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)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE

Approved:

Date:

PRINCIPAL DEPUTY DIRECTOR
Michael D. Weahkee

DEPUTY DIRECTOR
Chris Buchanan

DEPUTY DIRECTOR FOR MANAGEMENT OPERATIONS
Christopher Mandregan
(Acting)

CHIEF MEDICAL OFFICER
Michael Toedt

DEPUTY DIRECTOR FOR QUALITY HEALTH CARE
Jonathan Merrell

DEPUTY DIRECTOR FOR INTERGOVERNMENTAL AFFAIRS
Benjamin Smith

DEPUTY DIRECTOR FOR FIELD OPERATIONS
Kevin Meeks

CHIEF OF STAFF
Brandon Taylor

(GA)

OFFICE OF TRIBAL
SELF-GOVERNANCE

DIRECTOR
Jennifer Cooper

(GAA)

OFFICE OF DIRECT SERVICE
AND CONTRACTING TRIBES

DIRECTOR
Roselyn Tso

(GAB)

OFFICE OF URBAN INDIAN
HEALTH PROGRAMS

DIRECTOR
Rose Weahkee
(Acting)

(GAC)

OFFICE OF CLINICAL
AND PREVENTIVE
SERVICES

DIRECTOR
Angela Fallon
(Acting)
(GAF)

OFFICE OF
INFORMATION
TECHNOLOGY

DIRECTOR
Mitchell Thornbrugh
(Acting)
(GAG)

OFFICE OF PUBLIC
HEALTH SUPPORT

DIRECTOR
Francis Frazier

(GAH)

OFFICE OF
RESOURCE ACCESS
AND PARTNERSHIPS

DIRECTOR
John Rael

(GAJ)

OFFICE OF FINANCE
AND ACCOUNTING

DIRECTOR
Ann Church
(Acting)
(GAK)

OFFICE OF
MANAGEMENT
SERVICES

DIRECTOR
Athena S. Elliott

(GAL)

OFFICE OF
ENVIRONMENTAL
HEALTH AND
ENGINEERING

DIRECTOR
Gary Hartz

(GAM)

OFFICE OF
HUMAN RESOURCES

DIRECTOR
Lisa Gyorda

(GAN)

OFFICE OF
QUALITY

DIRECTOR
Juliana Sadovich

(GAP)

ALASKA
AREA OFFICE

DIRECTOR
Evangelyn Dotomain
(Acting)
(GFB)

ALBUQUERQUE
AREA OFFICE

DIRECTOR
Leonard Thomas

(GFC)

BEMIDJI
AREA OFFICE

DIRECTOR
Richard Gerry
(Acting)
(GFE)

BILLINGS
AREA OFFICE

DIRECTOR
Dorothy Dupree

(GFF)

CALIFORNIA
AREA OFFICE

DIRECTOR
Beverly Miller

(GFG)

GREAT PLAINS
AREA OFFICE

DIRECTOR
James Driving Hawk
(Acting)
(GFA)

NASHVILLE
AREA OFFICE

DIRECTOR
Beverly Cotton

(GFH)

NAVAJO
AREA OFFICE

DIRECTOR
Brian Johnson
(Acting)
(GFJ)

OKLAHOMA CITY
AREA OFFICE

DIRECTOR
Travis Watts

(GFK)

PHOENIX
AREA OFFICE

DIRECTOR
Ty Reidhead

(GFL)

