Indian Health Service Work Plan Status Report - 4th Quarter
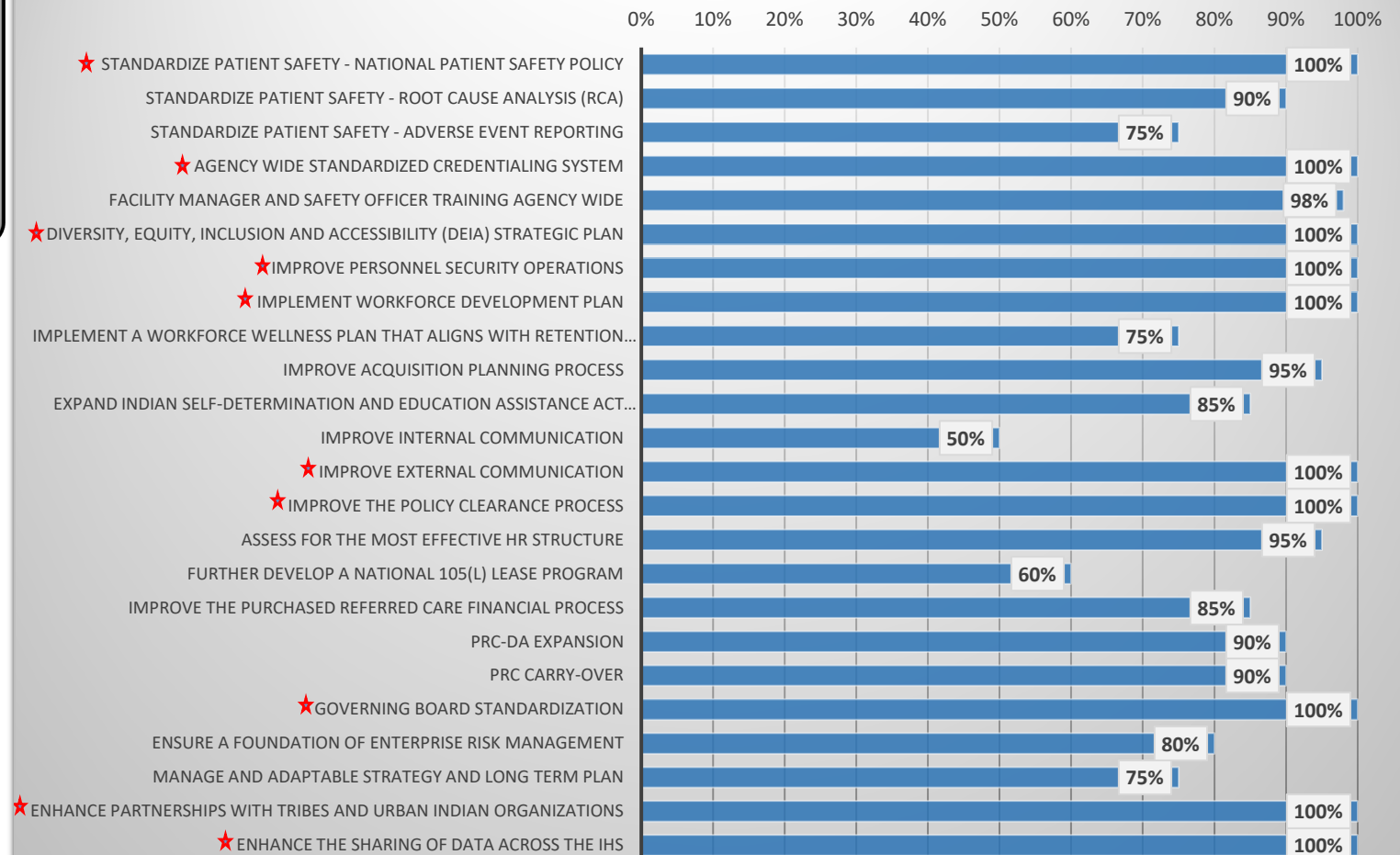
Work Plan Completion

