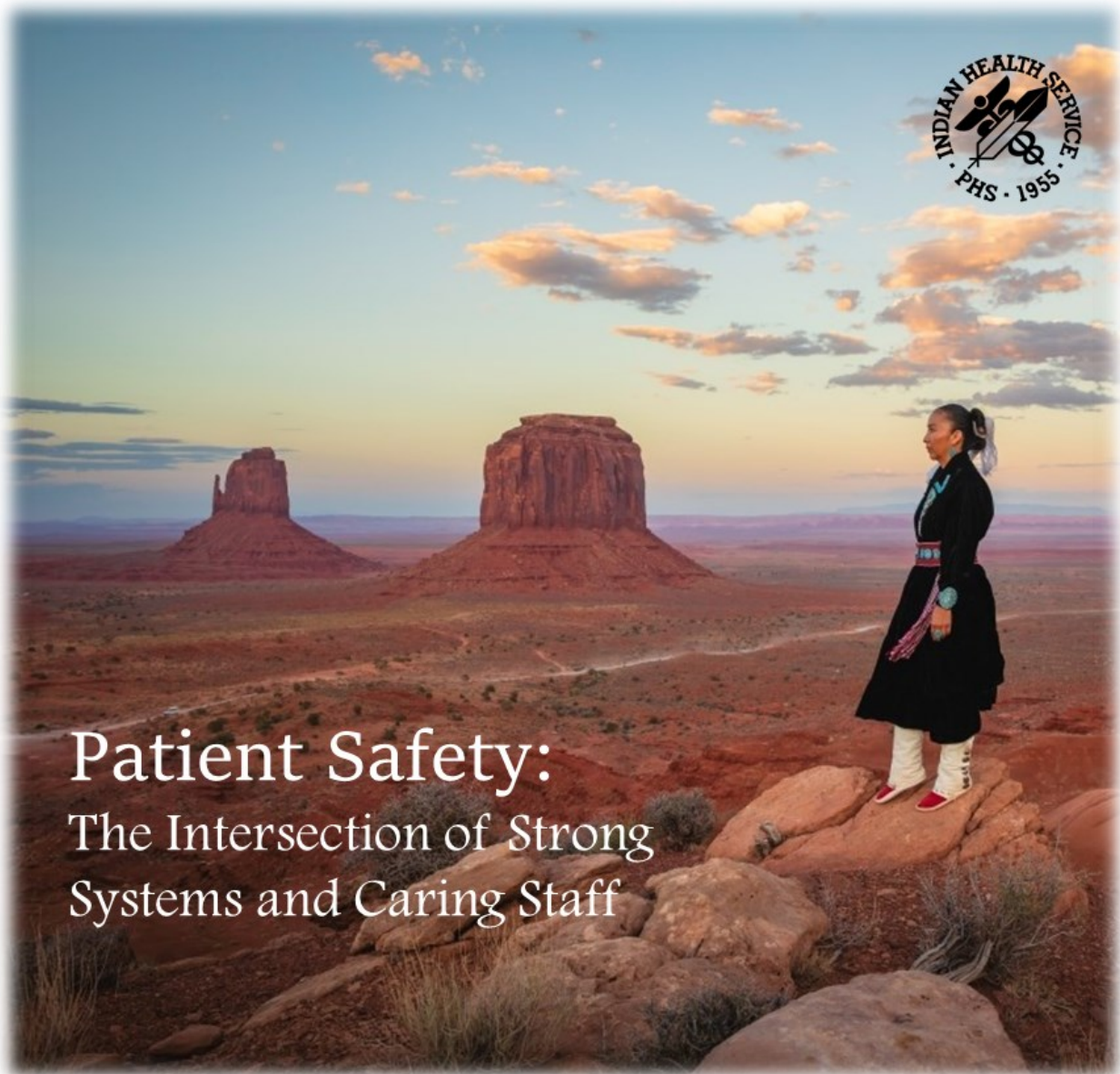


Patient Safety Awareness Week

2024



Patient Safety:
The Intersection of Strong
Systems and Caring Staff

LCDR Danica Brown, PharmD, MHC, BCPS; Pharmacist

Area/ Facility: Oklahoma City Area/ Oklahoma City Indian Clinic



LCDR Brown goes above and beyond monitoring for her patients. She is the lead pharmacist for the Oklahoma City Indian Clinic Hepatitis C program. She is an advocate for patient needs. LCDR Brown questions orders and medication interactions with the patient's best interest in mind. Her hard work and patient centered care is greatly appreciated.