PORTLAND
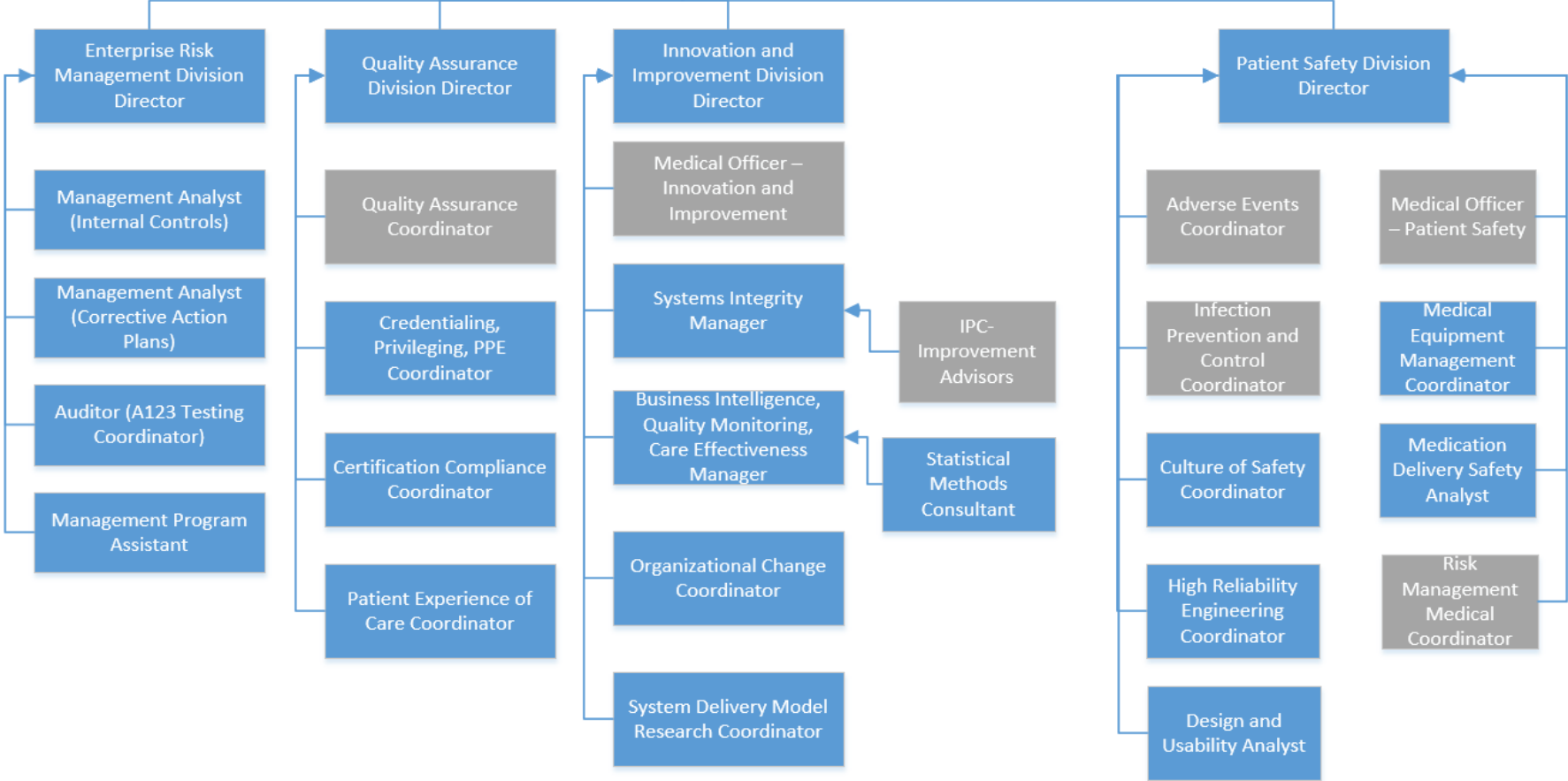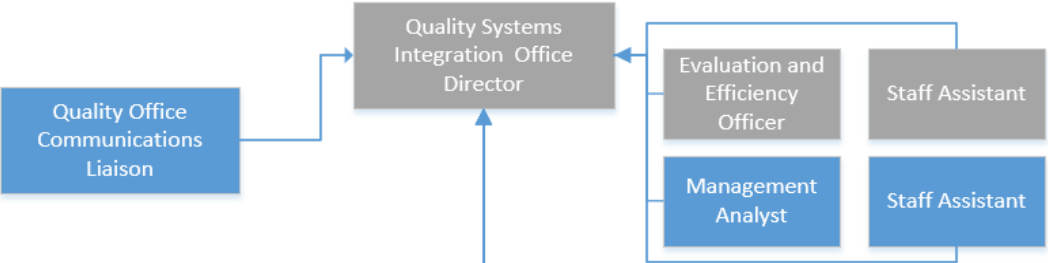AREA OFFICE

DIRECTOR
Dean Seyler

(GFM)

TUCSON
AREA OFFICE

DIRECTOR
Dixie Gaikowski

(GFN)

IHS Office of Quality Health Care

Quality Systems Integration Office Director

Quality Office Communications Liaison

Evaluation and Efficiency Officer

Staff Assistant

Management Analyst

Staff Assistant

Enterprise Risk Management Division Director

- Management Analyst (Internal Controls)
- Management Analyst (Corrective Action Plans)
- Auditor (A123 Testing Coordinator)
- Management Program Assistant

Quality Assurance Division Director

- Quality Assurance Coordinator
- Credentialing, Privileging, PPE Coordinator
- Certification Compliance Coordinator
- Patient Experience of Care Coordinator