Total Number: 24
- Complete: 10
- Not Complete (>90%): 6
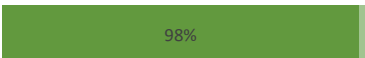- Needing Further Attention: 8

Number moving into Operational Updates: 14

2024 Priority Forecast
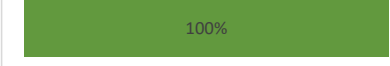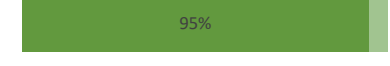
1. Design a Robust Care Management System
2. Assess Needs of Patient Populations
3. Acquisition Planning
4. PRC Carry-Over
5. Strengthen ISDEAA
6. Bipartisan Infrastructure Law
7. Document Oversight of Facility Budgets
8. PRC Authorization and Payment Process
9. Assess for the Most Effective Human Resources System
10. Design Governing Board Standardization
11. Design a Policy Review Process
12. Employee Wellbeing and Resiliency
13. Improve External Communication
14. Improve Internal Communications
15. Facility Manager and Safety Officer Training

2023 IHS Work Plan Progress

Work Plan Item	Progress
★ STANDARDIZE PATIENT SAFETY - NATIONAL PATIENT SAFETY POLICY	100%
STANDARDIZE PATIENT SAFETY - ROOT CAUSE ANALYSIS (RCA)	90%
STANDARDIZE PATIENT SAFETY - ADVERSE EVENT REPORTING	75%
★ AGENCY WIDE STANDARDIZED CREDENTIALING SYSTEM	100%
FACILITY MANAGER AND SAFETY OFFICER TRAINING AGENCY WIDE	98%
★ DIVERSITY, EQUITY, INCLUSION AND ACCESSIBILITY (DEIA) STRATEGIC PLAN	100%
★ IMPROVE PERSONNEL SECURITY OPERATIONS	100%
★ IMPLEMENT WORKFORCE DEVELOPMENT PLAN	100%
IMPLEMENT A WORKFORCE WELLNESS PLAN THAT ALIGNS WITH RETENTION…	75%
IMPROVE ACQUISITION PLANNING PROCESS	95%
EXPAND INDIAN SELF-DETERMINATION AND EDUCATION ASSISTANCE ACT…	85%
IMPROVE INTERNAL COMMUNICATION	50%
★ IMPROVE EXTERNAL COMMUNICATION	100%
★ IMPROVE THE POLICY CLEARANCE PROCESS	100%
ASSESS FOR THE MOST EFFECTIVE HR STRUCTURE	95%
FURTHER DEVELOP A NATIONAL 105(L) LEASE PROGRAM	60%
IMPROVE THE PURCHASED REFERRED CARE FINANCIAL PROCESS	85%
PRC-DA EXPANSION	90%
PRC CARRY-OVER	90%
★ GOVERNING BOARD STANDARDIZATION	100%
ENSURE A FOUNDATION OF ENTERPRISE RISK MANAGEMENT	80%
MANAGE AND ADAPTABLE STRATEGY AND LONG TERM PLAN	75%
★ ENHANCE PARTNERSHIPS WITH TRIBES AND URBAN INDIAN ORGANIZATIONS	100%
★ ENHANCE THE SHARING OF DATA ACROSS THE IHS	100%

