

# Navajo Area Quality Program

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DIRECT SERVICE TRIBES NATIONAL MEETING

JULY 30-31, 2019

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# Navajo Area Quality

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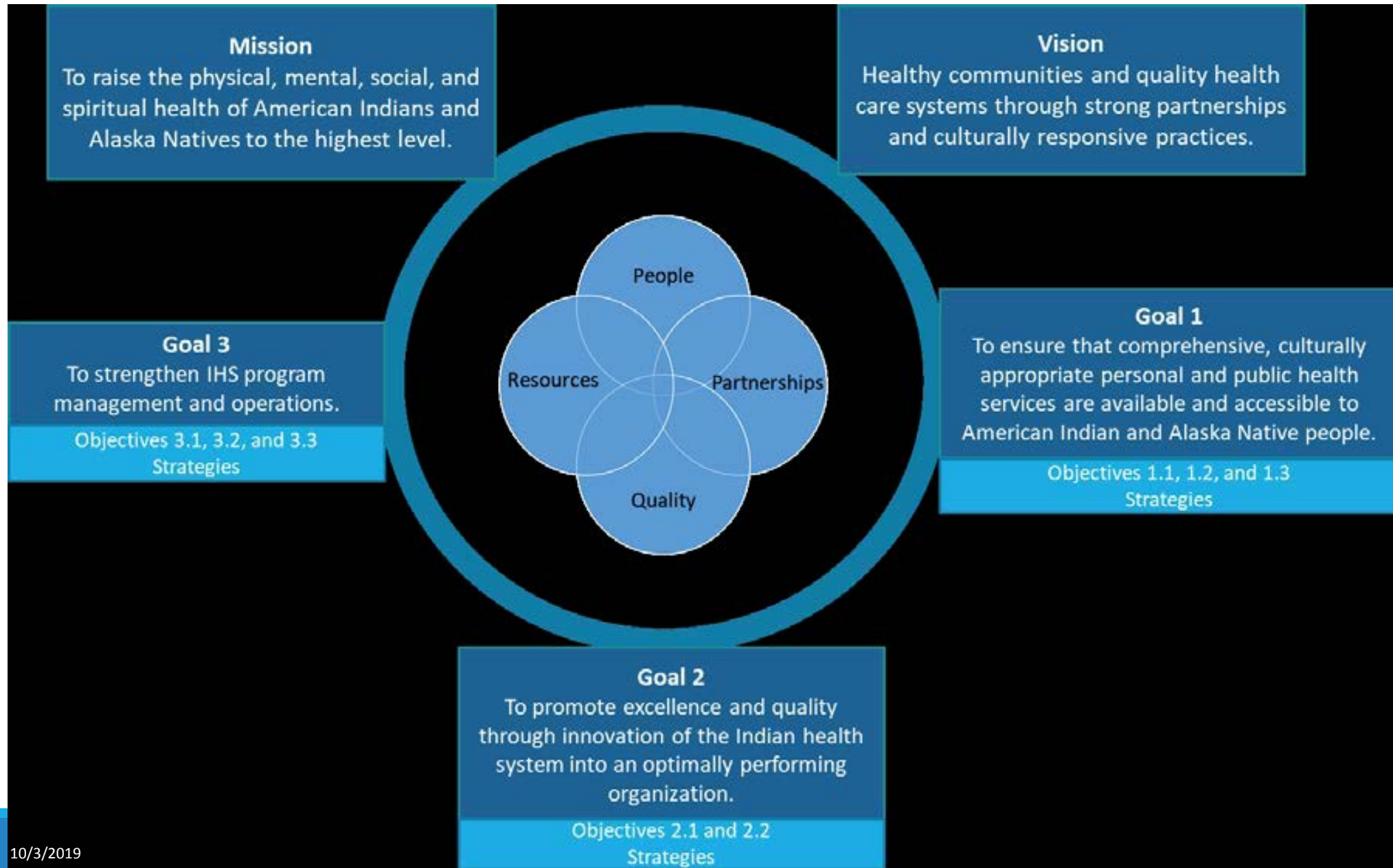
- ❖ Strategic Quality
- ❖ Accreditation
- ❖ Quality Oversight
- ❖ Standardization

# Strategic Quality Teams

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- ❖ Multidisciplinary groups across Navajo Area
- ❖ Each team has a charter
- ❖ Each team sets goals and measures
- ❖ Teams meet quarterly
- ❖ Navajo Area meeting is held annually where these teams report
- ❖ Quarterly reports to the Navajo Area Quality Department

