

# Great Plains Overview

October 2-3, 2018

Direct Service Tribes Advisory Committee

# Objectives

- Office of Quality Update
- Facilities
- Accreditation Status
- Joint Commission Preparedness
- Infection Control Activities

# Quality Office Update

- The Quality Office staffing plan calls for 39 staff for 4 divisions
- To date the Quality Office staff is
  - Office Director - Juliana Sadovich PhD - start date November 2017
  - QA Coordinator - Lisa Majewski PhD - start date July 2018
  - IPC Team - from OCPS
    - Kent Jeanotte - Staff Assistant
    - Susan Anderson MBA - Improvement Advisor
    - Ben Feliciano RN - Improvement Advisor
    - CDR Deborah Winbush DNP - Quality measures
  - Priority Hires for FY2018 and FY2019
    - Credentialing Coordinator
    - Division Director Patient Safety
    - Division Director Innovation and Improvement
    - Evaluation Officer
    - Infection Prevention Coordinator

# Quality Updates

- **Learning Infrastructure - Connections**
  - Supportive learning infrastructure for IHS, Tribal and Urban Indian (I/T/U) Programs
  - The Quality Portal provides the IT foundation
  - Supports peer-to-peer QI across the entire I/T/U community
  - Resource for sharing information with colleagues and consulting subject matter experts about quality assurance, patient safety, quality improvement, and PCMH implementation
  - Provides training resources and tools to support quality assurance, patient safety, quality improvement, and PCMH implementation, including a Community Exchange area to support information sharing and knowledge exchange.
- **Quality Improvement Capability Building**
  - Health Care Improvement Professionals Workshop
    - Develop skilled health care improvement professionals within IHS at HQ, Area Offices and facilities.

# Quality Updates

- **Building quality assurance capacity**
  - Developing access to the Joint Commission and AAAHC resource materials
  - Developing mock survey capability both internally and external resources
- **Credentialing software implementation**
  - MD Staff is the new software - all area have the software
  - Help desk access is available
  - Developing process standards for use

# Contracts

- Proposed New Contracts
  - Consultation for peer review and medical staff development
  - Consultation for strategic planning, Quality Office systems design, and technical assistance
- Proposed Reimagine HHS contract task
  - Evaluation of IHS to meet future requirements, systems evaluation and recommendations including alternative care model evaluation
  - QA system evaluation, recommendations for QA system, and specific training and workshops for QA skill and capability development

# Great Plains Area IHS Facilities

- 5 Hospitals
  - Rosebud Service Unit (SU) Rosebud Hospital
  - Pine Ridge Su - Pine Ridge Hospital
  - Cheyenne River Health Center - Eagle Butte Hospital
  - Standing Rock SU - Fort Yates Hospital
  - Turtle Mountain SU - Quentin N. Burdick Memorial Health Care Facility
  - Rapid City - Sioux San - Plan to change to Ambulatory Care
- 5 Ambulatory Care Facilities
  - Fort Thompson Service Unit
  - Lower Brule Service Unit
  - Woodrow Wilson Keeble Memorial Health Center
  - Yankton Su - Wagner

# Accreditation Update - Hospital

- Rosebud Service Unit (SU) Rosebud Hospital
  - CMS survey August Working on Corrective Action Plan accepted on 9/28/18 - Extended date to Nov 26, 2018 - Planning for CMS revisit between now and November 26, 2018
  - Gap analysis Spring April 10-12, 2018
- Pine Ridge SU - Pine Ridge Hospital
  - JCR mock survey April 17-19, 2018
    - Further consultation has been provided
  - Discussions in progress to have JCR readiness survey for reaccreditation in Feb 2019
  - Sept 4-6 Dennis Hale - CHSP life safety EOC,
  - Review of other GAP findings from April 2018
- Cheyenne River Health Center - Eagle Butte Hospital
  - TJC Accreditation 2017
- Standing Rock SU - Fort Yates Hospital
  - TJC Accreditation 2017
- Turtle Mountain SU - Quentin N. Burdick Memorial Health Care Facility (Belcourt)
  - TJC Accreditation 2016