Indian Health Service Workplan Status Report - December 31, 2023

TOPIC	SUCCESS MEASURE DESCRIPTION	METRIC AND CALCULATION	MILESTONE AND TARGET	CURRENT STATUS SUMMARY	PROGRESS
PATIENT SAFETY					
Standardize Patient Safety - National Patient Safety Policy	Approved agency Patient Safety Policy.	Percent of sites compliant	**Baseline** = Patient Safety program variation and limited oversight **Milestone** = Draft policy, Workgroup revision, OGC review; OMS review & clearance; agency approval; publish **Target** = December 31, 2023	Policy complete as of 15 November 2023.	100%
Standardize Patient Safety - Root Cause Analysis (RCA)	Develop and implement standardize RCA process agency-wide.	Percent of sites utilizing standardized RCA process	**Baseline** = Variation in RCA methods **Milestone** = RCA methodology selection, RCA training, select standardize methodology, agency customization **Target** = December 31, 2023	1. IHI RCA2 methodology chosen 2. All facilities and area offices (124 staff total) with staff trained in RCA2 method 3. Agency workgroup developed standard procedure 4. Round 1 testing complete and enhancements to the process and tools complete. Round 2 testing pending.	90%
Standardize Patient Safety - Adverse Event Reporting	Approved agency Adverse Event Reporting Policy.	Percent of sites compliant	**Baseline** = Adverse event reporting variation and limited oversight **Milestone** = Draft policy, Workgroup revision, OGC review; OMS review & clearance **Target** = December 31, 2023	11 step process from drafting policy to approval Current Status: 8/11 steps complete.	75%
Agency Wide Standardized Credentialing System	Standardize credentialing applications and software use across the IHS for patient safety, program oversight and reporting of licensed practitioner credentialing privileging.	Percent credentialing software fields and/or processes standardized	**Baseline** = 0 **Milestone** = 41.2% (33 of 80 fields/sections) **Target** = 45% (36 of 80 fields/sections) standarized by December 31, 2023	There have been 80 fields/sections identified to be standardized. **As of January 2024, 67 fields/sections have been standardized**. The field is working to convert archived data fields into the standardized format. This will greatly assist in obtaining reliable reports. Two additional fields need to be standardized and the remaining identified items are forms and processes.	100%
Facility Manager and Safety Officer Training Agency Wide	Make accessible facility manager and safety officer professional development opportunities to improve competencies, ensuring successful Environment of Care (EOC) surveys and overall patient and employee safety.	Increase number of opportunities provided by 25% compared to average of last 3 years of training	**Baseline** = 23 **Milestone** = 28.75 **Target** = December 31, 2023	Training Data Summary Three year training average (2021-2023)= 20 Training opportunities available in 2023=28 This data is represented from EHSC only, no training data conducted directly via Service Units is included.	98%

TOPIC	SUCCESS MEASURE DESCRIPTION	METRIC AND CALCULATION	MILESTONE AND TARGET	CURRENT STATUS SUMMARY	PROGRESS
HUMAN CAPITAL					
Diversity, Equity, Inclusion and Accessibility (DEIA) Strategic Plan	IHS implements comprehensive DEIA Strategic Plan and a DEIA Council per Executive Order 14035 and HHS Secretary's requirement.	1. DEIA Strategic Plan issued 2. Communicate plan executed	**Baseline** = Executive Order 14035 **Milestone** = DEIA Strategic Plan approved by IHS Director. Plan communicated to the workforce. **Target** = May 1, 2023	IHS DEIA Strategic Plan implemented Feb 2023. IHS Circular 23-22: DEIA Council Charter published Nov23 DEIA Council Chair and other members to be named by Jan 31, 2024 by the IHS Director. First Council meeting anticipated in Q2 FY24.	100%
Improve Personnel Security Operations	Complete adjudication of all cases greater than 90 days receipt from DCSA by September 30, 2023.	Reduce backlog to 0 cases greater than 90 days	**Baseline** = 5,373 cases backlog **Milestone** = Jan/1963 cases **Target** = September 30, 2023	The Office of Human Resources implemented an electronic security manager system to track personnel background investigations. This calendar year, 5,373 cases pending for more than 90 days have been reduced to zero.	100%
Implement Workforce Development Plan	Establish an IHS Executive Leadership program to prepare high potential candidates for IHS leadership positions.	Create a standardized curriculum % Areas with candidates to participate	**Baseline** = OPM Executive Leadership **Milestone** = Design framework; implement framework; develop training monitoring system **Target** = 30 candidates to enter program by December 31, 2023	Leading Change Development course in April, 2023; 32 participants. IHS Executive Leadership Development program - First cohort of 30 participants to start 10/23/2023 (year-long, in-person and virtual session, mentoring, coaching, and 360 evaluations). 100% Area participation.	100%
Implement a Workforce Wellness Plan that aligns with retention efforts	Establish a National Wellness Committee or National Council on Employee Wellness	Draft a agency charter on National Wellness Committee or National Council on Employee Wellness	**Baseline** = 2022 FEVS Results **Milestone** = Identify Leads, Create Workgroup, Draft charter **Target** = December 31, 2023	Leads have been assigned as the CMO and OHR Director. Workgroup will be assigned and initiate work on a draft charter. Workgroup has been formed and initial meeting has taken place.	75%

