

**INDIAN HEALTH SERVICE
2016 ENVIRONMENTAL HEALTH SPECIALIST OF THE YEAR
CDR MIKE REED**



Introduction

CDR Mike Reed is proudly nominated by the Great Plains Area (GPA) Division of Environmental Health Services (DEHS) for the IHS Environmental Health Specialist of the Year. CDR Reed, REHS/RS, MA, MPH, is the EHS Specialist of the year due to his quality work in the Sioux City District and five month TDY assignment to the Winnebago Service Unit to assist their infection control program.

Professionalism

As the Sioux City District EHS, CDR Reed provided environmental health, injury prevention, occupational safety, and institutional environmental health services to 39,000 American Indians on eight reservations in Iowa, Nebraska, South Dakota and North Dakota. He directly supervised three federal Environmental Health Specialists and provided program support to three tribal EH staff in the Sioux City District. Through his leadership, CDR Reed was able to positively address performance concerns in the District in 2016 and as a result, his District ended the year with the highest number of surveys completed. As a professional, CDR Reed has several other certifications: Certified Pool Operator, Certified Pool Inspector, AK Sanitary Survey Inspector, OSHA instructor, and IHS Injury Prevention Fellowship graduate (2008). CDR Reed had several collateral duties in 2016 that advanced and promoted the mission of the EHS program. They were:

- 1) Assisted the Winnebago Service Unit address gaps in their Infection Control program;
- 2) Great Plains Area COSTEP Recruiter – work resulted in two COSTEP candidates assigned to the Area in 2016;
- 3) GPA Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) coordinator – work resulted in two Service Unit’s with active projects, one nearing completion (Step 12 and Step 7 respectively);
- 4) TIPCAP Project Officer; and
- 5) Member of HQ WebEHRS Forms workgroup.

As a mentor and leader, CDR Reed has proven himself numerous times in 2016. He assisted District and field staff gain mastery of the PACE-EH process through direct mentoring and providing a webinar to all EHS staff on the subject. Currently the PACE-EH work is paying off with staff taking the lead in assisting their tribes finish current PACE-EH projects. His infection control (IC) detail to the Winnebago Service Unit stood up an IC program by the time his TDY ended. As a program leader, CDR Reed does a great job, as evidenced by his leading the 2016 Salmonella Outbreak response team of 9 GPA EHS staff over two weeks. Team received praise from the SD State Dept. of Health, Service Unit and Tribal Leadership as being efficient, professional and a key to preventing secondary spread of Salmonella.

Special Accomplishment

CDR Reed was assigned to the Winnebago Service Unit to assist with fixing gaps in the infection control (IC) program related to CMS survey findings and a third party contractor’s assessment of the facility. CDR Reed used

comprehensive public health principles to address the issues and concerns. The following outlines the process and outcomes from each element of the 10 Essential Services of EH used by CDR Reed during the TDY. First off, he began the project by conducting a complete assessment of the documented IC findings. Then he carried out several key informant interviews to further diagnose and investigate the IC issues. Once he completed these first steps, he used the findings and his observations to form a checklist of items to address and working closely with the IC contractor this became his work plan and evaluation tool. He then moved on to correcting issues of greatest concern. One was to address gaps in how the IC program had been communicating to the Service Unit's IC Committee. He did this by changing the chairmanship of the IC Committee to be someone other than the IC Nurse/Specialist – best practice dictated that the IC Specialist would report to the committee, not direct it. He then mobilized the committee to start working on CMS issues and their own internal findings. This helped the committee focus on key issues and to be more effective. CDR Reed addressed findings that were based on poor information/miscommunication and empowered the facility to resolve these items quickly. For example, the podiatry clinic was serving patients in a room that had a “sterile procedure in progress” sign on the outside, yet the work being performed was not considered a sterile procedure. CDR Reed clarified the list of procedures happening in the room, had a statement written by the podiatrist regarding the non-invasive nature of the procedures, and had the room reclassified to an exam room. Policy development was also lacking and CDR Reed worked with the IC contractor and key staff to complete the required IC risk assessment and IC control plan. These foundation documents were then used to update the IC manual (policies and procedures) which were submitted for review and approval before CDR Reed rotated out of the assignment. Enforcement of Laws. During respirator fit testing work, CDR Reed found that many of the staff identified as requiring respirators had opted out of fit testing, even though their position was found to require one. CDR Reed worked with Employee Relations Labor Relations and reminded staff that if a position required fit testing it was a condition of employment. He borrowed a port-a-count and was able to arrange for over 130 staff to be fit tested with few opt outs. CDR Reed worked to link facility staff to needed resources. In one case he worked with CDC to get the facility a temporary enrollment number so they could meet their mandatory disease reporting requirements through the National Healthcare Safety Network. CDR Reed worked with Service Unit leadership to assure a competent IC workforce be developed on site. Through his efforts, two staff were able to get certified as Infection Preventionist with the Association for Professionals in Infection Control. CDR Reed did a complete assessment of the IC program hand hygiene (HH) evaluation metrics. The rates had lingered in part because the program was measuring inaccurately and used the repeated measuring as an intervention. CDR Reed and staff fixed this issue so they could focus on the problem areas and start to create meaningful interventions. A *Plan Do Study Act* was implemented to address these HH issues prior end of his TDY.

Summary

The infection control work carried out by CDR Reed was part of a larger effort to stand up the Winnebago Service Unit following that sites failure to meet CMS conditions of participation. CDR Reed went above and beyond to help the Service Unit in his task and provided outstanding service to the community and Area as a result. His work products are easily transferable to other locations and echo best practices. OEH&E is viewed as a can do program and it's through the work and activities of individuals like CDR Mike Reed that this reputation is earned.