Innovation and Improvement Division Director

- Medical Officer – Innovation and Improvement
- Systems Integrity Manager
- Business Intelligence, Quality Monitoring, Care Effectiveness Manager
- Organizational Change Coordinator
- System Delivery Model Research Coordinator

IPC-Improvement Advisors

Statistical Methods Consultant

Patient Safety Division Director

- Adverse Events Coordinator
- Medical Officer – Patient Safety
- Infection Prevention and Control Coordinator
- Medical Equipment Management Coordinator
- Culture of Safety Coordinator
- Medication Delivery Safety Analyst
- High Reliability Engineering Coordinator
- Risk Management Medical Coordinator
- Design and Usability Analyst

17-181 Improving Oversite – National Accountability Dashboard for Quality (NADQ)

17-181 Improving Oversite-Credentialing and Privileging

http://www.mdstaff.com/
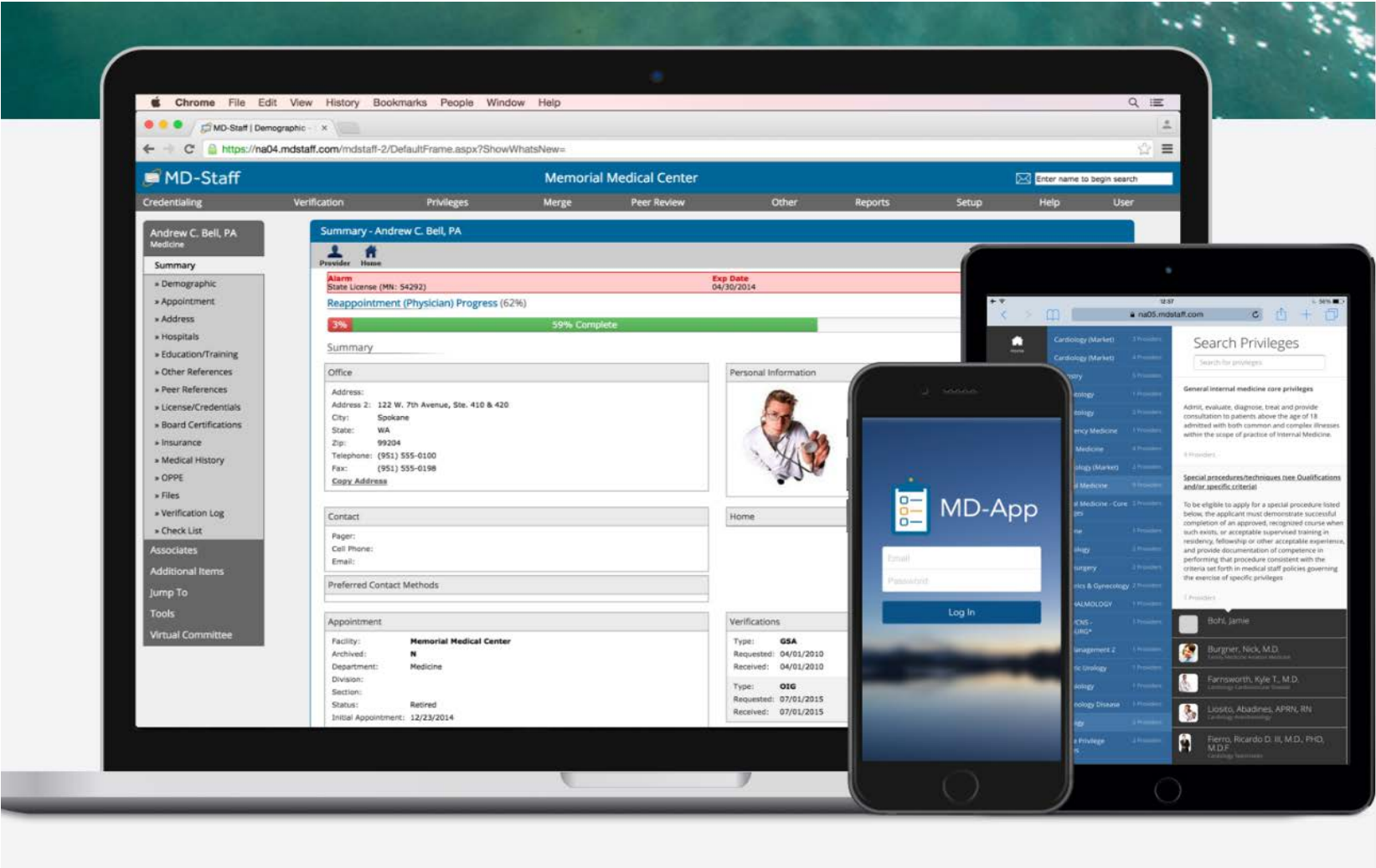
Partnership to Advance Tribal Health (PATH)