Northern Cheyenne Service Unit Quality and Safety Team

Area/Facility/Department: Billings Area/ Northern Cheyenne Service Unit/ Quality Department

The Northern Cheyenne Service Unit Quality and Safety team have made tremendous system-wide improvements in 2023. This team has been particularly diligent about utilizing the new Institute for Healthcare Improvement Root Cause Analysis and Action (RCA²) process to analyze, investigate and strengthen systems that directly impact patient safety. Since the implementation of the RCA² process, they have completed four analysis' of events that were reported in the I-STAR system. In addition, while utilizing this new RCA² methodology, they have been able to uncover common causes of system vulnerabilities, and have added this information to further develop the Quality Assurance and Process Improvement plan and create an action plan to improve the culture of safety for the Northern Cheyenne patients and staff. This team's ongoing commitment to a better, safer environment for our patients and staff is unmatched!



LCDR Amber Means, RN (acting risk manager), LCDR Nathan Moyer (infection control, safety officer, employee health), Sable Kertzman, RN (acting CEO), LCDR Sandi Olsen (acting quality manager)

CDR Matthew Ellis, Bemidji Area Patient Safety Consultant

Area: Bemidji Area



CDR Ellis is currently designated as the Bemidji Area Patient Safety Consultant. While serving as the National Indian Health Board (NIHB) Infection Control Steering Committee Lead, CDR Ellis spearheaded an effort with NIHB and Organization for Safety Asepsis and Prevention (OSAP) to develop and deliver an in-person Tribal Infection Control Bootcamp help in Vancouver, WA from 9/19/23 - 9/21/23 with 142 I/T/U multidisciplinary participants from across the country. This was a fast-paced educational course presented by national and international experts in infection prevention and patient safety. CDR Ellis led the content development, logistical delivery and served as an expert speaker and Team-STEPPS facilitator at the event. He showcased American Indian healthcare workers from Tribal healthcare facilities throughout the course resource materials.

The course included content/resource delivery on “Principles of Patient Safety” from the Institute for Healthcare Improvement (IHI) that introduced the healthcare professionals in attendance to the fundamental components of a patient-centric patient safety program across the continuum of care. The 3-day course also included, but was not limited to; content delivery on infection prevention and control, transmission-based precautions, personal protective equipment, proactive risk assessments, exposure/post-exposure management, Tuberculosis screening, vaccinations, sterilization, TeamSTEPPS, and infection control and patient safety breach investigations. They also received practical tools/tips on implementing these infection prevention and patient safety resources in their practice settings. All 142 participants stated the training was “well-structured and deepened their understanding of infection control and patient safety”. In addition, 2,793 CEUs were awarded to participants.



Bemidji Area Staff in attendance at the IPC Bootcamp

Dawn Joyner, Quality Assurance Manager

Area/ Facility: Bemidji Area/ Lac Courte Oreilles (LCO) Community Health Center



Dawn is a LCO Tribal Member and has worked with Lac Courte Oreilles Community Health Center for 11 years starting out in Patient Registration and working her way to Quality Assurance Manager and Safety Officer. She addresses patients concerns with a calming presence letting them know they are heard and provides a safe space for anyone to come and talk to her. She has held a key role in facility accreditation, emergency preparedness, compliance, and wears many hats. She has shown dedication to our facility and the safety of our patients, staff, and community. Seeing her compassion and caring for our patients and her love of her job is truly an inspiration.

Root Cause Analysis and Action (RCA²) Standardization Workgroup

Team Role: Indian Health Service—National Workgroup

In 2023, the Indian Health Service selected the Institute for Healthcare Improvement (IHI) Root Cause Analysis and Action (RCA²) as the foundational root cause analysis (RCA) methodology for the agency. This workgroup has developed a standardized RCA process customized to meet the needs of the IHS utilizing RCA² as the foundational methodology. This process is in the 2nd round of testing and is expected to be implemented across the agency in 2024.



Workgroup Members (pictured members left to right and members not pictured):

Kenith Franks (HQ, OQ), CDR Michelle Livingston (HQ, OQ), Dr. Philippe Champagne (HQ, OQ), Nicole Flom (HQ, OQ), Brian Hroch (HQ, OEHE/ DES), Dr. Lisa Majewski (HQ, OQ), CDR Deondra Roberson (Clinton SU, OCA), Stacy Payne (PIMC, PHX), Selva Thompson (NAV Area), CAPT Michael Lee (HQ, OQ), Summer Martinez (NNMC, NAV), CDR Kari Wato (NAVArea), CDR Kelly Owens (PIMC, PHX) - not pictured

Crownpoint Service Unit (CPSU) Just Culture Champions



Crownpoint Just Culture Champions:

Tonita Yazzie (Health Tech, Central Sterile Processing), Pamela Sandoval (Health Tech, Health Promotion/ Disease Prevention), Sylvadrick Young (Health System Specialist, Performance Improvement), Kevin Jensen (Registered Nurse, Ambulatory Clinic)

