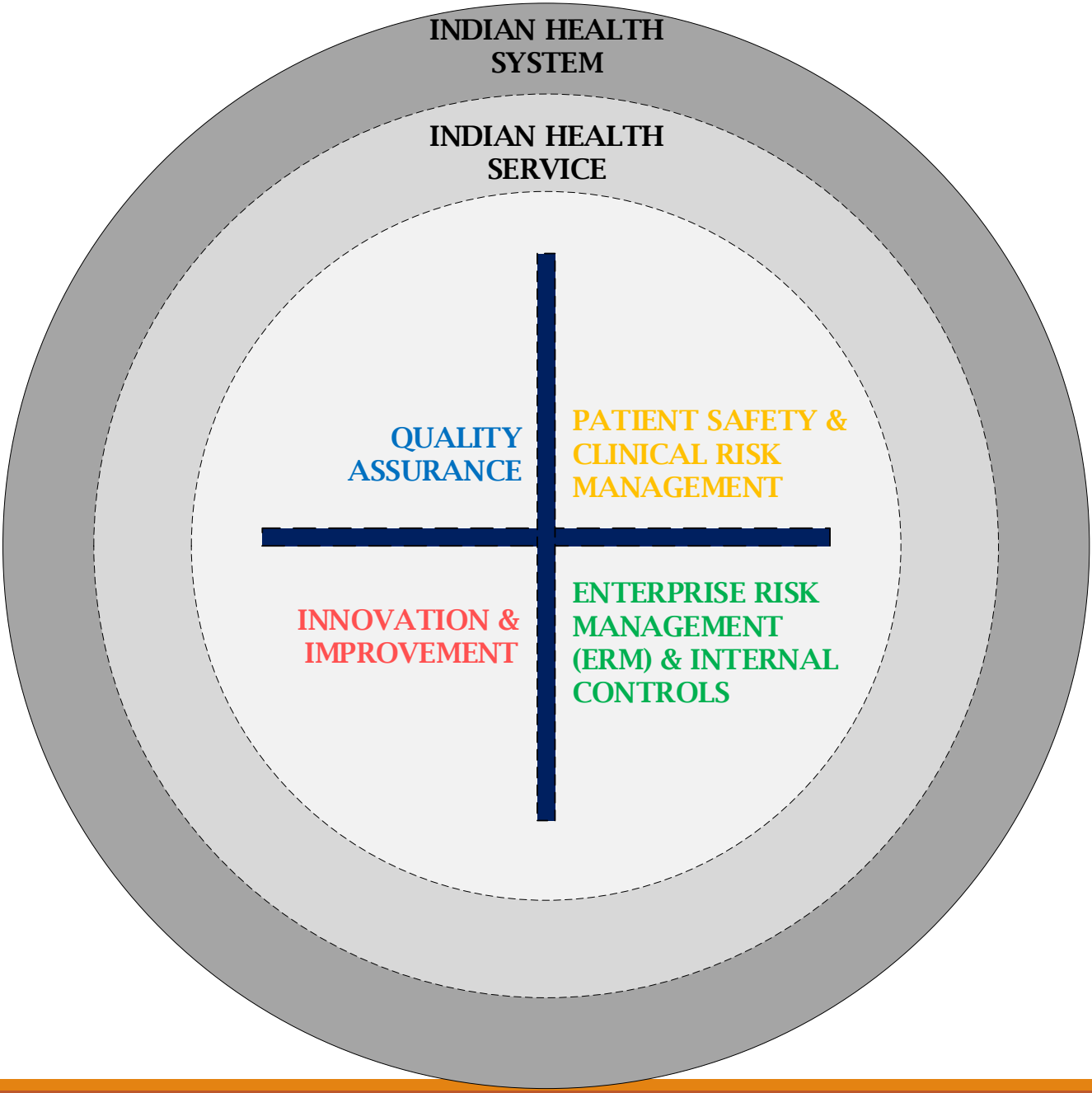
The OQ Staffing Plan calls for 40 staff for 4 divisions

- Current Staff: 14, includes 5 new hires

Four Divisions:

- Quality Assurance
- Patient Safety & Clinical Risk Management
- Enterprise Risk Management (ERM) & Internal Controls
- Innovation & Improvement





