



Indian Health Service

2025 – 2029 Action Plan

(Version 2 – March 31, 2026)

To Address Inadequate Oversight of Facilities and Programs and
In Response to IHS' Designation on GAO's High-Risk List

*A strategic modernization
approach toward a successful
future of the Indian Health
Service*

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Purpose

The Indian Health Service (IHS) is undergoing a comprehensive shift to become a highly reliable, culturally responsive, and accountable system to improve its operations and address the root causes of inadequate oversight in its facilities and programs. This action plan is an update on IHS' strategic efforts to create a more accountable and responsive agency that maximizes resources, enhances coordination, and delivers the highest possible level of care. This report is designed to demonstrate to the Department of Health and Human Services, the Government Accountability Office (GAO), Congress, and most importantly, Tribal Nations, Urban Indian Organizations (UIOs), and patients, that the agency is committed to assessing and improving programs to ensure quality, safe patient care is provided with continuous oversight, while honoring and strengthening government-to-government relationships.

This action plan, referred to as the Phase II Action Plan, addresses the systemic conditions associated with the high-risk issue of inadequate oversight of facilities and programs. The initial plan released in December 2025 outlined the five areas of emphasis identified as leading to the high-risk designation, along with the activities the agency will focus on to address them.

The Phase II Action Plan summarizes the agency's identified areas of emphasis, actions completed to date, actions underway, and planned next steps to address the high-risk designation. The agency's framework for transformation is organized around five interconnected practices: Leadership Commitment, Organizational Realignment, Building Capacity, a targeted Action Plan to Address the Areas of Emphasis, and Monitoring. Together, these practices support the conditions GAO evaluates when assessing progress toward High-Risk removal. Through these deliberate practices, the IHS is driving sustainable improvements. The agency's objective is to strengthen governance, accountability, risk management, workforce capability, and performance monitoring in a manner that can be sustained over time.

This Phase II Action Plan details how the IHS is addressing those conditions through enterprise corrective actions and activities. At the end of Fiscal Year (FY) 2026, the IHS will provide an end of year action plan report for Tribal and UIO partners and GAO that will describe progress made to accomplish the Phase II Action Plan and next steps moving into FY 2027.

Areas of Emphasis

The IHS identified five areas of emphasis contributing to the high-risk designation. As outlined in the plan released in December 2025, these areas correspond to root causes and systemic challenges identified through internal assessments and external oversight reviews. The areas address structural, operational, and cultural factors contributing to the agency's high-risk designation. Successfully addressing these areas is key to achieving the agency's mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. The areas of emphasis are outlined below:

- **Organizational Structure:** Clarify accountability and oversight relationships across headquarters, areas, service units, and core enterprise functions.
- **Knowledge, Skills, and Abilities:** Ensure leaders and staff have the competencies required to fulfill their roles and responsibilities.
- **Culture of Compliance:** Fostering a culture where compliance with all laws, regulations, and policies is the expected norm.
- **Just Culture:** Create conditions in which staff can report risks, events, and process failures while maintaining appropriate accountability for decisions and conduct.
- **Collaboration and Communication:** Break down internal silos and enable effective communication across the agency.

Framework for Transformation

To address these areas of emphasis, IHS has organized its Phase II Action Plan approach around five interconnected practices that correspond to the types of conditions GAO evaluates when assessing agencies' progress toward removal from the High-Risk List. These practices strengthen agency operations, improve accountability, enhance support for federal service units, and reduce unwarranted variation in how oversight and operational processes are carried out. Collectively, they will enhance patient services and further advance Tribal self-governance and self-determination.

These five practices build on one another and overlap in their activities. The five practices are Leadership Commitment, Organizational Realignment, Building Capacity, Action Plan to Address Areas of Emphasis, and Monitoring. This Phase II Action Plan outlines actions currently underway or planned in each of these five areas. Key highlights for the five practices are identified in Figure 1 below.

