

**Oklahoma City Area Indian Health Service  
Direct Service Tribes Advisory Committee  
FY 2020 3rd Quarter Report  
January – March 2020**

<b>Area Tribal Representatives:</b> Greg Chilcoat, Principal Chief, Seminole Nation of Oklahoma	<b>Federal Liaison:</b> Jennifer LaMere, OCAO Federal Liaison
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**Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people**

**Claremore Service Unit**

- Nurse Educator attended Team STEPPS train the trainer training in Lawton (a leadership and quality improvement training).
- OB RNs attended the 8th Annual Baby Friendly Summit in OKC.
- Patient Engagement Event for March 27th. The topic will be ‘Proper Diabetes Footwear’
- The dental sealant program completed for area schools in the months of February & March.
- Claremore Indian Hospital coordinated OBI blood drive on 02/21/2020.

**COVID-19 Response**

- Developed E.R. process flow to respond for influx of potential respiratory patients.
  - Identified E.R. entry as entrance for any symptomatic patient screening positive
- Pharmacy is scaling CMOP efforts and providing phone counseling
  - Mail Order Enrollment: 10,818 an increase of 78 patients since we began tracking on Wednesday; Prescriptions Transmitted to CMOP.
- (2) 40’ Modular buildings rented for screening, Physical Therapy, Pediatrics, and as an additional resource for treating patients.
- Initiated Curbside deliveries for Pharmacy Rx, Emergency Room Rx Deliveries, Audiology equipment, HIM, and PRC to minimize the need for patients to enter the hospital.

**Clinton Service Unit (CSU)**

- We have performed fit testing on several essential tribal staff, including Administration, EMS and CHR staff.
- CSU obtained a monthly standing “Health” section in the Cheyenne and Arapaho Tribes’ “Tribal Tribune” which now provides a dedication section for CSU information within the tribal newspaper.
- Coordinated COVID mask donation for patients who wish to donate or are in need.
- Assisted the Cheyenne and Arapaho Tribes’ Emergency Youth Shelter in developing a monthly cyclic menu.
- Southern Plains Tribal Health Board’s WATCH program:
  - Working with this program to facilitate training on pediatric obesity and weight management with CSU Pediatric Providers scheduled for March 9, 2020 at Clinton Indian Health Center.

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- New language interpretation software will be implemented in the upcoming month at all three sites. This will allow for live interpretative services, including American Sign Language.
- The CSU hosted “Give Kids a Smile” event at the Clinton Indian Health Center. This event was open to native children 18 years and younger on a walk-in basis.
- COVID Response
  - For COVID-19, quickly reduced and limited the number of face to face visits and establishing more visits via telehealth. This response included creating a “sick” and “well” areas of the facility to provide care to those acute patients needing assistance.
  - Participated in National beta testing for IHS’ telemedicine Cisco platform. From this, Cisco and FaceTime capabilities for providers were implemented for expansion of telemedicine. This also included creating templates to ensure all information needed for billing was captured for telemedicine and virtual check-ins visits.
  - Implemented curbside pick-up for pharmaceuticals, eye glasses and hearing aid repairs. We have done 1988 total curbside pharmacy deliveries, about 40 eye glasses and 5 hearing aids for the Service Unit, since starting this service.
  - Conducted over 640 phone outreach to high risk patients and those 50 years of age and older to do a wellness check and connect them with their medical home team for further care if needed.

**Lawton Service Unit (LSU)**

- All patient services, except for direct care, are delivered via curbside. These services include registration, pharmacy, medical records, purchased referred care, and phlebotomy. Patients are screened at the front entrance and routed to a designated parking area where services are obtained. A separate shelter was built for lab to offer services outside so immunocompromised patients do not need to enter the hospital.
- Information dissemination continues to area tribes. Changes to hospital services or procedures are updated through the service unit Facebook page. Facebook is also utilized to provide community awareness about COVID-19 disease information, transmission and prevention. Weekly CEO report is distributed to the Health Board.
- Employee health: Public Health Nursing and Infection Control/Employee Health have implemented a covid care team for the Lawton Service Unit. The purpose of this team is to establish a system of care management for employees exposed, confirmed, or suspected of COVID-19. The care team is made up of a provider, Infection Control Practitioner (ICP), and the PHN Department. When the ICP receives notifications of exposure or infection (known or suspected), she will assign the case to a PHN. Utilizing CDC guidelines, PHN will reach out to the employee for daily symptom checks, reminders for testing dates, and return to work guidelines. They are also a resource to employees for any questions or concerns they may have.