# IHS Strategic Plan



# IHS Strategic Plan 2019-2023

## Navajo Area Quality

<b>Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people.</b>	<b>Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.</b>	<b>Goal 3: To strengthen IHS program management and operations.</b>
Emergency Department	Quality	Human Resources
Population Health	Patient Safety	<i>Finance</i>
PCMH/Transition of Care	Infection Prevention and Control	<i>Acquisitions</i>
	Life Safety	<i>Information Technology</i>
	Emergency Management	

# Accreditation

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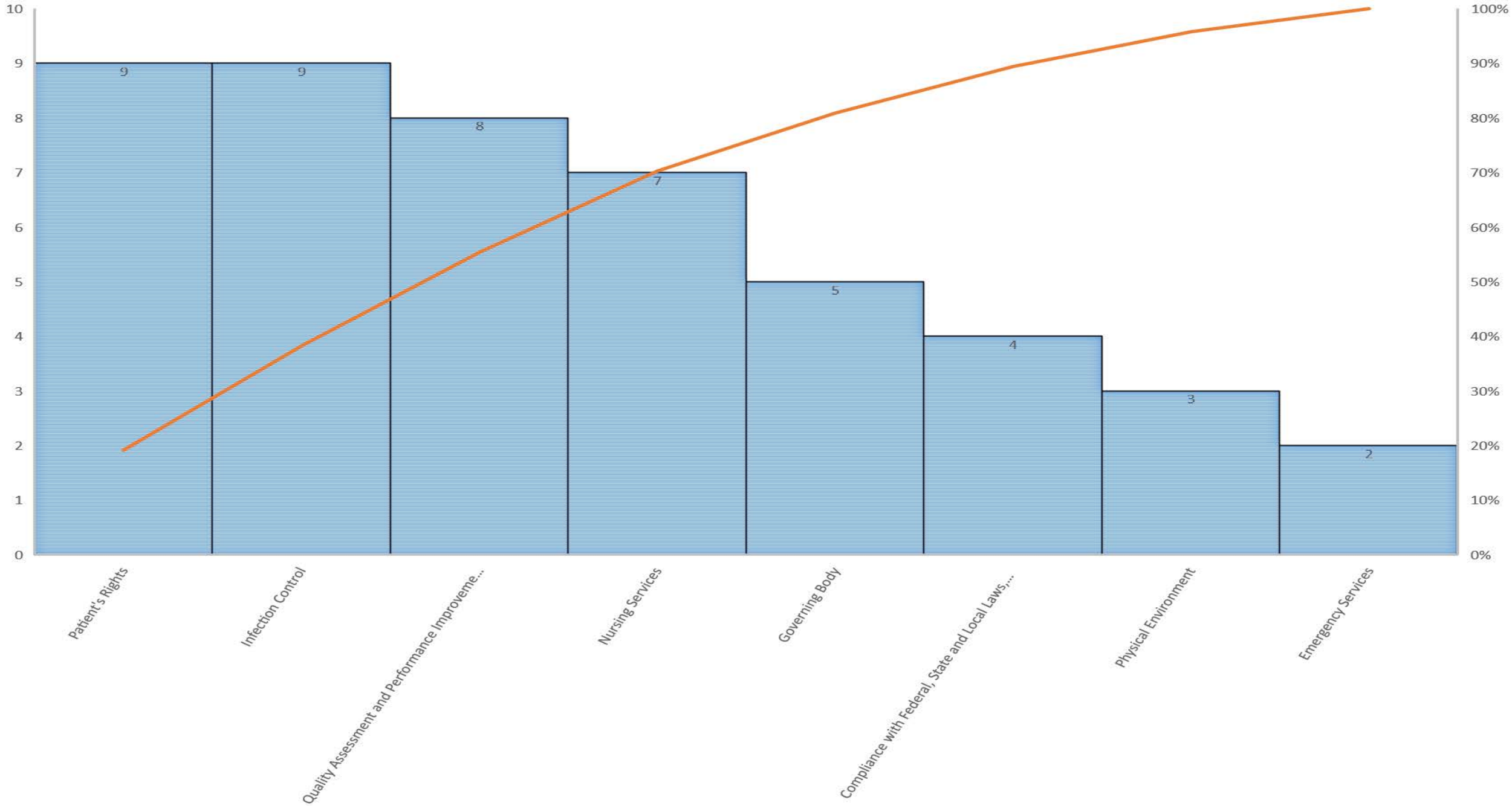
- ❖ Strike Team Mock Surveys
  - ❖ Surveys done annually and as needed
  - ❖ Have other agencies perform surveys
- ❖ Tracer rounds
- ❖ Continuous readiness

