

## Navajo Area Direct Service Tribes Advisory Committee - 3rd Quarterly Report

<p><b>Area Tribal Representatives:</b>          -Jonathan Nez, Navajo Nation Vice President          -Nathaniel Brown, Navajo Council Delegate          -Dr. Glorinda Segay, Executive Director, NN Dept of Health          -Theresa Galvan, NN Behavioral Health Services</p>	<p><b>Area Liaisons:</b>          -Alva Tom, Office of Indian Self Determination NAIHS          -Marquis Yazzie, Interim CPLO/Acquisition, NAIHS</p>
<p><b>People</b></p> <p><b>1. The Kayenta Service Unit (KSU)</b> offered an active shooter training to all staff last quarter. The training was offered in response to past real-world “Code Silver” incidents at Kayenta Health Center and Inscription House Health Center. The training was conducted by Tac*One Consulting and was well received by staff.</p> <p><b>2. Shiprock</b> - Northern Navajo Medical Center’s (NNMC) Pharmacy Department continues to improve the quality of pharmaceutical care for Shiprock Service Unit patients. In January 2018, prescription wait-time was decreased to 35.6 minutes average time and 94% of patients received their prescriptions within one hour. Two pharmacy technicians were also hired to improve pharmacy responsiveness to incoming phone calls.</p> <p><b>3.</b> On March 12, 2018, the <b>Kayenta</b> Emergency Department added two beds, which allows more patients with less severe illnesses or injuries to be seen more quickly. Emergency rooms use the Emergency Severity Index (ESI) system that has a range of severity from 1 through 5, with 1 being the most severe. For the month of February, the Kayenta Emergency Department triage reported a total of 932 less severe cases in the ranges of 4 and 5. The two additional beds will allow more patients to be served in the emergency room with decreased wait times.</p>	
<p><b>Partnerships</b></p> <p><b>4. Crownpoint</b> Service Unit is actively engaged in the Quality Framework and is collaborating with HealthInsight through the Partnership to Advance Tribal Health (PATH) program, a recognized IHS partner. HealthInsight is a community-focused organization dedicated to improving health and health care. The PATH initiative is funded by the Centers for Medicare &amp; Medicaid Services. HealthInsight’s primary efforts include leadership development, quality initiative enhancement and connecting community resources. Crownpoint Hospital staff are currently working on PATH deliverables that include The Joint Commission survey readiness, self-assessments, SAFER Matrix quiz, and PDSA (Plan-Do-Study-Act). Other deliverables include documentation for an antibiotic stewardship program, Emergency Department/Urgent Care 72-hour patient revisits, and a blood culture contamination project and community engagement.</p> <p><b>5. Shiprock</b> - The Northern Navajo Medical Center (NNMC) Iina Counseling Service (ICS) partners with local schools to provide suicide and crisis prevention, intervention, and educational services. The ICS employees are members of an Intervention Team and assisted in the aftermath of the shooting at Aztec High School in December 2017.</p> <p><b>6. Shiprock</b> - Northern Navajo Medical Center’s Safety and Emergency Management Program collaborated with community agencies and programs and accomplished the following:</p> <ul style="list-style-type: none"> <li>a) Development of all-hazards emergency operations plans for five tribal Chapter Houses;</li> <li>b) Training in response and recovery operations following the active shooter incident at Aztec High School, including participation in a Unified Command with the Bureau of Indian Education (BIE), New Mexico Department of Health (NMDOH), and the San Juan County Office of Emergency Management;</li> <li>c) Presentations at the BIE School Principal quarterly meetings on overviews of active shooter response and recovery;</li> <li>d) Participation in the annual full scale exercise with San Juan County Office of Emergency Management and industry partners; and</li> <li>e) Facilitated a full scale exercise with the Navajo Tribal Utility Authority (NTUA).</li> </ul> <p><b>7. Shiprock</b> - Northern Navajo Medical Center (NNMC), NNMC Navajo Preparatory School Based Health Clinic and the Gallup Indian Medical Center are three of 10 sites across the United States chosen to participate in the Pediatric Integrated Care Collaborative (PICC) initiative. The PICC is part of the Johns Hopkins Center for Mental Health Services in Pediatric Primary Care focused on increasing the quality and accessibility of child trauma services in Native communities. The goal is for the programs to work together with Johns Hopkins to integrate behavioral health and physical health services on Navajo. The</p>	

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project will receive virtual technical assistance through a series of structured webinars, virtual learning communities, technical assistance calls and metrics collection and analysis.