# Accreditation Update - Ambulatory Care

- Rapid City - Sioux San - Designated as a hospital
  - Moving toward an ambulatory status and AAAHC and PMCH
  - Staff have received AAAHC training
- Fort Thompson Service Unit
  - AAAHC working on PCMH designation 2019
- Lower Brule Service Unit
  - AAAHC with PCMH certification May 7, 2018
- Woodrow Wilson Keeble Memorial Health Center - Sisseton
  - TJC working on PCMH
- Yankton SU - Wagner
  - AAAHC with PCMH certification May, 2018

# JCR Activities

- Trainings that have taken place for accreditation readiness include
- 4/10/18 - 4/12/18 Rosebud Hospital TJC Mock Survey
- 4/17/18 - 4-19-18 - Pine Ridge Hospital TJC Mock Survey
- 5/1/18 - 5/4/18 - Pine Ridge Hospital CMS CoP Mock Survey
- Follow - up independent consultation at PRSU:
  - Prioritize GAP analysis findings (May 8-25, 2018)
  - Life safety evaluation prior to reopening of OR (June 20, 2018)
  - Review of medical staff bylaws (June 19-22, 2018)
  - Perform evaluation for Critical Access Hospital evaluation (initiated 7/24/18 and evaluation remains in process)
  - Planning for upcoming reevaluation of GAP analysis corrections

# JCR Activities

- Trainings that have taken place for accreditation readiness include
  - Turtle Mountain SU - Belcourt Hospital has task order (7/30/18) for Mock Survey
  - Cheyenne River SU - Eagle Butte Hospital has task order (7/10/18) for upcoming Lab Survey
  - Woodrow Wilson - Sisseton has task order (7/31/2018) for Mock Survey

# Rosebud Gap Analysis Reports (04/2018)

- Rosebud High Risk Findings (according to the SAFER Matrix)
  - EC.02.05301 EP 15 - Environment of Care- Air Exchange in OR, Ventilation in Central Sterile Dept.
  - IC.02.01.01 EP1 - Implementation of Infection Control Plan and staff education
  - IC.02.02.01 EP 2 - High-level Disinfection and Sterilization processes
  - PC.01.02.03 EP 4 - Documentation of H&P prior to procedures
  - UP.01.03.01 EP1 - Time out prior to procedure
  - NPSG.15.01.01. EP2 - National Patient Safety Goals - Labeling specimens, suicide assessment, time out for procedures
  - PC.01.02.03 EP 4 - History and Physical prior to procedure and documented
  - RC.02.01.03 EP 3 - Procedure note addressing key elements of procedure

# Rosebud Gap Analysis Reports (04/2018)

- Moderate Risk
  - Ligature Risks - performing risk assessment
  - Environment of Care - staff knowledge on EOC roles and responsibilities
  - Updating policies to guide staff in delivering quality, safe, and evidence based patient care
  - Life Safety - Unsealed ceiling penetrations
  - Peer Review for telehealth providers
  - Fall risk assessment - not age appropriate

# CMS Survey August 2018

- Areas of focus for improvement
  - EMTALA Policy updates
  - Suicide risk assessment
  - Increased access to behavioral health telemed
  - Policy review of patient rights to provide safe care in facility
  - Quality Plan revised to include monitoring of Utilization Review, Discharge Planning, Central Sterile
  - Radiology Department
    - Peer review for Radiology providers
    - Contract for physicist for radiology safety monitoring
  - Utilization Review
    - Revised plan and including multidisciplinary approach, including medical staff involvement

# Rosebud Improvement Activities

- Created a TJC Readiness plan
  - Action Plan with sustainability plan identified once improvements were completed
- Quality Improvement Activities
  - Rounding for EOC and patient safety
  - Utilization Review
- Peer Review Process
- Updating sterilization policies
- Updated EMTALA Policies

# Rosebud Improvement Activities

- Maintenance of overall hospital environment.
  - Weekly environmental rounds
  - Housekeeping with cleaning checklists (including weekly cleaning of unoccupied rooms)
- Infection Control
  - Repair of penetrations into facility
  - Air quality assessment
  - Sterilization process improvement
  - Legionella Policy updates