INDIAN HEALTH SYSTEM

INDIAN HEALTH SERVICE

QUALITY ASSURANCE

PATIENT SAFETY & CLINICAL RISK MANAGEMENT

INNOVATION & IMPROVEMENT

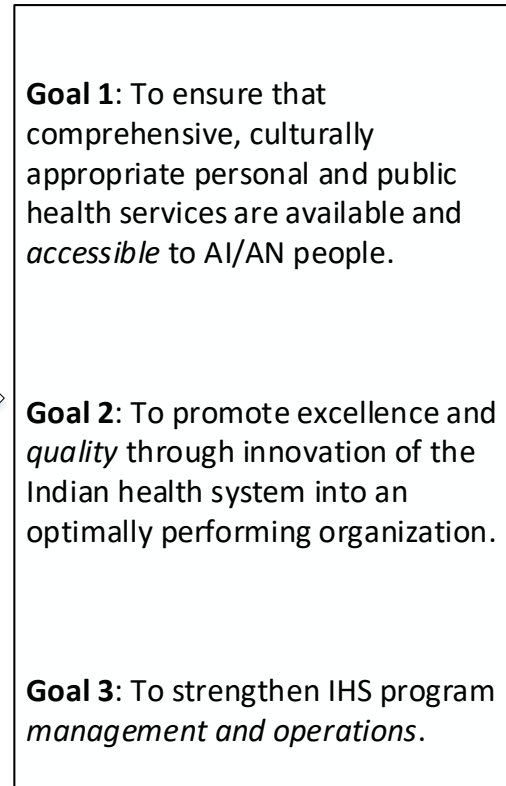
ENTERPRISE RISK MANAGEMENT (ERM) & INTERNAL CONTROLS

OQ Strategic Plan Implementation

Office of Quality (OQ)



IHS Strategic Plan



OQ Activities

Goal 1	<ul style="list-style-type: none"> • OQ Staffing • QARMC • Partnership Development
Goal 2	<ul style="list-style-type: none"> • Support “right sizing” IHS Facilities and Care Delivery Model • Consultation and Mock Survey Readiness • Accreditation Contracts • OQ Newsletters • PCMH Implementation • QI Trainings • Ami™ Waves/Projects • Quality Portal
Goal 3	<ul style="list-style-type: none"> • Adverse Events Reporting System • ERM Activities • Credentialing/Privileging Standardization

Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to AI/AN people.

Objective 1.1: Recruit, develop, and retain a dedicated competent, and caring workforce.

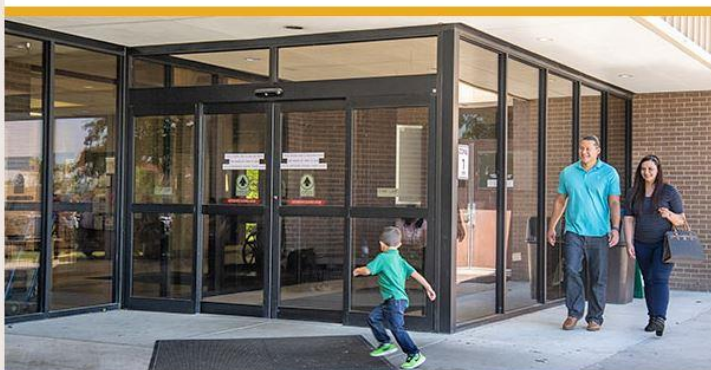
Objective 1.2: Build, strengthen, and sustain collaborative relationships.

Objective 1.3: Increase access to quality health care services.

Objective 1.2: Build, strengthen, and sustain collaborative relationships.

- Quarterly newsletter
 - Elements – Ambulatory care / PCMH
 - Snapshots – Hospitals
 - Insights – Leadership
- Conduct Focus group annually to assist with work plan for new fiscal year
 - 12 to 15 quality managers representing area offices and service units

IPC ELEMENTS *Discover. Learn. Apply.*



Welcome to the spring issue of *IPC Elements* eNewsletter, bringing you the latest news and support from the Improving Patient Care (IPC) program, aimed at establishing Patient Centered Medical Homes (PCMHs) throughout the Indian health system. In this issue, we look at one facility's success with the Personal Health Record (PHR), plus other Quality news and updates.

WHAT'S NEW

ANALYZING PCMH-A RESULTS HELPS IPC MEET FACILITIES' NEEDS

Thank you for submitting your Patient Centered Medical Home (PCMH) Assessments! The [PCMH-A](#) is an interactive, self-scoring instrument that can be downloaded, completed, saved and shared. The PCMH-A was developed to provide a detailed indication of the extent to which a practice functions as a Patient Centered Medical Home and, if completed at regular intervals, can help practices track their progress on the road to PCMH recognition.

The IPC team will analyze the results to help identify needs and resources to support all IHS facilities in their PCMH implementation. Please contact IPC Improvement Advisor [Ben Feliciano](#) if you would like to receive a copy of the aggregate report.