Figure 1. Framework for Transformation – Five Interconnected Practices



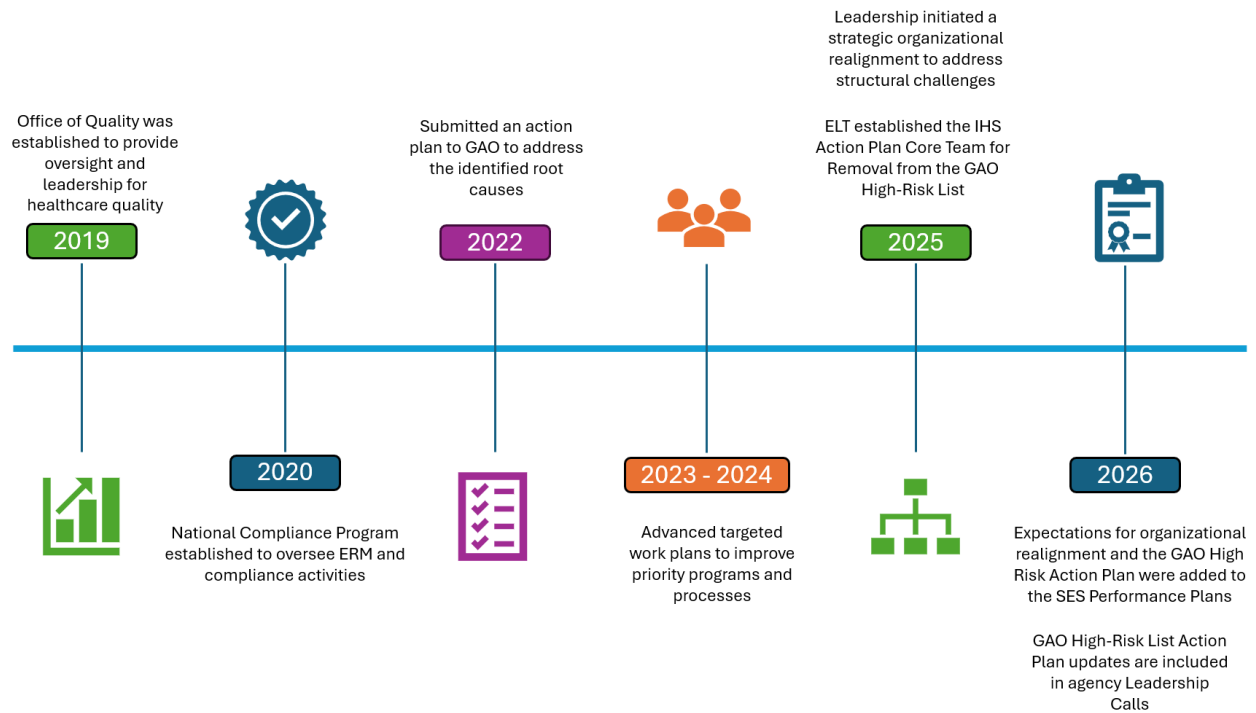
Key: SES – Senior Executive Service, ELT – Executive Leadership Team



Leadership Commitment

Since 2017, IHS leadership has taken steps to strengthen and build the governance structures, policies, and executive leadership oversight needed to address the high-risk designation. Figure 2 summarizes selected leadership actions taken since 2019 that strengthen oversight at IHS.

Figure 2. Key leadership actions to strengthen oversight at IHS.



Key: SES – Senior Executive Service, ELT – Executive Leadership Team, ERM – Enterprise Risk Management

Agency leadership has recently initiated several processes intended to support enterprise corrective action. Beginning in 2025, IHS elevated executive attention to the high-risk designation and linked that effort to organizational realignment, corrective action planning, and leadership engagement. A key part of this effort is an organizational realignment to improve oversight and accountability. Information on the organizational realignment is contained in the Organizational Realignment section below.

IHS established an Action Plan Core Team for the Removal from the GAO High-Risk List. The core team operates under executive sponsorship and is responsible for developing, coordinating, and monitoring the corrective action plan across the enterprise. It provides

regular status updates to the Executive Leadership Team (ELT). The ELT retains enterprise oversight responsibility and ownership for the completion of this action plan. Information on the action plan and core team is contained in the Action Plan to Address Areas of Emphasis section below.

Performance standards related to organizational realignment and High-Risk corrective actions have been incorporated into senior executive annual performance plans to reinforce leadership accountability. These standards include responsibilities for implementing corrective actions, participating in governance and monitoring structures, and reporting progress toward action plan milestones.

These actions related to Leadership Commitment are intended to establish leadership accountability, reinforce executive oversight, and support sustained implementation of the agency's corrective strategy.



