



CHINLE SERVICE UNIT: TAKING WING

The Navajo Nation is the largest reservation in the United States, covering 25,000 square miles in Utah, Arizona, Colorado, and New Mexico. Chinle, Arizona, is located at its geographic and spiritual heart, less than 10 miles from Canyon de Chelly, the center of the Navajo's four sacred mountains.

Chinle Service Unit of the Indian Health Service provides health care to more than 35,000 members of the Navajo Nation. The Chinle Comprehensive Health Care Facility is the health care hub for the region with inpatient facilities, a 24-hour emergency department and outpatient clinics with about 200,000 visits a year. Three satellite clinics in Tsaile, Rock Point, and Pinon provide primary care to patients in outlying areas.

The Navajo culture runs deep here. Navajo arts, Navajo traditions, Navajo language all not only survive but thrive on the Colorado plateau. More than 80 percent of Navajo people in the Chinle Service Unit speak the Navajo language at home. Navajo rugs, sand art and jewelry produced here are prized throughout the world. When illness strikes, most Navajo still turn to traditional healers as well as modern medicine.

Realizing the value and importance of Native traditions to its patients, the Chinle Service Unit was one of the first IHS facilities to establish an Office of Native Medicine to ensure it delivers the best of modern health care while respecting cultural traditions. Three native healers on staff advise clinicians and administration.

"We try to do things that are culturally and locally appropriate," says Kevin Rand, M.D., clinical director of Chinle Service Unit. So, when IPC was

introduced at Chinle, Navajo traditions were woven into the fabric of change.

START SMALL; THINK BIG

With 60 beds, the Chinle Comprehensive Care Facility may be a small hospital; however, in IPC terms, it's a complicated facility, complete with inpatient and outpatient services, remote clinics and a full range of specialty as well as primary care. It serves a large patient population, employs more than 1,000, and has a medical staff of 100.

Even before joining the IPC Collaborative in 2007, Chinle had been experimenting with IPC methods developed by the Institute for Healthcare Improvement (IHI). In fact, the facility had started integrating IHI methods nearly a decade before IPC with slow but steady results.

With the support and structure of the IPC program, improvement efforts took wing and grew exponentially over the next four years. Chinle moved from one micro system in 2007 to three in 2009 and then increased tenfold to 30 in 2011. Now IPC touches all primary care providers—and most of Chinle's 35,000 patients—within the health system. By the end of IPC 3, Chinle expects to bring onboard the specialty practices and even non-clinical departments, such as human resources.

This type of growth and spread takes management buy-in and strong leadership. It also takes clear communication and the willingness to look at new ideas and approaches. Luckily, Chinle had all these critical ingredients. "It has momentum, and it keeps moving," says Bob Eck, performance improvement coordinator.



LEADERSHIP BUILT INTO THE MODEL

“We realized, if we wanted to do this in a meaningful way and spread it, we needed a lot of leadership support,” says Rand. So, as they moved from one care team to 30, they built leadership into the model.

The model they conceived—the Winged Ones for Planned Care—established 10 improvement teams, one for each of the primary care departments and clinics, plus two leadership groups: the Service Unit Executive Committee and the IPC leadership.

Each team is named for a bird that has some cultural significance to the clinic or department they represent. For example, the symbol for the family practice department is a red-tailed hawk, which in Navajo tradition has a tight family unit. The satellite clinic in Tsaile, a town with an elevation of more than 7,000 feet that gets more precipitation than Chinle, is represented by the hummingbird, which, in Navajo culture, brings moisture. The administrative team that leads the IPC effort at Chinle is called the Bluebirds, because, in Navajo legend, the bluebird is associated with the rising sun and providing guidance.

Within each clinical team, there are several care teams. These care teams also have culturally significant names. For example, the pediatric clinic’s teams are Morning Mist, Sunbeam, and Rainbow, terms used in Navajo children’s stories. At the Family Practice Clinic at Pinon the teams are named for the traditional colors assigned to the four directions.

FOCUS ON EFFECTIVE COMMUNICATION

The Bluebird leadership team meets every week for two hours to talk over challenges and to conceive and carry out their own action plans to promote IPC concepts throughout the Service Unit. This

frequent, intensive communication was new to the administrators, but improving the flow of information among the different departments became a primary focus.

“We recognize that in the past we’ve had some challenges with good communication,” says Rand. “We’ve spent a lot of time just getting the ideas down as a leadership group. One of our big challenges right now is trying to get the message out to our staff so that our staff understands some of these concepts—like what a medical home is, what empanelment is, what open access is.”

While communication is important to effective patient care in any setting, it becomes more complicated and even more critical as new concepts are spread to an even wider audience—such as a staff of 1,000 and a patient base of 35,000. It’s further complicated by the staff turnover in some departments and positions. Communication, Rand says, has to be a continual effort, not a one-time push.

