

# Indian Health Service (IHS) Quality Framework, 2016-2017

## Introduction

The Indian Health Service (IHS) seeks to provide safe, trusted, high quality health care to American Indians and Alaska Natives and promotes policies, practices, and programs that improve health outcomes.

The IHS Quality Framework describes the vision, goals, and priorities to develop, implement, and sustain an effective quality program that improves patient experience and outcomes, strengthens organizational capacity, and ensures the delivery of reliable, high quality health care for IHS Direct Service facilities. This Framework is consistent with the aims of the 2011 National Quality Strategy established by the U.S. Department of Health and Human Services (HHS) and is aligned with HHS Strategic Goals (#1: Strengthen Health Care, and #4: Efficiency, Transparency, Accountability, and Effectiveness), the IHS mission, and key IHS priorities.

The Quality Framework was developed by assessing current IHS quality policies, practices, and programs, incorporating standards from national experts, and including best practices from across the IHS system of care. The Framework is a living document with an initial focus on strengthening the underlying quality foundation of the federally-operated facilities within the IHS system of care that builds upon existing initiatives and programs. IHS is also committed to sharing best practices, models, and policies with Tribes and Urban Indian programs and strengthening partnerships with Tribes, local communities and regional health care systems. This Framework will be reviewed and updated annually.

The IHS Quality Implementation Plan, 2016-2017, is a companion document to this Framework and describes specific activities IHS will undertake to implement changes in support of the priorities and objectives outlined in the Framework.

## IHS Mission Statement

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

## Quality Vision

IHS will provide patient-centered, timely, effective, safe, and reliable health care of the highest quality.

## Quality Goals

- 1) Improve Health Outcomes for Patients Receiving Care
- 2) Provide a care delivery service all patients trust

## Quality Priorities

- 1) Strengthen Organizational Capacity to Improve Quality of Care and Systems
- 2) Meet and Maintain Accreditation for IHS Direct Service Facilities
- 3) Align Service Delivery Processes to Improve Patient Experience
- 4) Ensure Patient Safety
- 5) Improve Processes and Strengthen Communications for Early Identification of Risks

## **Priority 1: Strengthen Organizational Capacity to Improve Quality of Care and Systems**

In order to provide patient-centered, timely, effective, safe, and reliable health care of the highest quality, IHS will strengthen its capacity through establishing leadership in quality, standardizing governance, workforce development, incorporating data-supported decision making, and reporting. IHS will strengthen and unify oversight and support functions of facilities, personnel and processes that directly impact the quality of health care delivery services.

### **Objectives:**

#### **1A) Provide Leadership in Quality**

IHS will establish a Quality Office at Headquarters, overseen by a Deputy Director of Quality, who will report to the IHS Director. The Quality Office will lead the development of a culture of quality in all IHS Direct Service facilities that embodies trust and respect, and fosters continuous learning; assess Area Office and Service Unit functions, staffing, and critical quality assurance activities; and will identify resource needs, structures, processes and supports for an effective and sustainable quality assessment and performance improvement system. The Quality Office will be staffed to manage the functions that support activities such as assessing and addressing quality and patient safety issues, in addition to monitoring trends in performance and progress in achieving quality improvements. Additionally, leadership in quality will be provided in the field through the establishment of Chief Quality Officers at each Area Office to serve as critical liaisons between Headquarters and Service Units.

#### **1B) Standardize Governance**

Standardizing and strengthening governance processes and structures promotes reliability, consistency, and management excellence while emphasizing quality improvement as an Agency priority. Through the IHS Quality Consortium, a standard governing body structure will be developed to improve planning and oversight processes while ensuring that all Direct Service facilities are meeting external accreditation and certification Governance requirements.

#### **1C) Strengthen Human Resources**

Increasing Quality Improvement capacity at Headquarters, Area Offices, and Service Units will ensure staff have knowledge, skills, and abilities to actively contribute to process improvements that impact quality of health care service delivery. IHS will support enhanced efforts to recruit and retain highly qualified clinicians and executives, assess training needs, encourage staff development, provide training on quality improvement topics for IHS leaders, and maintain an ongoing commitment to quality improvement at all levels.

#### **1D) Standardize Data and Reporting Requirements**

The use of data to drive action and provide feedback is critical to assessing and improving performance. Across the Agency, data collection, data analytics, and reporting requirements will be standardized to inform program, policy, and resource decisions. Roles, responsibilities, and timelines for review and oversight of data and reports will be established. These efforts will initially focus on clinical data and the electronic health records and will subsequently focus on operations, management, and human resources.

## **Priority 2: Meet and Maintain Accreditation for IHS Direct Service Facilities**

Ensuring that all Direct Service facilities comply with regulatory and quality standards through

accreditation is key to achieving IHS quality goals. IHS will build the capacity to ensure standards are identified, maintained, and disseminated and that facilities are prepared for and successful in the accreditation process.

**Objectives:**

**2A) Ensure Accreditation of IHS Direct Service Facilities**

IHS will secure the services of a single accrediting organization for all IHS Direct Service facilities to assure uniformity of approach, methods, and standards. Increased training and technical assistance opportunities will be provided to ensure staff have the skills, information, equipment, and resources necessary for carrying out their duties and achieving compliance with quality and safety standards.

