

**ISAC RPMS Support Sub-Work group**  
**CATEGORIZED list of Policy/Recommendations:**

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**ORGANIZATIONAL AND STRUCTURAL IMPROVEMENT:**

1. Chief Information Officer functions need to be integrated into the top management structures of the Area Offices. Areas are encouraged to use the existing CIO models in effect Navajo, Tucson.
2. HOLD-Standardize Position Descriptions for all technology series (GS-301/332/334/391/etc.) at all levels of the organization and place the Position Description and related materials on an easily accessed web page.
3. HOLD-Standardize Personal Service Contractor/Contract vehicles for all technology job series and place the sample contracts and related materials on an easily accessed web page.
4. HOLD-Develop staff models to assist Areas/Service units to determine the skill mix and quantity of staff needed to adequately maintain systems.
5. HOLD-Re-establish/Strengthen the PSGs (professional specialty groups), ISC and the ISAC committees in order to provide customer-focused input to DIR.
6. Provide a forum in which the Team Leaders/ISCs/and key IRM staff can share in the establishment of Agency IRM Strategic and Operational plans based on actual operations experience and concerns about key issues.
7. The Agency must get tribal support for the resources necessary to continue to develop and maintain the RPMS system.
8. HOLD-Zero residual for OIRM-HQ will not adequately meet customer/agency needs. This issue needs to be revisited by the appropriate group(s).
9. Develop a methodology, which enables the pooling of I/T/U funds and resources and supports a competitive process in awarding and supporting information systems projects.

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**TECHNICAL SUPPORT ( MAINTENANCE AND UPGRADING):**

1. Annually, select a core suite of RPMS packages to enhance based on PSG/ISC/CMO/ ELG input. All software not in the core suite will be supported but not enhanced, and if warranted will be retired.
2. DIR will develop an annual operational plan based upon a survey of the I/T/U customers. Using the Strategic Plan and other appropriate technical assistance, DIR will analyze and rank the survey results. In support of the ELG work-plan, DIR, with ISAC collaboration, will develop the operational plan incorporating the results and recommendations of the customer survey.
3. It is recommended that ISAC facilitate the formulation of users consortiums (PSGs) that collaborate in their efforts to address their specific requirements and priorities. The consortiums would enable the participants to share information and resources; they could develop their own upgrades or jointly contract with the private sector for the necessary enhancements.
4. DIR will develop an annual training plan based upon a survey of the I/T/U customers. Using the Strategic Plan and ISC assistance, DIR will analyze and rank the survey results. In support of the ELG work-plan, DIR, with ISAC collaboration, will develop the training plan incorporating the results and recommendations of the customer survey.
5. DIR will develop an annual hardware/operating support plan. Using the Strategic Plan and ISC assistance, DIR will analyze current platforms and plan for future direction. With ISAC collaboration and ELG support, DIR will develop a retirement plan for heritage hardware/operating systems.

6. DIR will develop creative mechanisms to allow tribal contractors/compactors to select the services they desire. DIR, in cooperation with OTP and OTSG, will develop a mechanism to capture information on specific services contracted for by tribal contractors/compactors.
7. DIR will provide mechanisms for effective technical support of RPMS/operating systems. This will include a repository for applications, patches, error/enhancement reporting and information.

DRAFT September 15, 1999

## **ISAC RPMS Support Sub-Work group**

### **Position Paper: Maintaining Appropriately Trained Staff**

#### Issue

It is the responsibility of Indian Health/Tribal/Urban programs (I/T/U's) to assure and improve the quality and functionality of information systems within the Indian Health environment. A major requirement for this is the availability of appropriately and adequately trained staff, including technical support, programmers and end users.

#### Background

The responsibility of administration in maintaining appropriately and adequately trained staff is well recognized, and mandated by accrediting organizations such as the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and the Accreditation Association for Ambulatory Health Care (AAAHC). Opportunities for training, education and development have consistently been cited as positively impacting recruitment and retention of employees in all areas, including information systems management. However, many issues impact negatively on the ability of I/T/U's to provide education and training to employees, including decreased funding; remote locations; small numbers of staff; lack of available technology, such as satellite television; and lack of motivation of individuals or groups of employees. In addition, historically, there has been a disparity in the distribution of funding for training.

The Indian Health Service Information Systems Advisory Council recognizes that the responsibility of maintaining appropriately and adequately trained staff must be shared by I/T/U's at all levels of administration and practice. A collaborative cohesive effort will be required to continue to provide training and educational opportunities to our employees in the future.

#### Discussion

There are several dimensions to assuring the availability of appropriately and adequately trained staff: pre-employment, entry level education; orientation; on-the-job training; continuing education; and long term education.

##### Pre-employment, Entry Level Education:

Pre-employment and entry level education qualifications are best dealt with through the development of comprehensive position descriptions; qualifications; knowledge, skills and abilities requirements; and, when appropriate, selective placement factors. Personnel Office benchmarks for many positions are severely outdated and do not reflect current practice. This often leads to General Schedule (GS) ratings (and thus salary) lower than needed to recruit qualified candidates.

##### Orientation:

Lack of adequate orientation is often cited as a source of dissatisfaction among Indian Health employees. Too often the pressures of short staffing lead to a “sink or swim”, “learn as you go” orientation. This is especially disconcerting to new graduates (who often come from widely variant basic education experiences) and new Indian Health or Tribal employees, unfamiliar with the intricacies of federal and tribal policies. In addition to increasing the stress level of new employees, the quality of information systems and data may be impacted.

There may also be disparity between areas, service units/facilities, departments or even individuals in the quality and quantity of orientation received. Site managers or users may get full orientation at one facility; brief orientation at another; none at another. One area office may have a full cadre of Area information systems support people to assist field personnel; another may have severe staff limitations.