"The quality of care for our youngest patients is important and this collaboration will allow IHS to reach out and respond to children and their families with early intervention and promote resiliency in order to lessen the effects of childhood traumatic stress," said Rear RADM Chris Buchanan, Acting Director of the Indian Health Service. "Traumatic experiences that cause stress or can threaten or harm a child's emotional or physical well-being include poverty, physical or sexual abuse, community and school violence and neglect."

**8. Crownpoint** Service Unit providers received orientation on The Joint Commission standards for Patient Centered Medical Homes (PCMH). The Division of Nursing is actively involved in the integration of the PCMH model. A PCMH committee was formed and care teams were developed. Patient empanelment is on-going with 7,275 patients assigned to providers to date. There are plans to visit Chinle Service Unit's PCMH program to observe their processes and use the information to re-assess and build Crownpoint's clinical flow processes.

**9. Shiprock** Service Unit Sexual Assault Community Response Program (Naa ts' iilid) - The Northern Navajo Medical Center (NNMC) is in its third year (2016-2018) of a second round of funding to implement its IHS Domestic Violence Prevention Initiative (DVPI) program. The first round of funding was implemented between 2010 and 2015. The Shiprock Sexual Assault Community Response Program (Naa ts' iilid) has grown since its beginning in 2010 and now supports an in-house Sexual Assault Nurse Examiner/Sexual Assault Response Team (SANE/SART) program. Through the years, Naa ts' iilid has worked to bring attention to sexual assault, domestic violence and child sexual abuse.

Naa ts' iilid is currently in its fifth-year partnership with the Coalition to Stop Violence against Native Women with plans to provide a human trafficking training in Window Rock and Shiprock. Activities include a conference with a focus on Human Trafficking workshops to coincide with Victim's Rights Week in April. Naa ts' iilid actively participates with the Navajo Apache Ute Hopi Zuni Coalition against Sexual Assault and Family Violence to share resources, collaborate on services and address gaps in the system to better serve the public. Other plans include support for equine therapy for children that have suffered extreme trauma. Last year, Naa ts' iilid was able to provide training on Eye Movement Desensitization and Reprocessing (EMDR) to eight employees. There are also plans to offer Dialectical Behavioral Therapy (DBT), training for law enforcement, criminal investigators, and Navajo Nation Council members on sexual assault, domestic violence and child sexual abuse. Naa ts' iilid's works with the Northern Navajo Medical Center's Trauma Informed Committee (TIC) to bring education and awareness to providers and staff on the impact of early childhood trauma on long-term health outcomes.

Naa ts' iilid's relationship with the Sexual Assault Services of Northwest New Mexico (SAS) provides NNMC with experienced and knowledgeable sexual assault nurse examiners (SANE's) and trained victim advocates 24/7. Other services include school and community education on child sexual abuse and prevention and healthy relationships for adolescents.

**10. Navajo Area IHS Coordination with the Local and National Veterans Administration** – Navajo Area IHS (NAIHS) has accomplished a great deal since the first signing of their agreement with the Northern Arizona VA Health Care System (NAVAHCS) in 2010. An important achievement is the placement of Veterans Clinics within three of the health facilities on Navajo including:

- Chinle VA Clinic – located inside the Chinle Comprehensive Health Care Facility, Chinle, AZ
- Kayenta VA Clinic – located inside the Kayenta Health Center, Kayenta, AZ
- Tuba City VA Clinic – located inside the Tuba City Regional Health Care Corporation, Tuba City, AZ

Recent Navajo Area VA Clinic successes reported by the VA include:

- New VA health care enrollments from the Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn eras, applications are being 'Expedited' to immediately initiate care for transition and care management.
- A Licensed Clinical Social Worker who specializes in Post-Traumatic Stress Disorder (PTSD) Counseling, is now available for face-to-face, telephone encounters, and clinical video telehealth appointments in Chinle and Kayenta VA Clinics and the panel is growing steadily.