# Pine Ridge GAP Analysis (6/2018)

- High risk areas:
  - MS.06.01.05 EP 2 - Peer Review, the process and completing files
  - MS.06.01.05 EP 4 - Noncore Privileges - develop privileges for sedation
  - MS.06.05.05 EP 9 - Medical Staff Oversight of Privileging - need to increase attention to detail for credentialing and privileging processes
  - MS.06.01.07 EP 8 - Governing Body oversight of Credentialing and Privileging
  - IC.02.02.01 EP 2 - Sterilization in Dental

# Pine Ridge Gap Analysis (6/2018)

- Moderate Widespread Risk:
  - HR.01.04.01 EP 3 - Provider orientation with education on infection prevention and control
  - MS.03.01.01 EP 4 - Medical staff leadership in patient safety related activities
    - Including reporting of quality metrics and accountability process
  - MS.06.01.05 EP 8 - Creating a process for written information for peer references
  - MS.08.08.01 EP2 - Recommended clearly defined measures to resolve clinical quality and behavioral issues through performance evaluations
  - MS.08.08.01 EP5 - Identifying triggers for focused evaluation
  - MS.08.08.03 EP3 - Re-privileging - creating an established method for provider reappointment
- Moderate Pattern Risk
  - EC.02.02.01 EP4 - Eyewash stations installed in high risk areas and follow OSHA requirements
  - LD.04.03.09 EP 4 - Clinical Contracts - performance metrics and quality program
  - MS.01.01.01 EP 26 - Re-Credentialing Process for providers to be included in medical staff bylaws
  - MS.13.01.01 EP 1 - Telemedicine Privileges - create criteria for privileges of telemedicine providers

# Pine Ridge Emergency Management Review

- Priority areas identified for Emergency Operations Plan (EOP):
  - EOP written plan addresses critical areas - recommended leadership involvement
  - Complete emergency response guides specific to the organization
  - Provide plan for self support for 96 hours in case of emergency
    - Including recovery strategies
  - Need to conduct required emergency exercises implementing HICS
- Completed Improvement from initial Mock Survey
  - Hospital Incident Command Structure (HICS) with Job Action Sheets - completed in electronic and printed versions

# Pine Ridge Focused Review (June 19-29, 2018)

- Focused review for high risk areas noted in GAP analysis related to medical staff: peer review, credentialing, privileging and ongoing professional practice evaluation
  - Opportunities for improvement
    - Increased oversight of medical staff by the Governing Body
    - Improve implementation of credentialing privileging and oversight of providers
    - Improve availability and completeness of credentialing/privileging files
    - Follow established process for re-credentialing
    - Increasing medical staff leadership in patient safety activities at the organization

# Infection Control Activities

- Trainings for Infection Control standards include
  - November 2016 CDC IC training and follow up in 2017
  - Attempting to increase capacity of IC knowledge by sending staff to APIC
    - Rosebud
      - Pharmacist
      - Nurse Educator
    - Pine Ridge
      - Pharmacist
      - Lab
    - APIC 101 and 102 training modules in preliminary courses - intro to IC for GPA hospitals

# Infection Control Activities

- Policy Revisions:
  - Sterilization
  - Legionella and Water Management
    - Including completing risk assessment

# Employee Health Data Base - New Created

- The Employee Health data base is an Area Wide program that has been deployed to PRSU and Rosebud with others pending
- Rosebud has also created a software program that lives on area server and uses Microsoft Access database to help improve employee health to view health reports on staff for hepatitis vaccine series, Flu shots, TB skin testing

# Conclusion

- Numerous survey accreditation activities are ongoing at all the IHS Service Units in the GPA
- Service Unit, Area and Headquarters staff are assisting in preparation for accreditation and re-accreditation
- There remains continual improvement activities in all the facilities in the GPA



# Challenges

- \*Staffing with Federal providers and behavioral health staff continues to be a major challenge for GPA.
- \*Behavioral Health Patients in the ED is a major concern for GPA. Having staff and facility, plus transportation is a challenge.
- \*ED expansions are needed at all our hospitals
- \*Trying to come up with funding for an area accreditation team for continual survey readiness

# Final Thoughts and Questions