- 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

Patient safety software for healthcare risk management

Datix — Software for Patient Safety

We aim to build and promote a culture of safety within healthcare organizations

Datix has been a global pioneer in the field of patient safety since 1986 and today is the leading supplier of software for patient safety, risk management, and incident reporting for healthcare.

We continually invest in our software and services to ensure we are at the forefront of the worldwide patient safety movement.

110,000,000 Patients protected

20,000 International sites

550 Global customers

30 Years experience

Offices In the US, Canada & UK

155 North Wacker Drive, Suite 1930, Chicago, IL 60606
T 312-724-7776   E info@datixusa.com
www.datixusa.com

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

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

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

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

Area	Service Unit	Accreditation Survey	Date
Albuquerque	Acoma-Canocito-Laguna Service Unit Indian Hospital	TJC – Hospital Follow-up	January 22, 2019
	Jicarilla Service Unit	AAAHC - PCMH	January 17-18, 2019
	Mescalero Indian Hospital	TJC – Hospital	January 28-31, 2019
	Zuni Indian Hospital	TJC – Hospital Follow-up	January 23, 2019
Navajo	Shiprock – Northern Navajo Medical Center	TJC – Lab	January 28, 20189
	Gallup Indian Medical Center	TJC – Hospital Follow-up	January 25, 2019
Tribal	Tuba City Regional Hospital	TJC – Lab	January 23-25, 2019
	Tuba City Regional Hospital	TJC – Hospital	January 28-31, 2019
	Bristol Bay Area – Kanakanak Hospital	CMS – Follow-up	January 10, 2019

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 established Feb. 2018.

  - 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.

Great Plains Area Quality Activities

- 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.

Medical Quality Assurance Review

- 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

IHS Strategic Plan FY 2019-2023

- **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.

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.

Quality

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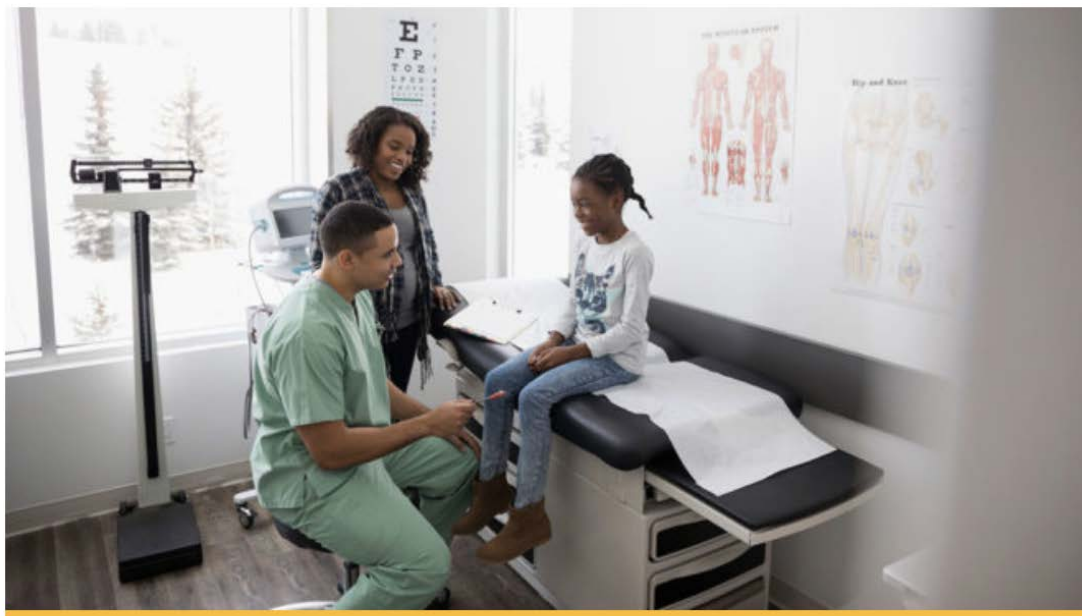

Management and Operations

Goal 3: To strengthen IHS program management and operations.

Indian Health Service

Update for Next Meeting

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...