Area/Facility: Navajo Area/ Crownpoint Service Unit

The CPSU Just Culture Champion Team have become certified trainers and have successfully started the roll-out of education on the Just Culture Company's framework with executives, supervisor/managers, and front-line staff. The four individuals have all attended the Just Culture Certification Course training on October 30-31, 2023 in Shiprock, NM. They are now certified in core concepts of Just Culture and have the tools to elevate CPSU organizational accountability, safety, and overall performance. In January 2024 they completed a 2.0 hour presentation to our Executive team to start the implementation of Just Culture concepts at CPSU. The objective of the presentation was to introduce the concepts and goals of Just Culture, and review the implementation plan, to include a supervisor curriculum, front-line employee curriculum, and new employee roll-out. The Just Culture Team also implemented a 30 minute new employee onboarding session that occurs every two weeks at CPSU with our new employees. The team has had numerous planning sessions and meetings to start this long and important journey for Crownpoint Service Unit. The Hospital Executive Team has given the team encouragement and support as we work together to foster a culture of shared accountability where leadership is accountable for system improvement and supporting safe choices of management and staff. Thank you to our CPSU Just Culture Champions!

Chinle Service Unit (CSU) Employee Vaccination Pod Initiative 2023

Area/Facility/Department: Navajo Area/ Chinle Service Unit/ Quality Management Division



Cornelia Eichhorn, Tami Raji, Michelle Kendrick, Sharita Booth, Khanh Pham, Monica Jones, Ivan Salabye, Francine Davis, Melissa Begay, Crystal Chee, Melba Hunter, Julia Jones, Janette Begay, Seymour Smith, Rena Johnson, Lavone Brady, Owen Le Beau, Lorraine Coggeshall, Anthony Yellowhair, Vernon Brown

The Quality Management Team has led the Annual Employee Vaccination Pod to reduce the risk of all CSU staff from becoming seriously ill from seasonal respiratory illnesses such as the flu and COVID-19. The quality managers focused on making vaccinations available to all employees at CSU, and ensuring appropriate record keeping. This program provided vaccinations for respiratory illness for 1091 total employees. The Employee Health, Infection Control and Quality Management team set up Mini Vaccination Pods to target staff working night shift and weekends to ensure they had equal access to vaccines.

LT Timothy Arr, Safety Officer

Area/Facility/Department: Oklahoma City Area/Claremore Indian Hospital/ Quality Assurance, Process Improvement



LT Arr's commitment to enhancing safety protocols and reducing the backlog of I-STAR reports has significantly impacted the overall safety culture at Claremore Indian Hospital.

As a Lieutenant in the United States Public Health Service (USPHS) with over six years of service within the Indian Health Services (IHS), Tim has demonstrated exceptional leadership and a relentless focus on patient safety. Since joining Claremore Indian Hospital over a year ago, he has consistently gone above and beyond to champion programs that directly contribute to the well-being of our patients. One of Tim's noteworthy achievements is his instrumental role in reducing the backlog of open I-STAR reports. Through his meticulous efforts and leadership, Tim has streamlined the reporting process, ensuring that critical incidents are promptly addressed and mitigated. This accomplishment not only reflects his organizational skills but also underscores his commitment to transparency and continuous improvement in patient safety.

Tim's proactive approach to safety initiatives has had a lasting impact on our facility. He consistently seeks innovative solutions, engages with staff at all levels, and fosters a culture where everyone plays a role in enhancing patient safety. His efforts extend beyond the routine responsibilities of a Safety Officer, making him a true patient safety champion.

Johnna Watt, Quality Assurance Process Improvement (QAPI) Coordinator

Area/Facility/Department: Great Plains Area/Eagle Butte Hospital/Quality Department
(Picture not available)

Johnna has been key to the facility safety program by serving in the role of Patient Safety lead. In December 2023, Johnna spearheaded the implementation Emergency Department QAPI huddles to review all high risk charts the day after the visit. These huddles are utilized to strengthen systems and drive improvement.

Elizabeth Jansen, BSN, RN-PHN, Infection Preventionist and Patient Safety Officer

Area/Facility: Bemidji Area/Red Lake Hospital



Liz Jansen was hired as an infection preventionist in May 2023. Ms. Jansen spearheaded the process of opening the Red Lake Service Unit hospital central sterilization department in August/September of 2023. She orchestrated the scheduling of training sessions for applicable staff, ensuring they have the necessary knowledge and skills to excel in their identified roles and in maintaining the sterile supply department competencies. She navigated the process of ordering, specifying and ordering chemicals and equipment, ensuring the department was outfitted with what was needed to ensure utmost patient safety. She coordinated with all departments instrument requests and needs ensuring they could be processed in accordance with all patient safety requirements. Ms. Jansen identified a needed approach to streamline manufacture's instructions for use (IFUs) and obtained IFU access for staff through the procurement of One Source. She has since facilitated regular quality control checks and oversight per Joint Commission recommendations while implementing stringent measures to uphold the highest standards of sterilization and safety. In addition, she facilitated the procurement of a reverse osmosis system installation within central sterilization while working with Area

leads, contractors and facility staff in the associated ongoing construction infection control risk assessments to ensure patient safety throughout the \$100,000,000+ space remodel.

