DSTAC Office of Quality
Update

March 12th, 2019
Office of Quality

• Federal Register Notice making the OQ effective 1-26-2019
• Deputy Director for Quality Healthcare selected and on-boarded in November 2018.
• Office of Quality includes 4 divisions:
  • Enterprise Risk Management (ERM)
  • Quality Assurance
  • Innovation and Improvement
  • Patient Safety and Clinical Risk Management
• Eight staff currently & Five positions prioritized to be advertised.
  • Credentialing Coordinator Advertised (Feb. 26, 2019)
  • Senior Program Analyst for Planning and Evaluation (Feb. 27, 2019)
  • Infection Control Program Coordinator (Feb. 28, 2019)
  • Medical Officer Innovation and Improvement (Mar. 1, 2019)
  • Medical Officer Patient Safety and Clinical Risk Management (Mar. 1, 2019)
17-181 Improving Oversight – National Accountability Dashboard for Quality (NADQ)

National Accountability Dashboard for Quality

The National Accountability Dashboard for Quality (NADQ) is a tool for measuring and monitoring key performance indicators across the organization. It provides a clear overview of the performance of the Indian Health Service (IHS) and its facilities. The dashboard includes data on a variety of metrics, including patient satisfaction, safety, and financial performance. The dashboard is updated quarterly and is available online at https://www.ihs.gov/quality/national-accountability-dashboard-for-quality/.
17-181 Improving Oversight-Credentialing and Privileging

http://www.mdstaff.com/
To support quality efforts at IHS, the Partnership to Advance Tribal Health (PATH) supports best health care practices and other operational improvements for Indian Health Service federal government operated hospitals that participate in the Medicare program.

This initiative is funded by the Center for Standards and Quality at CMS.

Aims for PATH

1. Harm reduction
2. Improved compliance
3. Improved transitions in care
Partnership to Advance Tribal Health (PATH) - continued

– Premier HIIN will work on Harm Reduction
  • In partnership with CDC complete Targeted Assessment for Prevention (TAP) strategy for harm in IHS hospitals
  • Provide TeamSTEPPS training (train the trainer) to use as desired
    – TeamSTEPPS was developed by ARHQ and it is based on team structure and four teachable-learnable skills: Communication, Leadership, Situation Monitoring, and Mutual Support.

– HealthInsights will work on Improving compliance and transitions in care
  • Focus for FY2019 will be on ED wait times (median time check in to check out and left without being seen rate), discharge planning from EDs and hospitals, and Quality Assurance Performance Improvement (QAPI) in each of the IHS.
Improvement Capability Creation

• Quality Improvement Capacity Building
  – 1st Healthcare Improvement professional (HIP) course will be completed in March. The 15 participants will need to complete a project for certification.
  – Working on contract to continue HIP training and have a refresher course for staff who have completed an improvement advisor course.

• Improving Patient Care (IPC) Program
  – Developing an annual report for quality in IHS with HORNE Creative Group
    • Anticipate completion by end of March 2019.
  – PCMH Assessment sent out to all areas and ambulatory care facilities to complete
    • Currently have approximately 90% completion
    • Due Date for completion is end of February
    • Evaluation will be completed by contractor - anticipate result by end of April
17-181 Webcident Replacement

Datix provides a 360° view of your risk. Organizations benefit from:

- Comprehensive graphic dashboards to drill down into key information
- Complete patient safety risk workflow. All actions managed seamlessly
- Powerful, intuitive and comprehensive reporting capabilities
- A highly configurable system that creates workflows to reflect policies and procedures
- Implementation, training, managed services and consulting support
- Integration with existing healthcare systems

Patient Experience
Handle complaints, grievances and feedback to enable quality control and improve patient experience

Incident Reporting
Promote a culture of learning by recording, investigating and analyzing your incidents

Claims Management
Manage all stages of claims to keep finances on track, enabling in-depth and thorough analysis

Enterprise Risk Register
Protect and create value by prioritizing, managing and reducing the risks in your organization

Investigations
Conduct root cause identification, prioritize actions and view lessons learnt

Dashboards
Capture and view relevant information on your desktop with real-time dashboards

https://www.datix.co.uk/us/
## IHS Progress: Continual Accreditation Readiness

<table>
<thead>
<tr>
<th>Area</th>
<th>Service Unit</th>
<th>Accreditation Survey</th>
<th>Date</th>
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<tr>
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<td>TJC – Hospital Follow-up</td>
<td>January 22, 2019</td>
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<td>Bristol Bay Area – Kanakanak Hospital</td>
<td>CMS – Follow-up</td>
<td>January 10, 2019</td>
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16-333 Patient Wait Times

- IHS Strategic Plan - FY 2019-2023 established a goal and objective for access to care.
- Wait times standard established Aug. 2017 and aligns with the IHS Strategic Plan.
  - Wait times standard being updated to add ED flow measures to align with CMS measures.
  - NADQ establishes the goals needed to improve key aspects of quality.
- Developing system-wide measurement capacity.
- Data is already being used to improve wait times.
• Reviews were conducted at the Pine Ridge hospital to help identify and address areas of weakness that could hinder quality of care and compliance.

➢ First, an Area team review was conducted in preparation for the JCR review.

➢ Then, JCR conducted a five day review completed March 1st, anticipate written report by March 25th to identify areas needing to be addressed. JCR will be at Rosebud hospital next.

➢ A Title I contract review team was developed and will be onsite in March to review the EMS contract.
Great Plains Area Quality Activities

- Governing Body orientation and training is being developed.
- The Governing Body bylaws are being updated.
- Governing Body meetings are held quarterly at a minimum and onsite twice a year.
- Recruitment of leadership positions at the service units including CEO, and Deputy CEO positions, and Deputy CMO at the Area Office.
- A Data development team is being created.
- Coding support was provided from one service unit to another for enhanced revenue generation.
• Solicitation posted Feb. 22nd
• Closes Mar. 22nd

“(a) identify facts relating to IHS's policies and procedures regarding the reporting of allegations of sexual abuse of IHS patients by clinical staff; (b) identify any possible process or system failures and the contributing causes of any such process or system failures; and (c) make recommendations for improvement. See the attached Additional Terms and Conditions - Section C, for further details.”

https://www.fbo.gov/index.php?s=opportunity&mode=form&id=4888d95d5e18ac2d9feb421c164c2f0a&tab=core&_cview=0
• **Mission:** To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

• **Vision:** Healthy communities and quality health care systems through strong partnerships and culturally responsive practices.

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**Access**

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

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**Quality**

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

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**Management and Operations**

Goal 3: To strengthen IHS program management and operations.
Relationship-Based Care

Culture is everything. Relationship-Based Care (RBC) is an operational blueprint for improving safety, quality, the patient experience, employee engagement, and financial performance. RBC advances the culture of health care organizations...

https://chcm.com/solutions/#organizational-excellence