TOPIC	SUCCESS MEASURE DESCRIPTION	METRIC AND CALCULATION	MILESTONE AND TARGET	CURRENT STATUS SUMMARY	PROGRESS
OPERATIONAL					
Improve Acquisition Planning Process	Agency standardization of acquisition planning process to comply with FAR requirements, the Buy Indian Act, prevent Unauthorized Commitments, and improve the cycle time of acquisition of goods and services.	% Areas, DES, and HQ to complete trainings: UAC, Buy Indian Act % to implement standardized acquisition forms, templates, SOPs % to implement standard 1102 PD	**Baseline** = None exists **Milestone** = UAC Training, Buy Indian Act Training, Implementation of standardized documents, Rollout of standard 1102 PD **Target** = 100% by December 31, 2023	Preventing UAC training completed -all staff must complete by 3/31/2024. Template Acquisition Plan for $20M and less finalized and posted to new DAP Central SharePoint site. GS-1102 PDs finalized with DAP and OHR that incorporates new FAC-C Professional certification requirements. Acquisition Planning Process Map finalized.	95%
Expand Indian Self-Determination and Education Assistance Act (ISDEAA) Training	To provide negotiation training to Agency Lead Negotiators (ALNs) and Contract Proposal Liaison Officers (CPLOs).	% ALNs and CPLOs completed a negotiation skills training. Training for HHS OpDivs, Tribal Leaders, IHS staff. ISDEAA Manual as the resource for training materials.	**Baseline** = ALNs/CPLOs have registered for independent training **Milestone** = (1) ALNs and CPLO's receive negotiations skills training; (2) Conduct training for HHS OpDivs, Tribal Leaders, all IHS Staff **Target** = December 31, 2023	1). The ISDEAA Manual WG meets bi-weekly. A training plan has been developed with identified frequency and audience. 2). An acquisition package has been prepared to obtain techcnical writing services to support the ISDEAA Manual WG in developing the ISDEAA Manual. 3). Negotiators training will be identified for 2024. The ISDEAA Manual WG continues to meet monthly.	85%
Improve Internal Communication	Develop a broad internal communications strategy focused on both downstream and upstream staff communications.	Increase forums for employee feedback Increase employee participation Identify top communication challenges Implement communication strategy	**Baseline** = None **Milestone** = Focus Group Report, Town Halls, Draft Strategy **Target** = December 31, 2023	Contractor awarded and started September 30, 2023. Town Hall scheduled for Jan 31, 2024. An employee suggestion box established and will launch Jan 18, 2024 to streamline and collect employee's ideas and feedback for improvements across multiple categories (increasing forums for employee feedback). A collection of all IHS Intranets is underway.	50%
Improve External Communication	Develop and implement an operational plan for the new IHS and VA MOU.	Operational plan, updated annually through Tribal Consultation and Urban Confer, ensures performance measures include measurable targets in the new IHS and VA MOU.	**Baseline** = Develop operational plan **Milestone** = Data & Metrics Team Established **Target** = December 31, 2023	Data & Metrics Team identified metrics/data available for the initiatives outlined in the Operational Plan (OP), gathered input from SMEs on 5 programs. The OP Exec. Committee will measure success, identify targets, and review progress at quarterly, bi-annual and annual reviews.	100%
Improve the Policy Clearance Process	Eliminate backlog of agency policy documents in clearance. Identify any barriers and improvement opportunities to increase policy clearance efficiency.	Reduce policy backlog to 0. Identify a minimum of 3 clearance process improvements.	**Baseline** = 40 policies in backlog **Milestone** = Backlog: policy status, re-verify relevance, revise, clear and finalize. Newer policies: monitor to identify barriers and opportunities. **Target** = December 31, 2023	100% of backlog policies reviewed to determine status and re-verify relevance. Documents in final revision, final clearances, or finalized; 85% finalized. Monitoring of newer policy clearances resulted in identification of two process improvements: streamlined documentation and consolidated packaging of electronic documents.	100%
Assess for the Most Effective HR Structure	Develop and test a shared service model to standardize processes and improve the current classification workload and backlog	The classification backlog as measured by HR systems.	**Baseline** = 920 Pending Requests **Milestone** = 460 or a 50% Reduction **Target** = 460 or a 50% Reduction by December 31, 2023	The team consists of 2-HQ HR staff; 2-Area Directors; 2-Executive Officers; 2-CEO; and 2-Area HR Staff. Classification Shared Service Center pilot success. Moving to full implementation.	95%