NEW FEATURES ADDED TO IHS QUALITY PORTAL

The IHS Quality Portal has been updated with some new and exciting features that will

SNAPSHOTS OF HOSPITAL QUALITY



Welcome to the Indian Health Service (IHS) quarterly eNewsletter, *SNAPSHOTS of Hospital Quality*, dedicated to the quality and safety work IHS hospital staff members are doing! IHS is committed to hospital quality; our goal is to showcase your activities, challenges and accomplishments, as well as best practices, tools and resources to support your quality and safety initiatives in hospitals and Critical Access Hospitals, including Emergency Departments (EDs).

ACCREDITATION AND CERTIFICATION

CMS AND TJC TARGETING AREAS FOR IMPROVEMENT

Recent surveys from The Joint Commission (TJC) and Centers for Medicare & Medicaid Services (CMS) have identified areas for improvement within facilities. The areas in the accreditation process that are receiving the most scrutiny include the below "hot topics":

- Patient Rights (patient rights must be posted, as well as provided to patients).
- Nursing Services (initial orientation and ongoing competencies).
- QAPI Program (having a [Quality Assurance and Performance Improvement](#) program, including requirements and involvement/approval and review by governing body).
- Infection Control Program (sterilization and QAPI program protocols).
- Medication Management (Compounding Sterile Preparations).
- EMTALA (maintaining compliance with all requirements of the Emergency Medical Treatment and Labor Act). EMTALA is a federal law that requires hospital EDs to medically screen every patient who seeks emergency care and to stabilize or

IPC INSIGHTS FOR LEADERS



Welcome to the spring issue of *IPC Insights for Leaders*! In this issue, we'll update you on the new IHS Office of Quality, our IHS Hospital Quality Initiative and more. All IHS facilities are now working toward achieving or maintaining PCMH recognition. Join us as we support each other in this important work!

WHAT'S NEW

IHS LAUNCHES NEW OFFICE OF QUALITY

The [IHS Office of Quality](#) is now officially up and running! IHS created the office to strengthen its ongoing efforts to ensure the delivery of quality health care at federally operated facilities serving American Indian and Alaska Native people.

The office will provide leadership and promote consistency in health care quality across IHS by consolidating and enhancing oversight of quality improvement efforts at IHS Headquarters.

"The Indian Health Service places a high priority on ensuring the delivery of quality health care to our patients," said RADM Michael D. Weahkee, IHS Principal Deputy Director. "The IHS Office of Quality will bring together key functions and responsibilities to maximize our quality improvement efforts and integrate quality in a collaborative and organized manner across the entire IHS."

The Improving Patient Care (IPC) program will be part of the IHS Office of Quality, which will oversee accreditation readiness activities and compliance with accreditation requirements for all IHS Direct Service facilities; conduct training to promote skills development in quality improvement, quality assurance and performance improvement; routinely assess and report on patient satisfaction and experience; and support patient-centered care processes and patient engagement, among other activities described in the [Dec. 2018 Federal Register authorization notice](#).

The IHS Office of Quality is led by [Jonathan Merrell](#), IHS Deputy Director for Quality Health Care. The plan to create the new office was developed in consultation with Tribes served by IHS.

Understand the Aims of the IHS Hospital Quality Initiative

Need a quick executive summary of the IHS Hospital Quality Initiative?



Objective 1.3: Increase access to quality health care services.

- Current Capability
 - Quality Assurance Coordinator hired June 2018.
 - Joint Commission Resources contract available for resources and consultation including mock surveys.
 - Accreditation master contract for the Joint Commission (TJC) and Accreditation Association for Ambulatory Health Care (AAAHC) available for accreditation surveys.
- Increase capability
 - Support conversions to Critical Access Hospitals.
 - Consultation and mock surveys.
- Support for PCMH Implementation
 - Onsite or virtual consultation and implementation support.

Objective 1.3: Increase access to quality health care services.