The Joint Commission reports that 74% of all Immediate Threat to Life (ITL) declarations nation-wide are directly related to improperly sterilized equipment. Through Ms. Jansen's diligence and dedication, the new state of the art central sterilization department opened earlier than anticipated. She has facilitated a high level of patient safety in the facilities' sterilization process through the implementation of processes that align with industry best practices.

Doctors Jonathan Iralu, Mia Lozada, and Jennie Wei, GIMC

Area/Facility: Navajo Area/Gallup Indian Medical Center (GIMC)

Doctors Iralu, Lozada, and Wei exemplified unwavering dedication to patient safety by fearlessly reporting a long-standing Electronic Health Record (EHR) issue, refusing to accept the ingrained status quo, to advocate for change to create a safer system for patients and staff. They performed an in-depth review and root cause analysis through their Morbidity and Mortality Conference to identify an issue in the EHR that routinely results in poor communication to patients, staff, and outside health systems leading to confusion about the status of medications. Recognizing the critical importance of reliable and effective EHR systems in healthcare delivery, they professionally and effectively elevated those concerns such that EHR improvements can be made that will benefit the whole IHS. My deepest gratitude and appreciation to Drs. Iralu, Lozada, and Wei for their efforts to care and safeguard our patients.



Dr. Jonathan Iralu, Internist



Dr. Jennie Wei, Medical Director,
Respiratory Therapy



Dr. Mia Lozada, Internist

Robinson Talkalai, Safety Officer

Area/Facility/Department: Navajo Area/Crownpoint Service Unit/ Quality Department

Mr. Robinson Talkalai is an experienced, instrumental, and motivated Safety Officer who has made significant improvements at Crownpoint Service Unit (CPSU) utilizing an I-STAR Safety Team Huddle. The CPSU team strives to constantly improve the culture of safety. A key strategy is to have employees report incidents, including good catches, events, and risks into the IHS' event reporting system, I-STAR.

Mr. Talkalai has implemented an I-STAR review team that meets bi-weekly which includes the hospital executive team, Risk Manager, Emergency Department supervisor, and Pharmacy supervisor. The purpose of the team is to review all I-STAR submissions, assign investigators, review investigations, and close out events after ensuring appropriate actions have been implemented. This process allows the membership to evaluate incidents, elevate events that require a deeper analysis to a root cause analysis (RCA) team, perform risk assessments as needed, and ensure process improvement tools are utilized to strength systems and processes.



The discussion and follow through in the I-STAR huddle has led to improvements across the organization in patient safety, patient flow, and customer satisfaction. The team works to create a system of accountability for actions and improvements, while also allowing for re-engineering, innovation, and enhancements to patient care. We present our best catches and reviews at the monthly staff meeting to improve communication, recognize staff contributions to patient safety, and highlight system improvements implemented at CPSU.

Alaska Native Medical Center Quality and Patient Experience Team

Area/Facility: Alaska Area/ Alaska Native Medical Center (ANMC)



The ANMC Quality and Patient Experience team is dedicated to making Alaska Native people the healthiest people in the world by optimizing health and well-being through collaborative partnerships and services. Our work is centered on the values of self-determination, quality, integrity, and teamwork. This outstanding group of dedicated staff live this mission and vision daily through the work they do. Recent accomplishments of this team include:

- Development and implementation of organization-wide Just Culture training for over 3,200 employees
- Increased ANMC Hospital's CMS star rating
- Improvement in patient safety metrics
- Improved patient experience through updated comment cards and access to interpreter services
- Coordinated participation with CMS Promoting Interoperability Medicare Program and the Merit-based Incentive Payment System (MIPS), Inpatient Quality Reporting, and Outpatient Quality Reporting regulatory programs resulting in positive adjustments for Medicare Part B claims
- Provided 22 consultations as National Accreditation Expert; included such institutions as Ohio State, Stanford, University of Kentucky, VA systems, and Emory
- Developed organizational quality boards for access to all quality data
- Improved process for medical credentialing to ensure timely onboarding of providers and prevent patient care delays

Safety doesn't happen by accident!



*Our mission...to raise the physical, mental, social and
spiritual health of American Indians and Alaska Natives
to the highest level*