The Bluebird team coordinates monthly all-teams meetings that are similar to the national IPC learning sessions, but on a local level. All outpatient staff—as well as Bluebird members, specialty care departments, and the national IPC team—are invited to participate in these sessions. Participation by WebEx makes it possible for as many employees as possible to attend the meetings even if they are not located at the Chinle Comprehensive Care Facility.

The clinical teams take turns presenting team progress, implementation of IPC concepts, and leading practices at these monthly meetings. When they started these monthly meetings, Rand says, it was like “pulling teeth” to get clinical teams to present. Now, many teams want to participate and presentations are scheduled and planned way ahead of time. The Bluebirds review the presentations beforehand and work with the teams to ensure high-quality information helps the clinical teams meet their IPC goals.



Each member of the Bluebird team serves as a liaison with one of the clinical teams and attends those team meetings as well. This fosters direct communication between the clinicians and administrators.

A PICTURE IS WORTH...

Sometimes, words are not the best way—or at least not enough—to communicate new and complicated concepts, especially to staff and patients who may have their minds on other aspects of their work and their lives. Sometimes, it takes a picture to capture the attention and the imagination.

Working with the Office of Native Medicine, the IPC team developed a graphic that beautifully illustrates how IPC fits into the Chinle Service Unit to serve the health needs of the community. The traditional Navajo wedding basket at the base represents community resources (people, culture, and infrastructure). The cornstalk is the health organization growing out of those resources. The yellow and white footprints represent the Navajo people, and the four mountains correspond to the four directions and the four sacred mountains of the Navajo Nation. Flying around and perched on the cornstalk are the 10 birds that represent the 10 teams in Chinle’s IPC endeavor. Below the graphic, the vision statement of the health system, written in both Navajo and English, reflects the connection between body and spirit and the partnership between clinician and patient, health system, and community: A prosperous journey of beauty and healthy living.

“In Navajo culture, it’s all about the journey, not the destination,” says Rand. “So, it was very important for local people to make sure that, in our vision statement for the hospital, we just recognize that this improvement work is a journey.”

While they’ve not collected hard data on the impact of the graphic, IPC team members feel it has communicated the ideas of IPC to staff and patients.

“My sense from the staff, and also from the patients, is that it works on a deeper level in terms of connecting with our patients,” says Sean Meade, M.D., family physician and chief medical officer at the Pinon Health Center.

Except for the medical staff, most of Chinle’s employees are Navajo themselves, and they connect with the cultural significance of the team names. “They love having t-shirts with pictures or posters on the walls that have some kind of cultural symbolism,” says Rand.



The model and the graphic for the IPC program at Chinle Service Unit emphasize the elements that have helped spread IPC concepts so quickly throughout the system:

- the active involvement of administrative leadership;
- the importance of Navajo culture in the organization and in the community; and
- the partnership between patients and care teams.



WEAVING IPC INTO CHINLE'S STRATEGIC PLAN

IPC has quickly become an integral part of the philosophy and vision of the Chinle Service Unit. When it came time to revisit Chinle's strategic plan in 2011, the approaches and concepts of the IPC collaborative were at the top of people's minds. Again, the administrative teams consulted with the Office of Native Medicine to develop a framework and culturally based graphic that explained and integrated IPC concepts into the overall strategic plan.

The result is the "Tapestry of Wellness," developed with input from community members, health board members, and other agencies within the community and approved by the Diné Medicine Men's Association.

"I look at the Tapestry of Wellness as kind of our fundamental framework as to how we do business overall and incorporate patient perspectives, staff perspectives, financial perspectives, and internal processes," says Meade. "A lot of the objectives in there are really directly related to IPC, such as access and continuity, patient satisfaction, staff satisfaction, and patient activation. They're essentially built right into our Tapestry of Wellness."

The tapestry graphic depicts a traditional Navajo hogan, where important family, community, and healing ceremonies take place. The Service Unit's strategic goals are presented in both English and Navajo.

Chinle officially introduced the tapestry to the community in October 2011, but the message of IPC has already resulted in real change for staff and for patients.

"The spirit [of IPC] has changed in a lot of the way we give care," says Charlene West, RN, assistant chief nurse executive. "It has an impact on how patients are cared for [and on] staff satisfaction and patient satisfaction. The staff knows who their patients are, and they can get the providers onboard to get things accomplished for the patients in a timely fashion. Patients really feel like they have a medical home."

"I feel like the patients are now getting the same message as far as consistency, continuity of care, and empanelment," agrees Gerlinda Silversmith, Pinon Health Center supervisory clinical nurse. "Just overall, it seems like a sense of improved communication with the community."