# Navajo Area Strike Team

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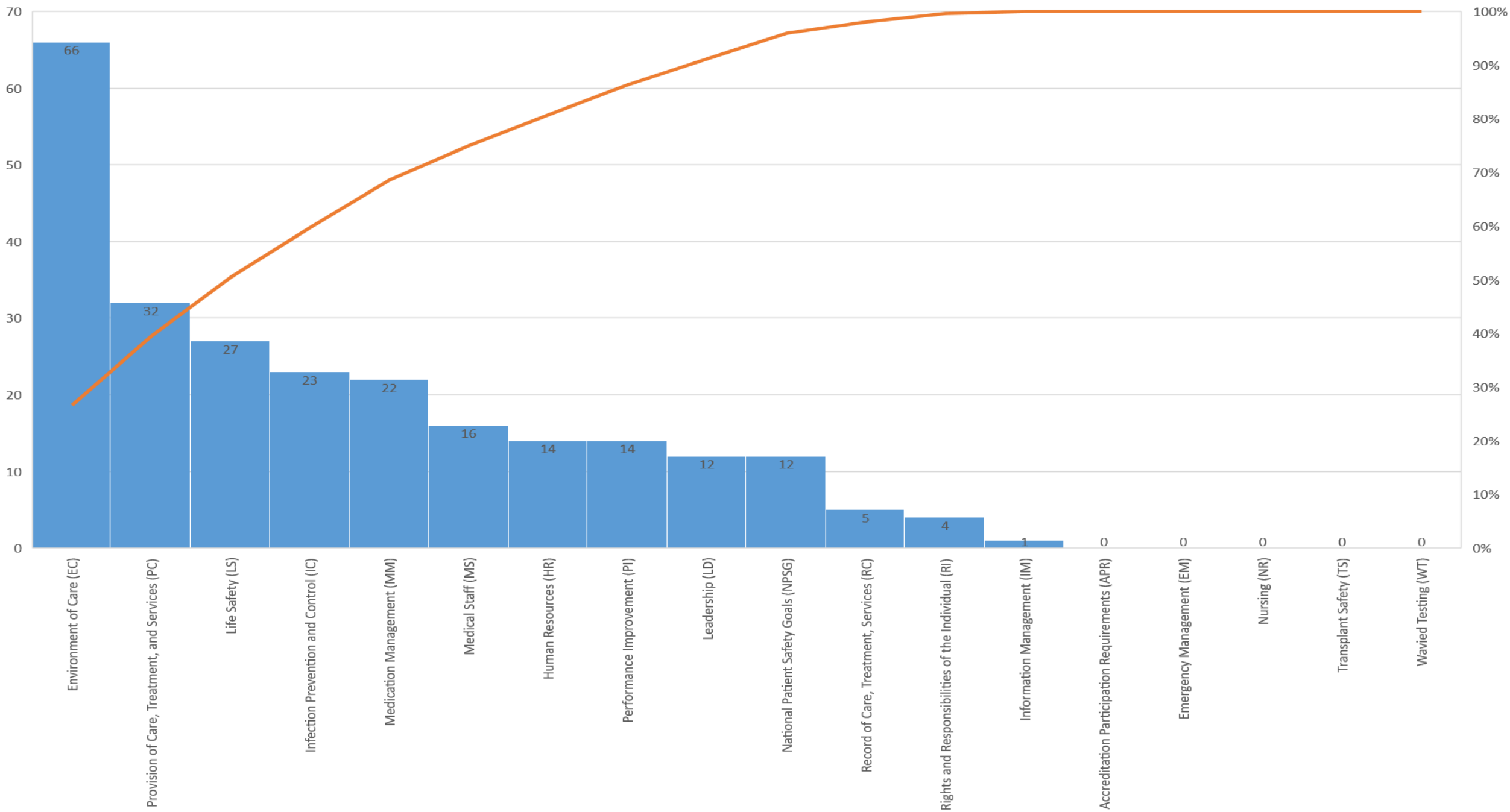
- ❖ Navajo Area Quality Staff
- ❖ Quality Managers from the service unit
- ❖ Infection Control
- ❖ Area Dental Consultant
- ❖ Safety Officers
- ❖ Facilities engineer

# FINDINGS BY CMS CHAPTERS FOR GALLUP SERVICE UNIT





# Findings by Joint Commision Chapters for Chinle, Crownpoint, and Shiprock Service Units



# Quality Oversight

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- ❖ Tracking metrics
- ❖ Watching for trends in the data
- ❖ Education