Organizational Realignment

The IHS organizational realignment began in 2025 to improve accountability and align leadership functions with the agency’s modern mission and is led by the agency’s ELT. This realignment is intended to address structural conditions that contributed to fragmented oversight, inconsistent operational support, and unclear accountability across the agency. The IHS goal is to create a more accountable, efficient, and responsive IHS that maximizes resources and improves outcomes, while simultaneously strengthening intergovernmental relationships to improve service coordination and funding access.

The proposed organizational structure will enable IHS to improve oversight of its services, programs, and resources. The proposed realignment is designed to strengthen accountability, improve operational support to federal service units, and reduce variation in how we deliver and manage care across the country. It will also strengthen direct patient care, advance Tribal self-governance and self-determination, and modernize core business functions to efficiently support the agency’s operations. Table 1 outlines how the realignment will support oversight of facilities and programs.

Table 1. Organizational Realignment changes that will support improved oversight.

Key Realignment Changes that Enable Oversight:
The Office of the Director becomes the Agency’s management and oversight entity, elevating enterprise-wide accountability, performance improvement, and risk management functions to the highest level of the organization.
Governance for IHS-operated hospitals, health clinics, and residential treatment centers, is coordinated at the national level within the Health Care Operations Division, with oversight functions in the Office of the Director.
The Divisions of Health Care Operations, Enterprise Services, and Intergovernmental and External Affairs collaborate with each other and the Office of the Director to meet Agency, Department of Health and Human Services (HHS), and Administration goals.
On-the-ground facilities support services are organized under Health Care Operations to be as close to IHS-operated health facilities as possible, while national facilities programs like Health Care Facilities Construction and Sanitation Facilities Construction are managed in Enterprise Services.

The agency has taken a strategic approach to developing the proposed organizational structure. An important part of this process has been working with Tribal Partners and employees to identify opportunities to strengthen IHS. Table 2 below outlines the key steps taken to develop this structure.

Table 2: Key Steps Taken by IHS to Develop the Proposed Organizational Structure

Key Steps Taken to Develop the Proposed Organizational Structure		
Internal Analysis and Benchmarking	March – June 2025	Completed
Tribal Engagement – Round 1	Over six months the agency gathered input through Tribal consultations, Urban Indian Organization (UIO) confers, listening sessions, senior leadership speaking engagements, and town halls.	Completed
Tribal Engagement – Round 2	Over three months, the agency conducted additional Tribal consultations and UIO confer sessions on the proposed structure.	Completed
Employee Engagement – Round 1	Three employee town halls were conducted to provide updates and receive staff feedback on the proposed realignment.	Completed

Feedback from Tribal and UIO Engagement Round 2 and Employee Engagement activities is being reviewed and incorporated into the proposed realignment package before final implementation decisions are made. Current information about the agency realignment is on the IHS website, available at <https://www.ihs.gov/tribalconsultation/ihs-realignment/>.



Building Capacity

IHS identified capacity as a core condition that must be strengthened to support sustained corrective action for removal from the GAO High-Risk List. This involves addressing several areas to ensure the agency has the necessary resources, processes, and infrastructure to effectively carry out its mission and mitigate risks. For purposes of the High-Risk Action Plan, building capacity includes workforce staffing and competency development, strengthening internal control systems, and improving facility and infrastructure capabilities necessary to support effective oversight and program management.

A primary focus for IHS is on its workforce. This includes hiring sufficient staff for both clinical and non-clinical roles to address current and emerging skills gaps. Beyond simply filling positions, the agency is committed to developing its staff's competencies.

Strengthening infrastructure is another critical component of building capacity. This encompasses not only the physical spaces where care is provided but also ensuring that the necessary equipment is available and properly maintained.

Furthermore, IHS has focused on establishing robust internal controls. These systems are essential for identifying and mitigating risks, a key factor in addressing oversight issues. These capacity-building activities are intended to address weaknesses that limit the agency's ability to fulfill its mission.

Staffing Plan

In January 2026, IHS launched an agency-wide hiring initiative in support of the Fiscal Year (FY) 2026 Staffing Plan.¹ The initiative is intended to provide a structured framework for recruiting, hiring, and onboarding mission-critical staff. The initiative plan is intended to streamline hiring processes, reduce historical barriers and known recruitment bottlenecks, and improve workforce support for critical operations.

