Summary of work completed for the 11 action items to address the four remaining open GAO recommendations cited in the High Risk reports and other findings related to the management and oversight of IHS programs.

Action Item	Objective	Tasks Completed
Design Governing Board (GB) Standardization	1. Standardize GB bylaws for IHS direct service health care facilities. 2. Orient all GB members to their roles and responsibilities in governance. 3. Utilize the Consent Agenda to improve meeting flow and documentation. 4. Utilize the meeting minute template to standardize documentation.	- All IHS Areas have adopted the GB meeting minutes template, including required elements to report. - All IHS Areas have adopted the minimum requirements for GB Bylaws, completed GB orientation, and provided consensus on minimum elements to be included in GB reports. - All IHS Areas have implemented the Consent Agenda checklists.
Assess Needs of Patient Populations	1. Consider and incorporate Community Health Needs Assessment (CHNA) information in future IHS Modernization/EHR development to include standardized CHNA core elements from existing RPMS reports. 2. Develop IHS Circular to provide guidance for elements of a CHNA. 3. Incorporate CHNA reports/information in the Governing Body process.	- All IHS Areas have been assessed for baseline CHNA activities at Federal Service Units
Misconduct and Performance Policy and Training Review	Headquarters (HQ) oversight of Area Office adherence to agency policy and training directives, specifically related to provider misconduct and substandard performance.	- The Special General Memorandum Nos. 22-02 and 22-03 were approved and disseminated, which provide for the HQ's review process, documentation, and monitoring of IHS Area issued policies and training related to provider misconduct and substandard performance. - A standard operating procedure and centralized site was established by IHS HQ to collect Area-specific policies and training related to provider misconduct and substandard performance for HQ review and clearance. - All IHS Area policies and training related to provider misconduct and substandard performance have been reviewed by IHS HQ.
Document Oversight of Leadership Training	Establish a critical health care leadership training framework within the IHS: 1. Design and implement a framework for developing health care leadership. 2. Develop a monitoring system to ensure the completion of staff leadership training identified in all succession/contingency plans.	- All IHS succession plans and supporting documentation are collected into a centralized HQ site.
Evaluate and Improve Internal Communications	Develop an internal communication strategy focused on sharing the necessary quality information to achieve the agency's mission.	- Employee focus groups were conducted with staff from across IHS and findings have been reported to IHS executive leadership.
Design a Policy Review Process	To establish and implement an agency-wide policy review process for effective and consistent policy management at all IHS levels.	- The review process was established and revision to the overarching policy is underway.

Oversight of Regional and Area Human Resources Offices	1. Establish Headquarters Office of Human Resources (OHR) oversight of the Human Resources (HR) regional directors and Area Office HR supervisors. 2. Increase accountability of the HR regional directors and Area HR supervisors through standardized performance plans assessed by HQ OHR.	- Standardized performance plans were created for HR regional directors and Area Office HR supervisors.
VA and IHS MOU Performance Measures	Develop and implement an operational plan for the new IHS and Department of Veterans Affairs (VA) MOU.	- A workgroup structure was established with Veterans Health Administration (VHA) and IHS program offices. - The Tribal Health Office has been established by the VHA.
Strategic Plan Implementation and Progress Tracking	To coordinate and communicate the agency's progress toward meeting the strategies, goals, and objectives of the IHS Strategic Plan.	- Development of an IHS HQ system to collect information agency-wide on activities related to the IHS Strategic Plan. - Evaluation reports on the status of Strategic Plan implementation are submitted to IHS leadership quarterly.
Document Oversight of Facility Budgets	Review, identify, and document best practices in management and accountability processes for funding decisions at IHS operated health care facilities.	- IHS Area and Service Unit interviews are underway to document management and accountability processes for funding decisions. - Best practices for management and accountability of funding decisions have been collected by IHS HQ from Area finance teams to be used to make improvements in the system agency-wide.
Create a Culture of Compliance	1. Strengthen the oversight capacity of all IHS. 2. Promote and institutionalize a continuous and robust compliance review process.	- The 2023 Risk Profile was completed and presented to IHS leadership. - A new process was implemented for recommending topic areas to agency leadership for HQ Oversight Reviews.