## Indicators

Hospital	Medical Staff	Nursing	Quality	HIM	Administration
<ul style="list-style-type: none"> <li>▪ ED Door to Provider (Average in minutes)</li> <li>▪ ED Time to Transfer (Average in minutes)</li> <li>▪ ED LWOBS (%)</li> <li>▪ 72- hour Return for same condition</li> <li>▪ Patient transfers - # of</li> <li>▪ EMTALA-compliant transfers (% of all transfers)</li> <li>▪ # Deliveries</li> <li>▪ Number of Outpatient Visits</li> <li>▪ Number of Admissions</li> <li>▪ WebCident (incident) Categories</li> </ul>	<ul style="list-style-type: none"> <li>▪ ER Length of Stay</li> <li>▪ Peer Review</li> <li>▪ Trauma Review</li> <li>▪ SANE Chart Review</li> <li>▪ ED Death Review</li> <li>▪ Inpatient Death Review</li> <li>▪ Behavioral Health</li> <li>▪ Admit to Inpatient Time</li> <li>▪ ED Door to Provider (Median in minutes)</li> <li>▪ ED Time to Transfer (Average in minutes)</li> <li>▪ Code Blue Reviews</li> <li>▪ Transfers within 24 hours of admission</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fall Rate (per 1,000 days)</li> <li>▪ Restraint Use</li> <li>▪ Turnover Rate - Nurse</li> <li>▪ Turnover 1st Year - Nurse</li> <li>▪ Check-In to Check-Out time (Avg. Min.)</li> <li>▪ No-Show Rate</li> <li>▪ Case Management- RCIS Referrals Completions</li> </ul>	<ul style="list-style-type: none"> <li>▪ CMS Hospital Compare</li> <li>▪ Inpatient Overall Patient Satisfaction</li> <li>▪ Hospital Outpatient Overall Patient Satisfaction</li> <li>▪ ED Overall Patient Satisfaction</li> <li>▪ GPRA Measures</li> <li>▪ Risk Management</li> <li>▪ Initiated Root Cause Analyses</li> <li>▪ Root Cause Analyses - % Risk Reductions Implemented</li> <li>▪ NQF Serious Reportable Events</li> <li>▪ Healthcare Associated Infections Rate (NHSN Measures)</li> <li>▪ Hand hygiene compliance</li> <li>▪ Grievances received</li> <li>▪ Grievances unresolved (%)</li> <li>▪ Safety</li> <li>▪ Patient Safety and Quality Indicators</li> <li>▪ WebCident reports</li> <li>▪ Patient Safety Investigations - % Resolved</li> <li>▪ Fire Drills</li> <li>▪ Safety Rounds</li> <li>▪ EM Exercises</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coding Completion Timeline</li> <li>▪ Consent Compliance Rate</li> <li>▪ Deficiency Rate - Inpatient - Outpatient - Surgery</li> </ul>	<ul style="list-style-type: none"> <li>▪ Turnover Rate - All</li> <li>▪ Turnover Rate - Nurse</li> <li>▪ Turnover 1st Year - All</li> <li>▪ Turnover 1st Year - Nurse</li> <li>▪ Employee Engagement Score</li> <li>▪ Time from position becoming vacant to fill (Avg Days)</li> <li>▪ Time From Posting to Fill (Avg Days)</li> <li>▪ Open Positions</li> <li>▪ Management Vacancies</li> </ul>

