Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people

Red Lake:

1. Created telephonic telehealth services to meet as an option to support direct patient care needs in response to the COVID Pandemic. Telehealth has been deployed in primary care, pediatrics, and behavioral health.
2. Created policies and procedures to establish novel Alcohol Withdrawal Services and Buprenorphine Bridge Services to meet emergent, unmet care needs related to COVID 19. Full implementation is anticipated in August 2020 with soft go-live June 2020. Additional staff development and Electronic documentation infrastructure are needed to support full implementation.
3. Primary Care Behavioral Health Integration project: an additional Wellness Specialist was added to the outpatient primary care department to conduct health behavior interventions in a population health model. A third wellness specialist stationed in specialty behavioral health for same day walk-in appointments and crisis interventions. A Mental Health Specialist function to conduct targeted case management is also planned. This novel integration process has been identified by CMS as a promising practice that will be presented at the upcoming CMS Technical Excellence Panel. Services have expanded to include tele-outreach models.
4. Implemented expanded Medication Assisted Treatment access for pregnant women, justice involved populations, and post-overdose resuscitation patients. A nurse care manager and mental health specialist have completed orientation and have begun to provide services.
5. Hospital ICS team has been integrated into the Red Lake Tribe COVID 19 ICS structure to improve resource coordination and response activities. The hospital drafted the community Pandemic response plan to include surge planning and community isolation sites. Collaborative planning surrounding medical equipment; access to COVID testing; PPE; and recovery efforts is ongoing.
6. Created an interdisciplinary working group to include tribal service providers to improve patient outcomes for justice involved populations. Collaboration includes expanding access to over-the-counter self-cares, lab draws, and improving access to treatment. MOUs with tribal jail partners and with Family Children Service and COVID safety plan have been approved. MOU for courtesy MN Rule 25 assessments is pending. The focus of these initiatives have been expanded to include socio-economic factors and trauma informed approaches.
8. Completed refresh of Inpatient Room 105 as a concept room to enhance patient comfort during inpatient hospitalization. This room will also be used for the outpatient in a bed program.
White Earth Service Unit

1. During this quarter, the pandemic started which challenged our facility to become innovative in assuring continuity of care. Measures beyond our normal operations includes but not limited to the initiation of telephone/telehealth visits, mail order medication refills and pharmacy curbside pickup. These measures were identified to allow patients to continue their treatment plans and extend safety protocols set by CDC guidelines. As a result, the following information provides data that reflects some of the operational changes within the White Earth Service Unit.

2. There was a record of 177 refill pick-ups in one day on June 19, 2020.

3. Local mail orders averaged 36 per month in 2019. In this quarter alone, the average increased to 70 per month. A 94% increase from previous year.

4. The number of patients enrolled in the mail order program from February 2020 (985 enrolled) to June 2020 (1098 enrolled) increased by 11%.

5. The average number of prescriptions mailed per month increased 26% from 1,773 (pre-COVID) to 2,228 (post-COVID).

6. This process seems pharmacy driven, however this encompasses many operational changes that include an increase of triaging patient needs, the number of provider authorization of medications, increased volume of filling medications while providing quality assurance measures and allocating additional staff to screen and route the medications accordingly. Each patient is assessed to determine the best distribution methodology that include options for mail order, by proxy through tribal home health or IHS employees, or delivering curbside at our facility. This was necessary to eliminate the need for patients to enter the building, thereby keeping both the patient and employees safe from unnecessary or prolonged contact. Patients value the telephone or telehealth visits and acknowledge the necessity for safety measures on all parties.