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**Pawnee Service Unit**

- Implemented a standardized new employee training program that incorporate culturally sensitive practices, that are specific to American Indian and Alaska Native people, into their job responsibilities.
- Partner with Dr. Fransan with The Dean McGee Eye Institute on the third Wednesday of each month to provide specialized retinal exam and treatment particularly for diabetic retinopathy.
- Partnering with Pawnee County Coalition and Pawnee Nation to implement programs for the American Indian and Alaska Native children and youth that will focus on STD, hygiene, and “Native Play” physical activity program.

**Wewoka Service Unit**

- Health Care Recruitment: The following positions were brought into the workforce during the quarter - Nursing, RN Deputy; Infection Control; Pharmacy Aid; and Public Health Nurse.
- Daily Leadership calls have been implemented for responding to COVID-19 since the Incident Command Structure and COVID-19 response were implemented on March 16, 2020 at the Health Center. Calls have helped with the daily challenges and changes that are occurring.

**Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization**

**Claremore Service Unit**

- ER PI project regarding decreasing nursing chart deficiencies via pre-audit continues to be successful.
- Nursing education has been ongoing, in an effort to prepare to care for COVID-19 related ill patients. A spreadsheet is updated daily to reflect all education provided with links included when appropriate. The nursing education department has expanded to provide PPE and door entry screening training to all hospital staff as needed. The department is tracking completion of all training to keep record of competencies and education.
- Created emergency response Code Purple to address Obstetrics emergencies.

**COVID-19 Response**

- (65) Telework opportunities extended to minimize staff exposure MetiMan moved to ICU, facilitated using the human patient simulator for Physicians to practice skills: intubation.
- Increased frequency of BLS & ACLS trainings of staff
- Started Pronation Therapy training development.
- Developed and distributed ABG analysis and lab value badge buddies for quick reference for staff.
- AACN: COVID-19 Pulmonary, ARDS, and Ventilator Resources courses assigned.
- Initiated Town Hall meeting for communicating of COVID-19 updates to staff
  - Town halls held Monday, Wednesday, & Fridays virtually to promote social distancing

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- Facebook updates being posted.
- Burn Rate Calculator revised to accept restocking and projections based on usage.

**Clinton Service Unit (CSU)**

- Implemented screening procedures to ensure adequate testing of potential COVID-19 cases. In total, 51 patients have been tested with five positive cases. Each positive case has been case managed and followed by the respective medical home.
- The CSU Dental departments exhibited higher amounts of service delivery while maintaining a similar volume of patient encounters. We expected another strong year in terms of patient care but COVID-19 proved to be problematic. Routine and elective patient care was ceased on 17 March 2020. From this date forward, only emergent/urgent dental care has been delivered. This remains the case until further notice.

**Lawton Service Unit (LSU)**

COVID-19 responses:

- March 17<sup>th</sup> began screening each patient and employee for COVID-19. Hospital employee checkpoints are located at the south main entrance and north conference room door from 7:00 am – 9:30 am. For optimal patient flow, drive-thru screening checkpoints are located at the main and emergency department entrances. Facilities department built 2 shelters at the main entrance and 1 at the ER entrance for screening and triage.
- Medical appointments are scheduled for urgent conditions and chronic conditions requiring frequent monitoring. There are currently 8 Lawton and 2 Anadarko providers providing telehealth visits. Pediatric clinic continues to schedule for newborn visits and immunization appointments.