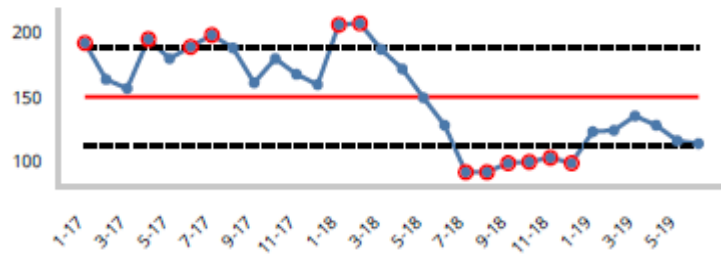
# Quality Dashboards

	Name	Description	Goals	D	N	Data Source	Data Owner
Finance	PRC Fund Status	What's going in, what's going out - amount obligated, projected balance and time left in the year (weeks)		YTD amt obligate	# of weeks remaining	FY Fund Status report	
	PRC Backlog	PRC referrals approved and awaiting appointment, separated by IHS, MCR and Private		# of referrals	# awaiting appointment		
	Provider Contract Obligated Funds	\$ using for contracted providers - compare to previous fiscal year					
	Third Party Collections	Total dollar amount each month for all third party collections					
Customer Service	ER Arrival to Departure for discharged patients	Median ER arrival to departure time	< 120 min				
	Community Health Learning Activities/Interactions	Number of hospital staff provided learning activities for the community	1				
	Patient Care Experience Survey	*getting kiosks, start 2019					
Administrative Prod	Recruitment and Retention	Vacancy Rate/turnover rate					
	Provider Productivity	Number of visits and number of RVUs					
	No Show rates	Manual calculation by nursing	# of appointments	# of no-shows			
Quality	ER Discharge Planning	Aim 3 - Patients receiving discharge plan	100%	# of discharged patients	# of discharged patients who received a discharge plan		
	LWBS rate	Aim 3	< 4%				
	GPRA	# of measures meeting, wait until FY 2019 goals are set					
Patient Safety	Opioid Management	% of Opioid Prescriptions Total MMEs prescribed		opioid RX	total RX		
	Harms data	Reported incidents					
	Blood transfusions	% of blood transfusion reviews % adverse reactions/outcomes	100%				
	Patient Access	% of patients receiving an within 28 days of request		appts in 28 days	appts requested		

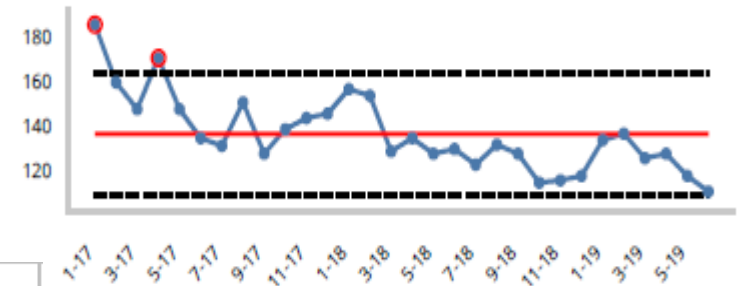
# Tracking Measures

Median Time from arrival to departure in the ED

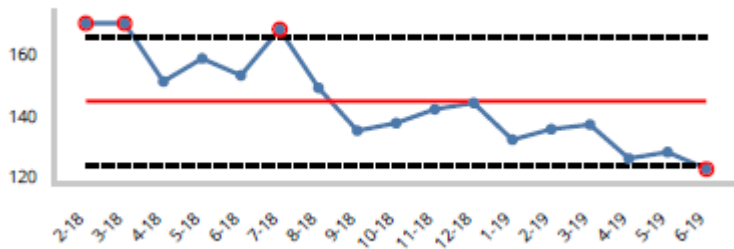
### Shiprock (NNMC)



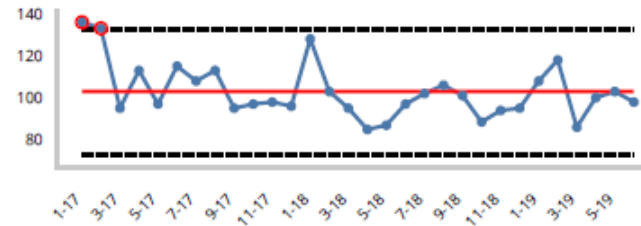
### GIMC



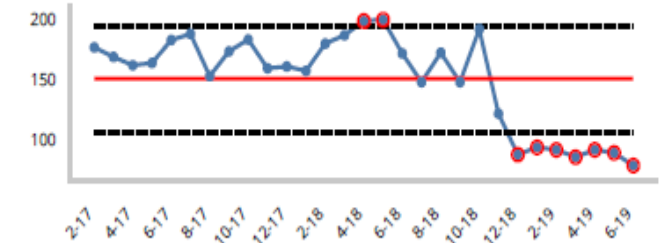
### Chinle



### Kayenta



### Crownpoint



# Education

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- ❖ Just Culture
- ❖ TeamStepps
- ❖ Quality
  - ❖ Quality 101
  - ❖ Accelerated Model for Improvement
  - ❖ Root Cause Analysis
  - ❖ Quality Tools
- ❖ Joint Commission Training
  - ❖ Life Safety and Environment of Care
  - ❖ EMTALA and Emergencies
  - ❖ Hospital Compliance

# Standardization

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- ❖ Standard Policies across Navajo Area
- ❖ Templates for Quality Reporting
- ❖ Standard risk assessments
- ❖ Standard plain language codes for emergencies

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QUESTIONS?







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Thank you!