FY 2019 Surveys – as of September 9, 2019

- **Joint Commission Accreditation Surveys**
 - 11 IHS hospital surveys have been completed
 - 8 hospitals have received full accreditation (ACL, Zuni, Mescalero, Belcourt/Quentin Burdick, Shiprock/Northern Navajo, Gallup, Chinle, Crow)
 - 3 hospitals are still in process (Santa Fe, Whiteriver, Ft. Belknap)
 - 6 hospitals received PCMH certification for their ambulatory facilities (Shiprock, ACL, Zuni, Mescalero, Chinle, Shiprock/Northern Navajo)
 - 3 TJC Ambulatory surveys (Sisseton Wahpeton, Pawnee, Kayenta –all remain in process)
 - 1 Behavioral Health Facility received full accreditation TJC Behavioral Health – Desert Sage Youth Wellness Center
- **CMS Certification Surveys**
 - 5 surveys in 4 IHS hospitals (Cass Lake, Blackfeet (2), Rosebud, Crownpoint)
 - 3 hospitals have maintained CMS certification
 - 1 hospital working on plan of correction (Crownpoint)
- **AAAHHC Accreditation Surveys**
 - 12 surveys in IHS Health Centers (Micmac, Wind River, Ft. Peck, Colville, Jicarilla, Southern Colorado Ute, Rapid City (changed to ambulatory), Taos, Lower Brule, White Earth, Albuquerque SIPI, Lame Deer)
 - All 12 received full accreditation and PCMH Designation

Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.

Objective 2.1: Create quality improvement capability at all levels of the organization.

Objective 2.2: Provide care to better meet the health care needs of AI/AN communities.

Objective 2.1: Create quality improvement capability at all levels of the organization.

- Healthcare Improvement Professional (HIP) Training
 - 1st course completed the 4 in-person sessions
 - 2nd and 3rd courses beginning in September
- Accelerated Model for Improvement (Ami™)
 - Active projects in the Great Plains, Phoenix, and Portland Areas
- Quality Portal <https://www.ihs.gov/ipc/quality-portal-login>
 - Resources
 - Community Exchange
 - Education and Training
- Institute for Healthcare Improvement (IHI) <http://www.ihl.org/>
 - Resources
 - Education and Training

Quality Portal

My Account

Resources

Member Directory

Events

Community Exchange

Notification Settings

Welcome to the Quality Portal!



The Quality Portal is a place to share resources and discuss questions about Quality Improvement (QI) and the Patient Centered Medical Home (PCMH) with colleagues at IHS, Tribal and Urban Indian facilities.

PCMH Recognition

These facilities have recently achieved their PCMH status!

Congratulations to Claremore Indian Hospital, Claremore, OK, on its accreditation and recognition as a Primary Care Medical Home by The Joint Commission.

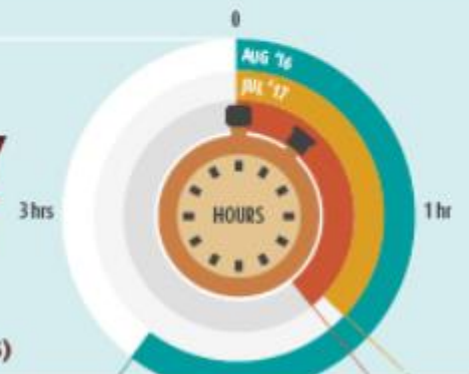


Keep up the good work!

Quality Improvement in Action

FASTER EMERGENCY TREATMENT

Lawton Indian Hospital Emergency Department Improved Processes to Cut Median Length of Stay (MLOS) for Discharged Patients



QI Projects: Examples

- Area Office Projects *not an exhaustive list of projects
 - Phoenix
 - Redesign recruitment in order to reduce the time to fill an opening.
 - Design the support and recruitment for tribal advisory committees in order to increase Phoenix Area tribal representation on national IHS committees/workgroups.
 - Redesign the process utilized by the Phoenix Area to make timely payments to Title I Contractors in accordance with the ISDEAA.
 - Portland
 - Redesign the process in which the PAO currently utilizes to make contract payments to Title 1 Tribes and to Urban Programs in order to reduce the time to pay.
 - Redesign the approach to increase Alcohol Screening and increase the utilization of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) for addressing alcohol use disorders in order to reduce negative impacts of alcoholism.

QI Projects: Examples

Portland Area *not an exhaustive list of projects

- Colville
 - Redesign process for Purchase & Referred Care referral coordination for patients to increase patient satisfaction.
 - Design a Dental Inventory ordering system to timely order supplies using federal regulations.
- Fort Hall
 - Redesign scheduling access to decrease patient wait times.
- Warm Springs
 - Redesign scheduling to match the needs of the patient to the appropriate caregiver to reduce the number of walk-in patients.
 - Redesign medical supply inventory & ordering to reduce costs without creating shortages.

Objective 2.2: Provide care to better meet the health care needs of AI/AN communities.