JCAHO requires that administration verify the competency of employees to perform their duties. In the private sector, competency assessment may be part of the pre-employment screening process. The federal government, however, must defer competency assessment until after the individual is hired. A new employee, who met basic educational and training requirements, may prove unable to perform basic competencies required in their position. Competency assessment, and subsequent training/education to bring an employee up to an acceptable level of competency, are time consuming, especially for departments already short staffed.

#### On-the-Job Training/In-Service Education:

As with orientation, the quality and quantity of on-the-job training may vary widely. The site manager may report to a department full of hardware and no one around to show how to use it; Area support may be limited or non-existent.

#### Continuing Education:

Continuing education may be provided “in-house” or out. Many of the same issues apply as for on-the-job training. In addition, because of the remoteness of many I/T/U facilities, the cost of bringing in qualified trainers, and/or sending staff away to training, also becomes a factor. Although opportunities for continuing education via internet and satellite are increasing, many sites do not have access to the technology required for these alternatives.

Traditionally, continuing education funding has been limited for non-healthcare professionals. When funding and courses are available, they are frequently not used. When overall funding for a facility or area is decreased, it is frequently education programs which suffer.

#### Long Term Training:

Occasionally, an employee seeks long term training to improve skills or job marketability. This training usually consists of baccalaureate or masters level education, but may include lower level education or certification. When the education would benefit Indian Health it is logical to provide some support to the employee. Employees at isolated rural facilities are at a disadvantage in regards to access to colleges, universities and technical schools, when compared to employees in more urban areas. The growth of distance learning opportunities, e.g. via satellite, video conferencing or Internet, is improving access, but these technologies are not always available to I/T/U employees.

## Recommendations

### Pre-employment, Entry Level Education:

1. The Office of Information Resource Management (OIRM) should work with the Office of Personnel Management (OPM) to upgrade basic personnel qualification benchmarks to assure appropriate rating of positions and the ability pay salaries comparable with the private sector.
2. OIRM should develop selective placement factors for critical positions, when appropriate.
3. Indian Health should encourage Tribal and Urban programs to implement basic minimum education and training requirements for positions to assure acquisition of adequately trained employees.

### Orientation:

1. IHS (OIRM) should develop a standard basic orientation program for export to all Areas and facilities. The program could be a video, computer, overhead and/or slide presentation, and should cover the basics of Indian Health at a national level, e.g., headquarters organization, history, the legislative process, and pertinent historical and organizational information related to Indian Health informatics.
2. IHS (OIRM) should develop and offer at regular intervals, at readily accessible sites or via Internet, Web Meeting or other source, basic courses for site managers, programmers and end users.
3. IHS (OIRM) should develop standardized orientation program which is offered on a regular basis or which can be self administered for use by end users, covering the importance of accurate data entry, and the wide range of uses of IHS computer programs, software packages, and report options.
4. Each professional category should develop standardized, basic entry competencies, i.e., minimum knowledge, skills or abilities needed to perform the duties of the job, for positions within their respective categories, specifically related to data quality and informatics. All new employees should have their ability to meet these basic competencies objectively measured and documented, at entrance on duty.
5. I/T/Us should consider development of regional "competency centers", perhaps in concert with local community colleges or universities. Centers would provide entrance competency testing for a variety of employee categories. These centers could also be used as resources for on-going training.

### On-the-Job Training/In-Services

1. Formal training plans should be developed and implemented to assist new employees who fail to meet basic entry level competencies to attain the required knowledge, skills and/or abilities.
2. All new software packages should include a users manual and a plan for access to formal training at the national, regional and/or area level.
3. When ever possible, users manuals should be available "on-line", or, at a minimum, on computer disk, to facilitate revision, access and standardization.
4. IHS should facilitate acquisition and maintenance of computer hardware and software to enable computerization and export of manuals, computer assisted learning, Internet access and other technological support.
5. I/T/U's should facilitate use of local "experts" to provide in-service training between service units/facilities, assisting with travel between facilities, coverage, etc.

### Continuing Education

1. IHS should assess the current distribution of continuing education and training funds and develop a more equitable distribution plan which meets the needs of I/T/Us and addresses specific informatics training needs..
2. I/T/Us should designate at least one individual at each facility to assess informatics training needs; coordinate training programs, within and between facilities; and monitor use of training funds.

3. I/T/U's should assess facility informatics training needs and develop a prioritized training plan on an annual basis.
4. I/T/U's should consider economies of scale when planning training programs, and consider the efficiency of bringing in trainers, opening programs to other I/T/U employees or facilities, sharing trainers, etc., as compared to sending individual employees to training.
5. IHS should develop partnerships with colleges and universities to provide education and training programs specifically tailored to I/T/U needs or to utilize school satellite and teleconferencing facilities.
6. IHS should commit to assuring internet and electronic mail access at all I/T/U facilities.
7. IHS should develop, maintain and distribute lists of resources for providing continuing education opportunities, such as formal programs, individual speakers and self learning modules.
8. Whenever possible, IHS should sponsor national meetings of employees in selected informatics related positions, e.g., programmers, site managers and/or end users.
9. IHS should encourage individuals to obtain training by supporting them financially or with appropriate leave if course attendance is self-funded.
10. IHS should encourage and facilitate attendance at professional conferences/conventions and membership and participation in professional associations.

Long Term Training:

1. I/T/U's should facilitate employees seeking advanced degrees related to informatics through alternative means, e.g., distance training.

## **Summary**

The Information Systems Advisory Council believes that the challenges of maintaining an appropriately and adequately trained staff can be met through a proactive, collaborative approach at all levels of Indian Health.