To achieve these goals, the IHS is implementing several strategic changes, including centralizing key human resource functions and restructuring its talent acquisition team to improve accountability and responsiveness. The initiative will leverage streamlined hiring

¹ Indian Health Service Launches Largest Hiring Effort in Agency History (January 29, 2026), available at <https://www.ihs.gov/newsroom/pressreleases/2026-press-releases/indian-health-service-launches-largest-hiring-effort-in-agency-history/>.

tools such as open continuous job announcements and standardized position descriptions, supported by a new, focused Human Resources hiring website to simplify the application process for both candidates and managers. Recruitment strategies will include targeted outreach to veterans, students, and early-career professionals, alongside partnerships with tribal colleges, academic institutions, and community networks to build a robust and sustainable workforce pipeline.

The staffing plan will be implemented in phases to align hiring with the most critical needs. The first phase targets essential provider positions in hospitals and health centers, followed by a second phase focused on key leadership roles to ensure operational stability. A final phase will address strategic and administrative vacancies across the enterprise. This phased recruitment effort prioritizes mission-critical clinical and operational roles needed to sustain essential health services and maintain operational continuity.

Table 3. Strategic Staffing Plan: Phased Rollout

Hiring Phase	Focus Area	Types of Positions
Phase 1	Immediate Patient Care & Clinical Services	Direct Patient Care Providers (e.g., physicians, nurses, and other clinical staff in hospitals and health centers).
Phase 2	Leadership & Operational Stability	Executive and Senior Leadership (e.g., roles responsible for operational stability and management).
Phase 3	Agency-Wide Strategic & Administrative Support	Enterprise-Wide Support (e.g., strategic, administrative, and other mission-critical support roles).

Competency Development

Sustained improvement requires a workforce with the competencies needed to carry out governance, risk management, quality, safety, and operational responsibilities. Recognizing that a highly skilled and knowledgeable staff is essential to achieving operational excellence, the IHS has invested in training and development. The agency is using training, leadership development, and standardized governance education to address identified competency gaps relevant to high-risk corrective actions. Table 4 outlines key training courses and competencies supported prior to FY 2026 to enhance safety and identify and mitigate risk.

Table 4. Key Training to Enhance Safety and Risk Competencies Prior to FY 2026

The courses below are still being offered and supported to further develop staff competencies.

Training Course	Purpose
Root Cause Analyses and Actions (RCA²) Institute for Healthcare Improvement (IHI) Training	Staff completed training on the IHI RCA ² framework to improve safety event analysis and implement actions to reduce risk.
Service Unit Governing Body Training	Trained all Governing Body members on Robert’s Rules of Order and Governing Board Expectations to ensure efficient governance, leading to clearer decision-making and improved organizational performance.
Enterprise Risk Management (ERM) and Risk Assessment Training	Educated staff on basic ERM principles, risk assessment techniques, and area-specific risk data, and empowered employees to proactively identify and manage risks.
Partnership with Veterans Health Administration (VHA) National Center for Patient Safety	
VHA Patient Safety Executive Seminar	Equipped leadership with strategic knowledge to foster a culture of safety throughout the organization.
VHA Foundations for Patient Safety Professionals	Provided essential skills for identifying, analyzing, and mitigating risks to develop a patient safety workforce.
VHA Root Cause Analysis and Proactive Risk Assessment Training	Trained staff in conducting risk and event analysis to mitigate risks and improve safety.

This commitment to further developing staff is integrated into the agency's Phase II Action Plan and focuses on leadership, Just Culture, and improvement methodologies. More information on these actions can be found in the Action Plan to Address Areas of Emphasis section below.

Facility Infrastructure

Facility infrastructure is a capacity issue when it affects safe operations, regulatory compliance, staffing, equipment reliability, or service continuity. The IHS is assessing infrastructure conditions that affect risk, operational stability, and the agency’s ability to sustain corrective action. Specifically, the IHS created an Environment of Care and Life Safety workgroup to review risks related to environment of care and life safety compliance at health care facilities and to support accreditation readiness. Additionally, the IHS recently reviewed the processes for its Backlog of Essential Maintenance, Alteration, and Repair (BEMAR), a list of corrective actions needed to maintain IHS facilities in good operating condition. Based on this review, the IHS is improving information coordination between headquarters and local-level facilities and implementing a comprehensive program monitoring system.