- PCMH Measures – aligned with ECQMs
 - Workgroup – representation from Area Offices and HQ
 - Considering new measures
 - Developing dashboard with NDW
 - Icare and CRS – developing reporting using measure logic
- Patient Wait Times Measures – Circulars approved, signed, and in IHM
 - Appointment time – less than 28 days
 - ED measures
 - Median time ED arrival to discharge – 120mins or less
 - Left without being seen – 2%
- Patient Safety Measures
 - Working on obtaining access to the National Healthcare Safety Network (NHSN) data
 - Includes the harm data used by CMS
 - Next step develop meaningful dashboard for harm measures

Objective 2.2: Provide care to better meet the health care needs of AI/AN communities.

- Aims for Partnerships to Advance Tribal Health (PATH)
 - Aims – Harm reduction, improved compliance, and improved transitions in care
 - Premier HIIN will work on Harm Reduction
 - In partnership with CDC complete Targeted Assessment for Prevention (TAP) strategy for harm in IHS hospitals.
 - Provide TeamSTEPPS training (train the trainer) to use as desired.
- PATH will work on Improving compliance and transitions in care
 - Focus is on ED wait times (median time check in to check out and left without being seen rate), discharge planning from EDs and hospitals, and Quality Assurance Performance Improvement (QAPI) in each of the IHS.
 - PATH is meeting with each Area Office to provide updates on activities in each area. GPA, Billings, and Navajo have been held.

Goal 3: To strengthen IHS program management and operations.

Objective 3.1: Improve communication within the organization with Tribes, urban Indian organizations, and other stakeholders, and with the general public.

Objective 3.2: Secure and effectively manage the assets and resources.

Objective 3.3: Modernize information technology and information systems to support data driven decisions.

Objective 3.1: Improve communication within the organization with Tribes, urban Indian organizations, and other stakeholders, and with the general public.

- Developing an internal tracking system of OQ Partnerships.
 - Strategically leveraging resources to extend the reach of QI.
- Seeking partnerships to leverage resources to optimize quality efforts.
- Developing communication tools to present on the OQ to internal and external stakeholders.
 - Includes the mission, values, and work plan of the OQ.
 - Focused on collaboration with IHS Offices and Councils.

Objective 3.2: Secure and effectively manage the assets and resources.

- Enterprise Risk Management (ERM) Activities
 - IHS has identified the ERM high risk areas
 - Risk Response Strategy activities: June 2019 – March 2020
 - Risk Education and Response activities: August – March
- ERM Risk Area Workshops – being scheduled
 - Federal Hospital Accreditation Compliance – September
 - Quality of Care – TBD
 - IT Modernization – TBD
 - Recruitment/Retention - TBD

Objective 3.2: Secure and effectively manage the assets and resources.

A123 Activities:

- Appendix A - Internal Controls over Reporting
 - 2019 Cycle Memos – Complete
 - IT General Controls
 - Procure to Pay
 - Personal Property
 - Reimbursable Activity
 - Human Resource Management
 - Cycle Process Transaction Testing – In process
- Appendix B - Government Purchase Cards
 - Purchase Card/Travel Card Transaction Testing - In process
- Appendix C – Improper Payments
 - Purchase/Referred Care Program Transaction Testing - In process
 - Alcohol & Substance Abuse Program Transaction Testing - In process
- Appendix D – FFMIA
 - UFMS/RPMS Appendix IX Tool – September

Objective 3.3: Modernize information technology and information systems to support data driven decisions.

- Datix DL patient safety software contracted December, 2018 to December, 2023.
 - Multidisciplinary Implementation workgroup established
 - Division of Patient Safety Staff lead the workgroup
 - Members multidisciplinary, represents HQ, Area Offices and Service Units
 - Access will be available to all federal facilities, including tribal and urban programs currently participating in WebCident.
 - Includes patient safety and non-patient safety reporting mechanisms.
 - Implementation completion is targeted within 12 months.
 - Pilot testing and training will be coordinated.
 - WebCident continues to be available for use, with a planned end date.

Objective 3.3: Modernize information technology and information systems to support data driven decisions.

- ASM Products continues to be successfully utilized in all areas.
- Workgroup continues to work on optimizing the workflow.
- Workflows to be optimized
 - Standardizing required fields and field entry
 - Standardizing access groups
 - Improved reporting
 - Moving all areas to paperless credentialing

OQ Outlook

- Plan activities for FY20
- Requirements for Focus
 - Improve and sustain a culture of safety, reducing harm, and improving staff and patient safety
 - Implementation of Adverse Events Software
 - Optimization of Credentialing Software
 - Improve and sustain compliance of CMS regulations and Accreditation Standards
 - Increase Quality Improvement Capability – skill and knowledge of application of quality improvement methods and tools
 - Improve the Enterprise Risk Management and A123 process
 - Improve governance to increase oversight by HQ, Area Office, and Governing Boards and mitigate risk

Questions?

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