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- All sites are currently providing non-Native American Veterans health care services on a limited basis, but all IHS services at the sites are available to them. The Veterans can also be referred for services to larger, off-site VA facilities as needed. The Veterans may also qualify for IHS PRC (Purchased Referred Care).
- VA Identification Cards – will be fully operational at Chinle and Kayenta VA Clinics on April 30, 2018.
- Increasing VA health care enrollments by conducting more outreach activities.

The local 2010 agreement and the first 2005 National agreement have provided strong support in coordination with the NAVAHCS. As a result, NAIHS has a better sense of the number of Veterans being served and their health needs. NAVAHCS reports that the total number of Navajo Veterans enrolled in their system is 1,359. These Veterans are scattered throughout Yavapai, Coconino, Mohave, Navajo, Apache, La Paz and Northern Maricopa counties. On Navajo there are 443 enrolled and being served. We know there are many more Navajo Veterans on Navajo and surrounding areas, but many choose not to immediately enroll. The Navajo Nation has a very active Navajo Nation Veteran's Program. To date, this program, in coordination with the National VA, has implemented a homeless Veterans program that provides hotel vouchers and apartments. In process is an agreement with a local builder to begin constructing homes for qualifying Veterans.

In January, NAIHS was invited to a meeting of the newly formed Navajo Nation Veterans Advisory Committee (NNVAC), a branch of their total Veterans Program. NAIHS has attended all three meetings of the newly formed NNVAC since first invited in January, including a Strategic Planning meeting in February. The group plans to meet quarterly in the future. NAIHS will continue to offer data and provide medical support as Veterans receive care at all the NAIHS facilities including the special Navajo Area Veterans clinics. NAIHS will continue to work closely with the NNVAC and the NAVAHCS.

### Quality

**11.** The **Crownpoint** Division of Nursing is using the 2018 National Patient Safety Goals (NPSG) to provide safe patient care. The Division of Nursing integrated quality and safety initiatives consistent with Crownpoint Hospital's Culture of Safety Plan, including shift change huddles, adverse events procedures, house supervisor dashboards, staffing, bed status, safety and hot issues. Presentations on the NPSG are provided for nursing staff and during new employee orientation. The Nursing Executive Team (NET) has completed a risk assessment and identified hazards in the work environment. Using the National Patient Safety Goals, PDSAs (Plan-Do-Study-Act) have been initiated to address the potential hazards.

To identify areas for improvement, the Nurse Educator will confirm safe medication administration to patients through direct observation on the nursing units for three months. The outcomes of the study will address medication labeling, patient identifiers, the *5 Rights* (the right patient, the right drug, the right dose, the right route, and the right time) of medication administration and technique in administration. The Division of Nursing's *Just Culture* training is at 100% and leads the newly formed Quality and Safety Huddle Group.

**12.** The **Kayenta** Infection Control Consortium is preparing to launch the Joint Commission Resources Hand Hygiene (HH) Targeted Solutions Tool (TST) and expects to implement it in April 2018. The tool requires mandatory training for data collectors, observers, and trainers. Multiple classes were scheduled and completed for the TST launch. Nearly 30 employees have completed the training and will be designated as champions for their respective departments. This approach will help Kayenta Service Unit achieve better Hand Hygiene compliance.

**13.** **Chinle** Comprehensive Health Care Facility (CCHCF) challenged itself to reduce the amount of time patients wait for medication refills at the pharmacy. The outpatient pharmacy at CCHCF is the only pharmacy within 40 miles of the facility and fills thousands of prescriptions each day. Patients were previously tracked using a paper system that resulted in prescriptions being lost and excessive wait times for scripts. Long wait times at the pharmacy was the number one patient survey complaint. The CCHCF pharmacy has implemented an electronic wait time tracking system called "LiveQ" to monitor prescriptions and alert pharmacy staff when a problem develops with a script. The result is decreased wait times for medication fills from an average of greater than 120 minutes at the end of 2015 to less than 30 minutes currently.