Internal Controls

IHS uses a risk-based internal control assessment process to identify control weaknesses, prioritize corrective action, and support executive oversight of risks. The process begins by selecting critical business operations for review, considering factors like risk, operational impact, and alignment with IHS strategic goals. Additionally, the IHS leverages findings from prior audits conducted by oversight bodies such as the GAO.

In FY 2025, IHS completed internal control assessments for fifteen programs. All findings from these assessments were analyzed, reported to executive leadership, and recorded for monitoring purposes. Program leaders develop corrective action plans to address the findings and report progress quarterly to agency leaders and internal evaluators. This assessment framework and methodology ensure assessments proactively address known vulnerabilities and comply with federal standards, thereby improving governance and operational effectiveness.



Action Plan to Address Areas of Emphasis

To address its systemic oversight challenges, the IHS is implementing an action plan centered on six key activities, which were outlined in the Phase 1 Action Plan. These activities are designed to address the five Areas of Emphasis described earlier in this report. The Areas of Emphasis are:

- Organizational Structure
- Knowledge, Skills, and Abilities
- Culture of Compliance
- Just Culture
- Collaboration and Communication

The six key activities are in the following areas:

- Governance Structure
- Overall Responsibilities and Organizational Realignment
- Leadership Development
- Internal Agency Communications
- Monitoring
- Risk Management and Senior Assessment Team

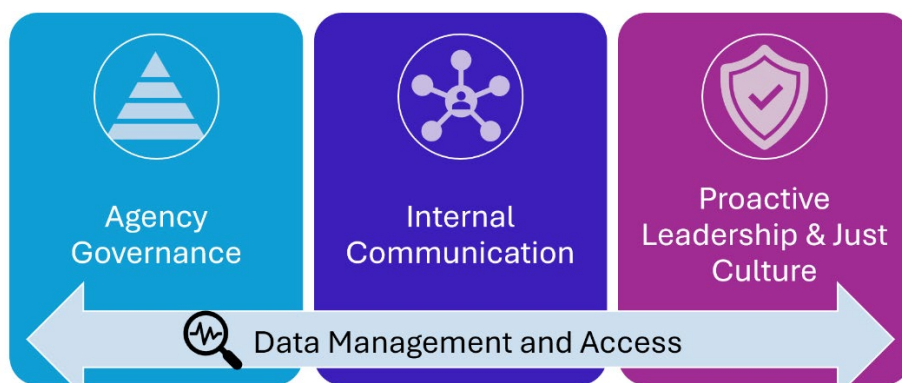
The agency established an IHS Action Plan Core Team for Removal from the GAO High-Risk List, responsible for developing actions, timelines, outcome metrics, and implementation for the overall action plan. This core team includes clinical and administrative leaders with experience across the agency, including IHS service units, areas, and headquarters. The Core Team develops and coordinates the action plan, while ELT provides executive oversight, direction, and accountability for implementation.

The IHS Action Plan Core Team convened for a face-to-face session in January 2026 to develop a Phase II Action Plan. The team concluded that IHS's challenges are systemic and require integrated, enterprise-wide corrective action rather than isolated responses to individual findings.

The agency's corrective action plan strategy addresses the areas of emphasis and consolidates the activities into four key focus areas. A primary focus area is establishing a formal, enterprise-wide governance framework to clarify roles, integrate oversight, and ensure accountability. This will be supported by a second focus area, creating structured, bi-directional communication systems. A third focus area is developing a proactive leadership culture centered on Just Culture, continuous improvement, and proactive risk

mitigation. Data management and access were identified as cross-cutting enablers and will be a fourth focus area of the agency action plan. The organizational realignment described earlier in this report is occurring in parallel with these four focus areas, and each supports the other.

Figure 3. Action Plan Focus Areas



The agency has developed a formal action plan for these four focus areas that identifies major corrective actions, intended measures of success, and target timelines. For each focus area, the plan identifies the anticipated resources required and timelines for completing the corrective actions. A formal process is in place for reporting progress to the agency's ELT, who approved the plan. As the plan matures, future public updates will include more complete information on required resources, ownership, and validated results.



Agency Governance

A formal governance framework is necessary to support consistent oversight and clear accountability, given that the IHS operates through a decentralized structure.