**2B) Implement Annual Mock Surveys for all IHS Direct Service Facilities**

IHS will conduct mock surveys annually to assist facilities to maintain a state of continual readiness for accreditation surveys. The mock survey process will incorporate an assessment against the accrediting/certifying organizations' standards, correction of any deficiencies identified, verification that corrective actions have been completed, and continual monitoring to ensure ongoing compliance with standards. Each Area will build the capacity to respond to survey findings and support monitoring of compliance with standards.

**2C) Conduct Quarterly Meetings for Survey Readiness**

To support Service Units in survey readiness and building a learning environment, IHS Headquarters will conduct quarterly conference calls with Area Office and Service Unit leaders to discuss deficiencies found through the mock and actual survey processes, and corrective actions taken. Quarterly conference calls will highlight best practices to meet accreditation standards and guide Service Units to proactively address problem areas and reduce risks to quality and safety.

**Priority 3: Align Service Delivery Processes to Improve Patient Experience**

IHS will focus on standardizing key processes and policies aimed at improving the patient experience. First among these will be the implementation of a Patient Perception Survey process. Survey data will inform and guide our patient experience improvement efforts and provide the opportunity for a data-driven approach. A number of efforts will also focus on reducing unnecessary clinical and administrative variation, and medical, legal and financial risks across the system. Standardization of processes will provide efficiencies across the IHS system by reducing duplication of effort, spreading of best practices, and creating economies of scale.

**Objectives:**

**3A) Improve the Patient Experience**

IHS will continue to develop and adopt processes to improve the patient experience of care through the development and implementation of a Patient Perception Survey process to gather valuable information to inform our efforts.

**3B) Improve Patient Wait Times**

IHS will focus on reducing patient wait times for appointments, cycle time during appointments, and Emergency Department wait times, by reviewing and leveraging best practices from Service Units and the health care industry.

### **3C) Improve the Credentialing Process**

IHS will standardize the credentialing business process and implement a single credentialing software system for direct service facilities. IHS will automate business processes where possible and review, update, and simplify credentialing and privileging policies and procedures. Training and technical assistance will be provided to staff. The Quality Office will oversee and perform intermittent random assessments to ensure the credentialing processes and procedures are followed.

### **3D) Central Repository of Policies and Procedures**

IHS will conduct a feasibility analysis of moving to a system-wide repository to ensure access to key policies and procedures from IHS, CMS, State Department, etc. IHS will develop a central repository of key IHS policies and procedures accessible to each Area Office to ensure consistency among Areas and enable easy access to and version control of current policies and procedures for Service Units. This effort will include a review of policies and procedures to determine differences across Service Units and consolidating to a single policy and procedure system.

## **Priority 4: Ensure Patient Safety**

Improving patient safety involves eliminating harm due to health care related errors and adverse events, by aligning with nationally recognized external patient safety standards and managing risk through transparency, accountability, and fair/equitable response to such events. To accomplish this, IHS will work toward transformation into a learning organization by cultivating an environment in which all staff feel comfortable reporting medical errors or “near misses,” and instituting processes to support learning from experiences.

### **Objectives:**

#### **4A) Promote a Culture of Patient Safety**

IHS will promote a culture of patient safety by educating and encouraging staff to value continuous quality improvement and developing expertise at all levels in patient safety to include a focus on high reliability, Just Culture, event investigation and management, teamwork principles, and critical communication.

#### **4B) Enhance Patient Safety Event Reporting and Identification**

IHS will enhance its current patient safety reporting systems to encourage consistent use by staff. Data analysis and management will be crucial to identifying risks and taking action to reduce the occurrence of adverse events. Patient safety indicators will be included in an internal data monitoring system for quality measurement. Communication and reporting channels will be reviewed, updated, and monitored.

#### **4C) Strengthen Processes for Addressing Patient Safety Events**

IHS will adopt a systems approach and expand the use of techniques including prospective risk assessments (e.g., Failure Mode and Effects Analysis) and retrospective risk analysis (e.g., Root Cause Analysis) as part of a comprehensive approach to reduce adverse events and risks to patient safety.

#### **4D) Control Healthcare Associated Infections**

IHS will assess nationally endorsed programs and adopt new approaches to reduce healthcare associated infections. Participation in national networks and collaborative relationships supported and

coordinated by the Quality Office and Quality Consortium will provide access to recognized experts and industry best-practices in support of quality improvement.

## **Priority 5: Improve Processes and Strengthen Communications for Early Identification of Risks**

In order to promote transparency and accountability, IHS will establish processes using available data to warn of potential risks, mitigate risk, take corrective action, and ensure resolution. Identifying a set of measures from IHS data sources will enable Headquarters, Area Offices, and Service Units to monitor performance on indicators that could include clinical quality and administrative measures. IHS will determine quality measures and benchmarks to track with a focus on making improvements at all organizational levels. IHS will also enhance its communication activities with internal and external audiences to keep stakeholders informed about IHS progress and achievements.

### **5A) Implement a Data Monitoring System for Quality Measurement**

IHS will develop a process for monitoring select indicators (e.g., measures of clinical care, patient access, and financial performance) for periodic review by Agency, Area, and Service Unit leadership. The monitoring system will be designed using currently available data sources, with maximum automation to reduce the reliance on manual data collection, and include data at the facility level.

### **5B) Improve Communications throughout the Agency**

Transparency and accountability will be fostered through regular and frequent (i.e., monthly or quarterly) communications from the Quality Office to Headquarters, Areas, and Service Units. This information sharing will unify staff at all levels in working to continuously improve the quality of care and health care operations.