

Indian Health Service

Update on Internal Review of Historical Allegations of Sexual Abuse by Former Provider

The Indian Health Service (IHS) is committed to ensuring a culture of quality, leadership, and accountability. The Agency prioritizes a workforce that is dedicated, caring, competent, and trustworthy. Protecting our patients is a key element of delivering quality care. Principal Deputy Director RADM Michael Weahkee has made it a top priority to ensure that the IHS is doing everything it can to protect patients in our care from abuse and to hold accountable anyone who has abused patients or failed to protect them.

As noted in a December 2019 report by the Office of Inspector General (OIG), IHS has made significant progress towards correcting many of its historical problems. However, more work remains to be done. The Agency plans to continuously improve management oversight and compliance at all levels of the IHS. Below is a list of specific reforms and corrective actions IHS has implemented in the last year.

Recent Agency Actions Taken to Improve Patient Safety and Agency Accountability

- **January 2019:** Formally established the IHS Office of Quality at IHS Headquarters (HQ).
- **February 2019:** Strengthened existing policies by issuing a new *Indian Health Manual* (IHM) chapter entitled, “Protecting Children from Sexual Abuse by Health Care Providers,” which provides guidance specific to provider interactions with children.
- **August 2019:** Initiated mandatory annual training of all IHS employees and contractors on protecting children from sexual abuse and how to identify and report allegations of child sexual abuse.
- **November 2019:** Established the Quality Assurance Risk Management Committee (QARMC) to provide senior level oversight and management of complex, adverse patient safety events and administrative matters involving fraud, waste, abuse, and employee misconduct within IHS-operated hospitals and clinics; and perform Agency-wide clinical and administrative risk management to identify systematic changes needed to improve the quality of health care services and IHS-operated hospitals and clinics.

The QARMC is a component of the overall Enterprise Risk Management governance structure and is intended to ensure enterprise-wide accountability and effectiveness of those internal and external reporting systems, necessary management responses, and swift and effective corrective action.

- **December 2019:** Initiated development of a policy addressing patient abuse generally and misconduct by all IHS employees and others in IHS facilities.

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- **January 2020:** Established a national compliance program in the immediate Office of the IHS Director. Assigned an experienced senior executive to lead the development of the national compliance program on a full-time basis.
- **February 2020:** Developed a robust review plan and protocol for completion of IHS HQ oversight reviews of each IHS Area, scheduled to begin in March 2020. All IHS Areas are scheduled to be reviewed by January 2021, with annual reviews to be conducted each year thereafter for each IHS Area. Topics of the 2020 IHS HQ oversight reviews include governance of IHS hospitals, credentialing and privileging of IHS providers, reporting of adverse and high risk events, accreditation reviews and corrective action plans, pharmacy management controls, and management of the purchased/referred care (PRC) program. Topics for each subsequent year will be revisited based on high risk areas.

Planned Actions to Improve Patient Safety and Agency Accountability

Broaden IHS policies.

IHS policies will be broadened to include all types of abuse and victims, as well as all perpetrators (regardless of their position at IHS).

Implement policies consistently across all Areas/facilities.

Agency policies must be implemented consistently within IHS facilities. Local facilities should update local policies and procedures to ensure compliance with IHS national guidelines in a timely manner. Management decisions need to be based on policies and procedures that align with a commitment to patient safety, mandatory reporting requirements, and the overall mission of IHS. This includes objectively documenting and investigating reports or allegations of misconduct.

Strengthen informed consent for medical procedures.

IHS is evaluating policies and practices that ensure practitioners obtain a patient's informed consent and adequately counsel patients about medical examinations and/or procedures so that patients understand what to expect from a procedure or examination. Implementing a nurse chaperone during exams and documenting the presence of a chaperone is an example of how hospital policies can establish staff-patient boundaries.

Adopt a New Incident Reporting System and Strengthen Policies and Procedures for Documenting Allegations.

IHS is developing a new, secure system for reporting, tracking, and documenting allegations of misconduct. In order to be effective, the system will be centrally managed at IHS HQ but allow all staff access, including to report suspected incidents of abuse and for tracking and retrieving information by authorized users. IHS will work to address concerns about lack of anonymity in

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small facilities, fear of retaliation, lack of trust in appropriate response, traditional power discrepancies between physicians and staff, and confusion about jurisdictional boundaries and reporting channels.

Enhance Investigative Procedures.

IHS will explore options for establishing and training team(s) to investigate allegations. When identifying members of an investigative team, IHS should consider factors such as the expertise needed for the allegations at issue, as well as the structure of the Agency and the need to protect whistleblowers.

Promote Culture Change and Whistleblower Protections.

IHS will encourage the reporting of issues and allegations of abuse. Employees will be given additional training on whistleblower protections, and IHS will implement policies that encourage candid discussion of problems.

Strengthen Training on Mandatory Reporting Requirements.

A new 2019 Agency policy expands the number of mandatory reporters and requires that all IHS staff document “the incident or allegation of abuse in the IHS Incident Reporting System within five business days.” (IHM, Part 3, Chapter 20, Section 3-20.2). All IHS employees will receive training on federal law and agency policy requirements, including mandatory reporting of allegations of criminal conduct and allegations that constitute a risk to public safety. Other areas that may require more training include whistleblower protections and identifying grooming behavior used by predators when targeting their victims.

Conduct community outreach.

IHS will commit to improving outreach to inform stakeholders of patient rights, to address barriers to reporting of patient abuse, and to enhance collaboration, including outreach to the patient communities, federal and tribal law enforcement, and others. IHS will strive to be proactive not reactive.

Develop and Implement a Staffing Program for Recruitment and Retention.

IHS will continue its efforts to develop and maintain an adequate workforce and recruit/retain staff in remote facilities. The Agency will work to utilize fewer acting positions, particularly for key medical provider positions such as Chief Medical Officer, Chief Executive Officer, Clinical Director, and Director of Nursing.

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Enhance Training for Managers and Leadership.

The Agency will invest in additional training for any individual who is promoted into a leadership or supervisory role. The IHS is evaluating whether to create a mentoring program for mid- and upper-level managers.

Next Steps for the IHS

The IHS is committed to addressing and correcting past failings. The IHS remains committed to transparency and accountability. Moreover, we are continually working to sustain and improve the culture of care throughout the Agency. Quality assurance review processes and national compliance activities will help the IHS identify failures and shortcomings so that these issues can be addressed and patients protected.

The IHS plans to provide periodic progress updates on our implementation of all quality improvement recommendations to oversight agencies, staff, Tribal Leaders, Urban Indian Organization Leaders, and the public.

The IHS welcomes additional feedback from Tribes and other stakeholders to continuously improve patient safety by creating a safe environment for patients and staff.