Cass Lake Indian Health Service

1. Cass Lake recruited and hired a Bio-med technician, Community Health Dental Hygienist, and a staff Dentist.

2. An Assistant Director of Nursing, an ER nurse, and a clinic was hired.

3. An new Phlebotomist was hired in lab

4. Cass Lake has hired an Occupational Therapist.
Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization

Red Lake:
1. Deployed business intelligence software platform to support collection and analysis of patient satisfaction data. Top-box dashboard analysis of the IPC PCMH survey is available with this tool. Platform also includes capacity for Environment of Care e-rounding to reduce data collection barriers.
2. Implemented Staged Management Goals in the Outpatient Department to meet PCMH requirements.
3. Finalized the National Patient Safety Goal Suicide Prevention improvement project. This interdisciplinary approach includes policy revision, staff training, and ongoing evaluation to meet standards related to the NPSG.
4. Finalized the Inpatient Falls Improvement Project that includes deployment of an evidenced based patient fall assessment tool; intervention and care pathways; electronic record documentation; discharge coordination, and program evaluation. Created Emergency Department intervention that includes policy development, documentation, and staff training. Full implementation in the ED setting anticipated for August 2020. A wheel-chair access improvement project using Team STEPPS methodology is planned for fourth quarter.
5. Utilization Review Committee expanded to include a resuscitation and morbidity and mortality review. Enhanced transfer review process is in development. A review of third quarter findings is schedule July 23rd.

White Earth Service Unit
1. Simultaneously during the pandemic, White Earth Service Unit has initiated a 38,000 sq. ft. expansion project to provide further access to care, including but not limited to a drive through pharmacy refill lane, larger physical and occupational therapy department, a dental suite and larger primary care departments. To date, the contractor continues to work on the foundation and crawl space walls. Structural steel has started to be assembled and will continue for the next few months. Utility work is also in progress to include water mains, sanitary sewer, and storm sewer. The expansion is estimated to be complete by the end of November 2021.

Goal 3: To strengthen IHS program management and operations

Red Lake
1. Health system suffered a catastrophic network failure that exposed vulnerabilities with disaster recovery services and highlighted the need to begin the phased network modernization project.
2. Deployed the E-Prescribing Controlled Substances package
3. Submitted a funded task order to implement secure Wi-Fi solution for network modernization and to improve capacity for BCMA project and efficiencies with the Electronic Medical Record.

Cass Lake Indian Health Service
1. Collaborated with Stratis Health and Leech Lake Health Division to complete Leech Lake Reservation Community Health Assessment.
2. Collaborative Care meeting with Sanford
3. Team STEPPS training completed for leadership
4. The quality assistant has been detailed to the ER nursing staff since April 6, 2020
5. The number of employee recognitions through the Shout Outs: Jan-11 Feb-19 Mar-32 Apr-10 May-9 Jun-1
6. Orientation completed for all of new staff
7. Scheduled required annual trainings for all staff
8. BLS class monthly for all staff
9. Safe talk training completed for all patient care staff
10. Just in time COVID training for PPE and contact tracing.
11. Mass surge drill with LLBO health division.
12. Implemented Employee screening prior to shift in response to the COVID-19 pandemic. The screening consists of active temperature and symptom checks. This is logged in an excel spreadsheet for review daily. Training completed for all screeners at all entrances of the CLSU entrances completed.
13. CDC Tele-ICAR for CAHs for COVID-19 IPC response conducted via Zoom call on June 19th, 2020. After the gaps were observed and recommendations given for ways we could increase preparedness in the facility, we implemented five out of the seven items within 30 days of the summary.

**White Earth Service Unit**

1. The White Earth Service Unit initiated a COVID-19 draft plan days before the declaration of a pandemic. This facilitated a better assessment of necessary changes needed to assure employee and patient safety as well as applying protocols for continuity of care. The Incident Command Team (ICT) was quickly developed and implemented to turn the draft plan into a living and working document. One of the successful tools identified in the plan is the staff survey monkey. Daily utilization of the survey monkey is an internal communication mechanism between staff and the ICT to assist in answering anonymous questions from staff without having to meet face-to-face and allowing opportunity to provide the same message to all staff. In addition, this tool is useful to the ICT to determine what further education is required, gauge staff morale, and provide a level of comfort to staff to ask questions.