**Pawnee Service Unit**

- Improving the Diabetic Program by coordinating care with auxiliary services to optimize overall health and well-being of diabetic patients.
- Provide Mental Health First Aid training to all staff.
- Partnering with the Otoe Missouri Tribal Head Start program to provide their staff with bloodborn pathogen training, proper use of inhalers and administration of EpiPen, and first aid.

**Wewoka Indian Health Center (WIHC)**

- During the pandemic WIHC has shifted into a process of patient care delivery intended to reduce the risk of disease transmission.

**Goal 3: To strengthen IHS program management and operations**

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**Claremore Indian Hospital (CIH)**

- Shared training and updated information on COVID-19 with outlying tribal clinic that was inquiring about testing, screening tools, etc.
- Color coded position identification cards to allow for not only the clinical staff the ability to identify chaperone need and who can serve as a chaperone, but allows all staff a reference of who is favorable adjudicated.

**COVID-19 Response**

- Implemented screening decision tree at points of entry.
  - Decision tree assist door screener with routing patients to the appropriate entrance or back to their vehicle for curbside services.
- Primary entrance to facility restricted to front and E.R. entrance for patients.
  - Front entrance being restricted and will function as an exit only at 4:30 p.m. daily
- Screening at both entrance for COVID-19 symptoms
  - Visitors and patients screened and logged
  - PPE being provided to patients at entrances to preserve supplies and prevent theft
  - Square 1ft. x 1ft boxes taped out 6ft apart on the ground for all screening entrance lines to promoted social distancing
  - Created Donning and Doffing training/competency check offs for the entire hospital staff
- Employee entrances added to Surgery Clinic Hallway from 6:00 a.m. to 8:00 a.m. and southeast hallway near I.T. from 7:00 a.m. to 8:00 a.m.
  - Wristbands being placed on employees to identify completion of daily screening
- Constructed ambulance bay enclosure wall outside of E.R. for segregation and screening of respiratory and non-respiratory patients before entry to hospital
- Banners placed at entrances to hospital to aid in directing patient flow to front and rear entrance based on presenting symptoms
  - Emergencies or Fever, Cough, Difficulty Breathing Use Emergency Entrance

**Clinton Service Unit (CSU)**

- The CSU hosted a Mental Health First Aide training with officials from the Cheyenne and Arapaho Tribes.
- Hosted representatives from the Cheyenne and Arapaho Tribes Cultural and Heritage Program to provide a cultural training to all CSU staff members.
- COVID Response
  - Began an aggressive social medical campaign with almost daily postings to Facebook with 28 service unit specific posts, six service unit specific flyers promoting services and two newspaper articles.
  - Began curbside delivery of medications at each facility with an average of 40-50 for Clinton, 30-40 for El Reno and 10-12 for Watonga per day.

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- A daily email communication is provided to all staff to update them on current service unit processes.
- Implemented at least once weekly general staff virtual meeting to provide ongoing updates.
- PowerPoint developed by clinical director to educate staff on the precautions and actions if they interact with a COVID-19 positive patient.
- Host daily meeting with the Cheyenne and Arapaho Tribes' Administration (Governor), Tribal Health Board, Health Department, EMS, Tribal Transit, Emergency Management Department, BIA and other county health response teams. This daily meeting provides information sharing between all parties, updates on testing procedures, discussion of access to service unit services, updates on funding opportunities for the tribe, targeted patient education based upon request of tribal health board, assisting with PPE needs, and establishing of a virtual community town hall.

**Pawnee Service Unit**

- Expand training to all employees on Revenue Stream training program and the importance of how each employee/department is in this process.
- Implement eFax process to receive, electronically route and store outside provider reports for use in clinical decision making in all departments.
- Continue to monitor newly implemented Facebook page to connect with social media regarding Pawnee Indian Health Care and access to care. Provide public health awareness on culturally sensitive issues.

**Wewoka Indian Health Center**

- Appropriately licensed, credentialed and privileged employees that are appropriate for the level of care are recruited.
- Recruitment efforts have been developed toward virtual tours and interviews.
- Wewoka IT has update parts of the system infrastructure and maintains new equipment per life expectancy. Laptops and phones have been procured to respond to this pandemic.