The agency has made significant progress in standardizing the governance framework for its Service Unit Governing Bodies through an initiative that began in 2021. This effort has resulted in the implementation of Service Unit standard governing body bylaws, procedural guidelines, core performance measures, and annual reporting requirements. Annual audit activity has been used to assess compliance with the standardized governance framework. The standardized documents are reviewed and updated annually to reflect best practices and evolving needs. To support competency, the designated Process Owner leads recurring office hours to provide agency-wide education on the Service Unit

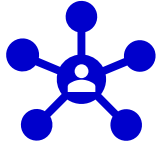
governance process. Additionally, yearly training occurs on the annual update to the standardized bylaws and core measures. This initiative ensures that Service Units utilize standardized reporting core measures and bylaws, enabling Area Directors to provide appropriate oversight.

In alignment with these enhancements at the Service Unit level, the Action Plan Core Team identified opportunities to strengthen agency governance and oversight due to the complex nature of IHS. The objective is to implement a matrixed, agency-wide governance structure that provides effective oversight, improves transparency, and empowers decision-making at the most appropriate levels of the agency. The agency is convening a dedicated workgroup to develop a comprehensive governance strategy. This workgroup will build on the Service Unit governance standardization by taking the actions outlined in Table 5.

Table 5. Agency Governance Action Plan

Action	Timeline for Completion	Measure of Success
Establish a National Governing Body and two reporting boards with approved charters, defined authorities, and reporting expectations to provide agency-level oversight of direct patient care and federal operations of tribal partnerships and ISDEAA while the full governance plan is finalized and implemented.	September 2026	<ul style="list-style-type: none"> • Approved charter documents executed • Membership formally designated • Meetings held according to required cadence • Decisions and escalations documented and tracked
Establish an agency-wide matrixed governance structure that includes all aspects of IHS operations, standardized charters and tools, and defined escalation criteria.	December 2026	<ul style="list-style-type: none"> • Agency-wide governance structure approved by ELT with standardized governance documents and tools
Implement the agency-wide governance structure to provide appropriate oversight of all levels of the agency and the core functions of the IHS.	September 2028	<ul style="list-style-type: none"> • Established charters for all governance structures. • Percentage of governance structures that are meeting as outlined in the governance plan

Key: ISDEAA – Indian Self-Determination and Education Assistance Act, ELT – Executive Leadership Team



Communication

Reliable communication processes are necessary to support agency governance, improve operational efficiency, and foster a culture of safety and compliance. This focus area addresses identified gaps in bi-directional communication, documented communication pathways, and access to current operational policies.

To accomplish this objective, an interprofessional workgroup will be chartered to execute the communication action plan. This team's efforts will focus on creating clear, efficient, and transparent communication channels that not only support operational efficiency but also serve as a foundation for building a Just Culture. Clarifying points of contact, escalation pathways, and approval processes is intended to improve response timelines and support more effective governance and oversight. Another identified gap is the need for current national policies to reduce variation and ensure consistent service delivery. Table 6 outlines the actions to improve internal communication.

Table 6. Communication Action Plan

Action	Timeline for Completion	Measure of Success
Define communication pathways horizontally and vertically across the agency, identifying key points of contact, systems to communicate time-sensitive matters to improve communication efficiency and response time.	December 2026	<ul style="list-style-type: none"> • Adoption of communication processes • Validated and current key points of contact
Implement a Document Management System (DMS) with updated agency policies to ensure program standards are clearly communicated to all agency staff. *	September 2027	<ul style="list-style-type: none"> • Baseline number of current national policies • Percentage of national policies that are current and posted on the DMS • Cycle time for document updates and approvals

* Action is actively underway within the agency.



Proactive Leadership and Just Culture

To effectively manage risk and improve agency operations, the action plan establishes a robust framework centered on proactive leadership, organizational cultural change, and continuous process improvement. The primary goal is to advance organizational excellence by integrating proactive risk management, reinforcing oversight, and fostering a Just Culture that promotes transparent reporting and continuous improvement.

Building on the internal controls assessment process described earlier in this document, IHS has taken steps to mature its risk management capabilities. At the IHS, ERM is not a siloed program, but a foundational component that underpins all agency functions. It is integrated with both strategic processes – like planning, budget formulation, and governance – and core operational areas, including information technology, human resources, and patient safety. By embedding risk management into these functions, the agency strengthens its decision-making, performance, and overall mission delivery.