TOPIC	SUCCESS MEASURE DESCRIPTION	METRIC AND CALCULATION	MILESTONE AND TARGET	CURRENT STATUS SUMMARY	PROGRESS
FINANCIAL					
Further Develop a National 105(l) Lease Program	To create and sustain public facing Section 105(l) policy, guidance, tools and performance measures.	Establish an operational 105(l) Lease Division in OFA	**Baseline** = Decentralized 105(l) Lease program that has primarily operated out of the Alaska Area. **Milestone** = Agency clearance, HHS approval, operational 105(l) Lease division in OFA. **Target** = December 31, 2023	The reorganization was shared with HHS. In final clearance within the IHS, the decision memo was not signed and additional information around staffing was requested. OFA and ODSCT are updating information on staffing needs based on workload analysis and system needs based on prioritization.	60%
Improve the Purchased Referred Care Financial Process	Increased efficiency in PRC authorization and payment Increased patient knowledge and awareness on guidelines. Increased retention of PRC staff	HQ training to the Area PRCOs % Areas to implement patient education, PRC Case Managers in at least 75% of all Service Units.	**Baseline** = Limited staffing resources Minimal education on PRC guidelines. High staff turnover **Milestone** = Area PRCOs Training, Reclassification of PRC PDs Patient Education template developed. **Target** = December 31, 2023	Reclassification of PRC PDs are at HR now. Additional information exchange between PRC and HR is occuring to ensure this project is successful. National PRC brochure is at Public Affairs currently for review.	85%
PRC-DA Expansion	Reduce the cycle time for PRCDA Expansion review and approval	Time to process a PRCDA Expansion request from receipt to final FRN publication.	**Baseline** = 23 months **Milestone** = Process map with cycle times; Final report in draft; Updated processing checklist; PRC DA Policy Draft **Target** = Cycle time in 9 months.	Completed work flow chart, presented to Senior Staff, completed final report. Process >1 request at a time and the list would be published annually with updates posted on the PRC website. The PRC Policy was reviewed for revisions in December 2023. The workgroup will meet in Jan. 2024 to review process.	90%
PRC Carry-Over	The balance of PRC carryover funds will decrease each year as PRC programs implement the new medical priorities and expand the services that are currently funded. Oversight and monitoring will be conducted by Area, national and senior leadership.	Areas will demonstrate a minimum 10% decrease in carryover funds each FY or submit a carryover reduction plan to ORAP within the first quarter of the following FY.	**Baseline** = None exist **Milestone** = Guidance issued; Dashboard access for carryover oversight and monitoring; and Areas corroborate carryover balances in the dashboard. **Target** = December 31, 2023	DTLL on new medical priorities was signed and posted on the IHS website on September 20 and guidance on use of PRC funds is being finalized; access to carryover dashboard has been provided to senior leaders and training provided; and ORAP has corroborated carryover balances for oversight and monitoring.	90%