**14.** **Crownpoint** Service Unit (CPSU) along with the IHS Headquarters Office of Information Technology (OIT) is working with the CPSU Pharmacy Department to implement Bar Code Medication Administration (BCMA) for Crownpoint Hospital's inpatient unit. BCMA is a point-of-care application that uses bar code scanning to verify patient identity and administering

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medication. BCMA is recommended by The Joint Commission to reduce medication administration errors and officially went live at CPSU on April 2, 2018.

**15. Kayenta** accomplishments for Patient Safety and Just Culture initiatives include the following:

- a) Decreasing medication errors in the emergency department has been a priority with a goal of no more than three errors per month and was accomplished for the month of February.
- b) Pharmacy is currently working on Emergency Department quick orders so medications are accurately ordered with safeguard checks in place.
- c) Emergency Department standing orders are being updated to ensure that nurses enter medications under the responsible provider for proper standing order sign-offs.

**16.** The **Crownpoint** Health Care Facility laboratory is pleased to report a successful laboratory accreditation survey with no high risk findings by The Joint Commission. The Crownpoint Service Unit (CPSU) hospital is accredited by the CMS (Centers for Medicare and Medicaid Services) with its last CMS survey held in August 2016 with no findings. The CPSU laboratory is accredited separately by The Joint Commission (TJC) and underwent an unannounced full TJC laboratory survey February 21-22, 2018. TJC conducted its survey without incident and closed out the survey on February 22, 2018 with a report of eight findings, two of which were corrected onsite.

**17. Mock Accreditation Surveys at Federal IHS Facilities** - On April 3, 2018, the Indian Health Service established a national contract with Joint Commission Resources (JCR) to provide accreditation services at federally-operated healthcare facilities. The Navajo Area Indian Health Service is presently working with IHS Headquarters in Rockville, MD and JCR to schedule mock surveys at NAIHS healthcare facilities. The purpose of mock surveys is to have healthcare accreditation experts review healthcare facilities from The Joint Commission (TJC) or Centers for Medicare and Medicaid Services (CMS) perspective, identify operational or facility issues in need of improvement, and implement immediate corrective actions. Mock accreditation survey findings support continuous accreditation readiness at healthcare facilities rather than waiting on official accreditation surveys to be performed by TJC or CMS surveyors. The NAIHS looks forward to implementing the mock survey process at all federal hospitals and health centers in support of quality healthcare.

**Resources**

**19. Dilkon Alternative Rural Health Center (DARHC) - Leupp, AZ to Dilkon, AZ Water Transmission Line Project** - An existing Navajo Tribal Utility Authority water system that serves the community of Dilkon is operating at capacity and needs additional water to support the new DARHC. In 2017, the Navajo Nation and the IHS worked together using Tribal Sihasin funds (\$1,500,000) to fund and build a new water source. Another \$15,000,000 in Sihasin and Permanent Trust Fund contributions will be used to construct a major portion of a 39-mile transmission line from the community of Leupp, AZ to Dilkon, AZ. Hydro-geologic studies are taking place and well drilling is expected to be completed in 2018.

*Health Center Facility Update* - On April 18, 2017, the Public Law 93-638 Title V Construction Project Agreement for the professional design of the Dilkon Alternative Rural Health Center was signed between the Winslow Indian Health Care Center, Inc., (WIHCCI) and the IHS in the amount of \$6,547,000. WIHCCI awarded the design contract to Childers Architect out of Fort Smith, Arkansas. A modification was recently issued which increased the total design funding to \$6,841,133. The Dilkon Health Center will be approximately 14,316 square meters in size with 109 staff quarters.

The Navajo Area IHS was recently notified that construction funds for the DARHC are available in FY2018. The IHS will issue a Notice of Funding Availability (NOFA) for construction funding to the Navajo Nation in upcoming weeks. The Navajo Nation will determine if the DARHC will be constructed through a Federal or P.L. 93-638 acquisition.