In FY 2025, the agency established a severity-based enterprise risk profile intended to support executive prioritization of the highest-consequence risks. Efforts are currently underway to update the agency’s risk profile in FY 2026. Additionally, in FY 2026, the Senior Assessment Team (SAT) was established to oversee internal control activities, monitor corrective actions, and support executive review of enterprise risks. This executive team fosters an organizational environment that supports continuous risk awareness and mitigation.

Integrating Just Culture principles is included in the action plan to improve risk reporting, learning, and identification of systems issues while maintaining accountability for decisions and conduct. This will be supported by continuous improvement training, which will equip the IHS workforce with tools to improve processes. Furthermore, leadership training will empower our managers to champion this new culture, lead by example, and drive the improvements necessary to reduce agency risk and ensure operational excellence across the agency. To accomplish these goals, an interprofessional workgroup will be chartered to execute Table 7 of the action plan.

Table 7. Proactive Leadership and Just Culture Action Plan

Action	Timeline for Completion	Measure of Success
Formally charter and operationalize the SAT to provide executive oversight of risk management activities. *	September 2026	<ul style="list-style-type: none"> • SAT charter approved • Membership designated • Meetings held per charter • Risk items reviewed and actioned • Corrective-action status reported to ELT on a defined cadence
Establish a national ERM framework that includes both clinical and non-clinical risks to support consistent risk prioritization across the agency. *	September 2026	<ul style="list-style-type: none"> • Publication of agency ERM framework • Integration of framework into SAT and agency governance • Evidence of risk review integration into governance
Develop leadership competencies, integrate these into Position Descriptions, and implement a leadership training program so leaders can drive a culture of accountability and change.	September 2027	<ul style="list-style-type: none"> • Percentage of leadership positions with leadership competencies included in the Position Description • Percentage of leaders completing the leadership training program
Integrate Just Culture principles throughout the agency to encourage transparent reporting of errors and potential risks without fear of reprisal. *	September 2027	<ul style="list-style-type: none"> • Percentage of leaders and staff who have completed Just Culture Training • Safety event reporting and near-miss reporting • Federal Employee Viewpoint Survey Results
Foster a culture of continuous improvement by training staff to enhance systems and mitigate risks with a leadership team equipped to champion and sustain these efforts across the agency. *	September 2027	<ul style="list-style-type: none"> • Leaders and Staff completed continuous improvement training • Inventory of completed improvement projects in the agency's Knowledge Management System

* Action is actively underway within the agency.



Data Management and Access

Data management and access are cross-cutting enablers necessary for governance, risk prioritization, performance monitoring, and evidence-based decision-making. Transforming how the agency analyzes and uses data provides the necessary information to support robust oversight and ensure transparency across all agency functions. The agency is forming a work group to address this element of the action plan that will be responsible for the following actions. Table 8 outlines this component of the action plan.

Table 8. Data Management and Access Action Plan

Action	Timeline for Completion	Measure of Success
Create a consolidated data access environment with defined data ownership, data source verification, and user access standards for enterprise oversight needs.	December 2026	<ul style="list-style-type: none">• Data sources that are inventoried• Verified data sources available in the consolidated environment• Data owners assigned• User access process implemented
Identify, prioritize, and resolve critical data gaps needed to enhance efficiency, operations, and governance.	December 2028	<ul style="list-style-type: none">• Baseline number of critical data gaps identified• Number and percentage resolved• Percentage of high-priority governance/risk data needs addressed



Monitoring

IHS is establishing a monitoring approach to track implementation of corrective actions, review performance trends, and support executive accountability for sustained improvement. At the executive level, the SAT is intended to review corrective-action status, monitor selected risk and control indicators, and elevate issues requiring leadership action. This team ensures that agency leadership remains focused on addressing the most critical challenges and that improvements are sustained over time.

Offices and divisions are expected to use defined Key Performance Indicators (KPIs) to monitor implementation progress, identify adverse trends, and support management accountability. These KPIs are more than just metrics; they are essential tools that enable leadership to proactively identify performance trends. This system provides a continuous feedback loop, enabling iterative improvements and ensuring that performance is consistently measured against established goals.

The IHS is building accountability and continuous improvement into this initiative. The agency will regularly evaluate the effectiveness of its governance structures, track the efficiency of decision-making and implementation, and ensure that leaders receive ongoing training and support. By embedding these practices into standard operations, the IHS aims to create a sustainable culture of transparency, accountability, and effective oversight.