TOPIC	SUCCESS MEASURE DESCRIPTION	METRIC AND CALCULATION	MILESTONE AND TARGET	CURRENT STATUS SUMMARY	PROGRESS
COMPLIANCE/REGULATORY					
Governing Board Standardization	Standardize Governing Board procedure agency-wide.	1. % of SUs with approved standardize GB bylaws 2. % of SUs to completed GB member orientation and training	**Baseline** = 33% Areas **Milestone** = All facilities with approved standardized GB Bylaws; All GB members receive orientation/ training **Target** = 100% by December 31, 2022	All Areas for federally operated SUs have adopted standardized Governing Body bylaws. All IHS Governing Boards for federally operated Service Units have adopted modifiable Consent Agendas.	100%
Ensure a Foundation of Enterprise Risk Management	Agency ERM infrastructure that includes plans, committee and governance structures.	Percentage of prioritized risk responses developed	**Baseline =** 2019 - 3 risk responses **Milestone =** 2023 Risk assessment; Risk Prioritization; Committee structure and ERM plan; 2023 Risk responses; 2019 Response implementation **Target =** 100% prioritized risk response implemented by December 31, 2023	2023 Risk assessment completed. Risk List identified and prioritized; interviews with 9 departments, 2 brainstorming sessions, and cross-walk to Strategic Plan. Met with risk owners (5). Dashboard in draft status ready for feedback. ERM committee structure and plan in draft. Rollout plan in draft. Four and a half of five response plans developed.	80%
STRATEGIC					
Manage and Adaptable Strategy and Long Term Plan	Develop a comprehensive strategic plan that includes measurable outcomes, evaluation, and addresses risk management.	Completed IHS Strategic Plan 2024-2028	**Baseline** = 2019-23 Evaluation **Milestone** = IHS Draft, Tribal Consultation, Completed Plan **Target** = December 31, 2023	The agency had developed a DRAFT IHS SP FY 2024-2028. Initial feedback has been obtained on mission, vision, goals, objectives, strategies & measures, tribal consultation process, implementation, and evaluation. Additional feedback required regarding federal register notice, IHS/Tribal Workgroup approach.	75%
Enhance Partnerships with Tribes and Urban Indian Organizations	To enhance the Tribal Delegation Meeting (TDM) Process	The Agency has a policy on Tribal Delegations. A section for TDM's will be incorporated into ISDEAA Handbook-Manual. The agency will revise TDM policy and processes for more meaningful consultation.	**Baseline** = Current TDM Policy **Milestone** = (1) Establish process improvements in TDM; (2) Establish requirements in ISDEAA Handbook/ Manual; (3) Update TDM Policy . **Target** = December 31, 2023	A new TDM Process uses a standard business practice for all Tribes (Title I & Title V). An Agency TDM Coordinator to lead communication/logistics between the tribes and IHS. A tracking process will allow for monitoring of issues raised, timely resolution and responses back to the tribe. Rolled out to beginning October 1, 2024. The TDM process is being done by a central point of contact.	100%
Enhance the Sharing of Data Across the IHS	Develop an inventory of data assets and associated governance to guide utilization of IHS data with a core set of easy-to-use tools that enable leaders to make data-driven decisions.	Completed IHS Data Asset Inventory by December 31, 2023.	**Baseline** = None **Milestone** = 2023 Data Asset Inventory **Target** = December 31, 2023	IHS is leveraging the HHS data workgroups for training and recognignition. The on going support for improving IHS data sharing will transition to the IHS data governance board. The charter has been drafted and sent to OMS for review and publication.	100%