

Chinle Service Unit Improvement Work

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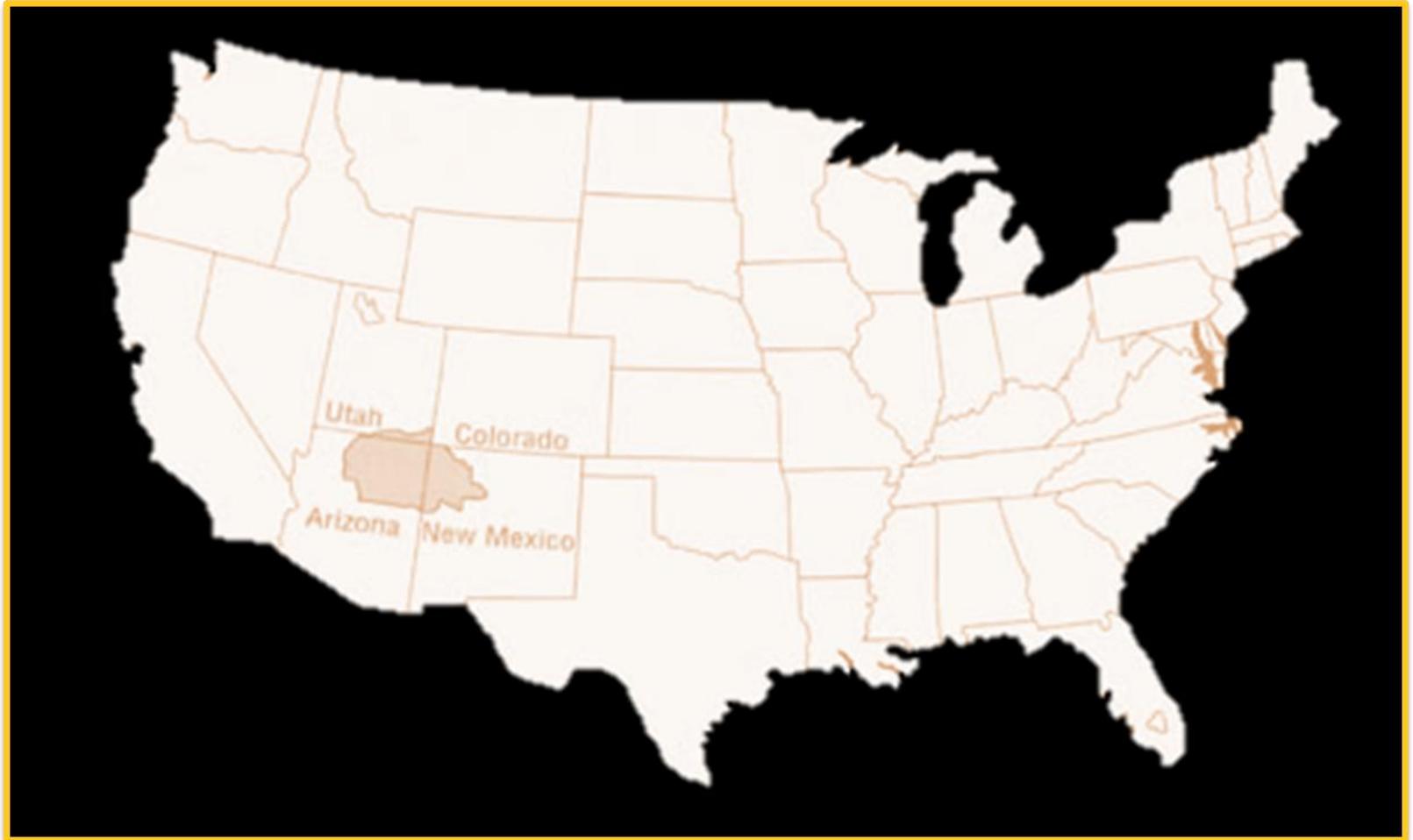


Outline

- Background on CSU
- Improvement milestones
- Triple Aim overview
- Improvement governance
- Improvement leadership
- Improvement learning system
- Improvement examples
- Challenges and meeting them



Navajo Nation



Chinle Service Unit

- Comprehensive health care and public health services
- Serves over 30,000 people, mostly Navajo
- One hospital, 2 health centers
- Almost 1000 employees
- Operating budget of >\$90 million

Chinle Service Unit



Pinon Health Center

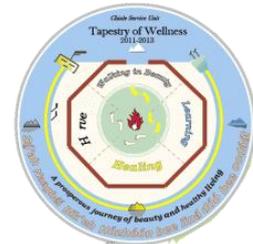


Tsaile Health Center

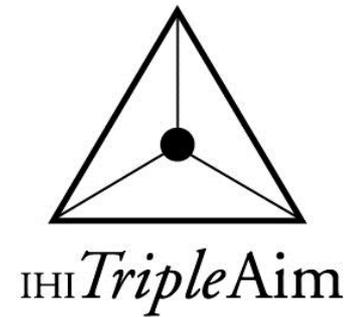


Improvement Milestones

- Chinle Hospital Outpatient Project (CHOP) – 1996-2001
- Tapestry of Wellness – 2000
- Culturally based improvement model – 2003
- Improving Patient Care (IPC) – 2007
- Bluebirds formed – 2009 (IPC2)
- Balanced Scorecard – 2010
- Joined Triple Aim in 2012



IHI Triple AIM

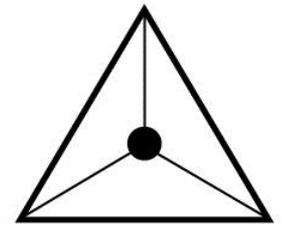


The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to **optimizing health system performance**.

Accomplished by pursuing the three dimensions:

- Improving the **patient experience** of care (including quality and satisfaction);
- Improving the **health of populations**; and
- Reducing the **per capita cost** of health care.

Concept Design



IHI *Triple Aim*

IHI's innovation team developed a concept design and described an initial set of components of a system that would fulfill the IHI Triple Aim.

- Focus on individuals and families
- Redesign of primary care services and structures
- Population health management
- Cost control platform
- System integration and execution

The Triple Aim Collaborative



- IPC-like collaborative process with learning sessions, online meetings, change packages and measures
- Other sites from across the country and the world
- Work done through improvement teams using the model for improvement with tests of change and measures

CSU Improvement Governance

- Incorporated Triple Aim concepts into strategic plan
- Aligned strategic measures and Triple Aim measures
- Approved participation in Triple Aim collaborative as strategic initiative
- Progress reported quarterly to executive committee



Chinle Service Unit Vision

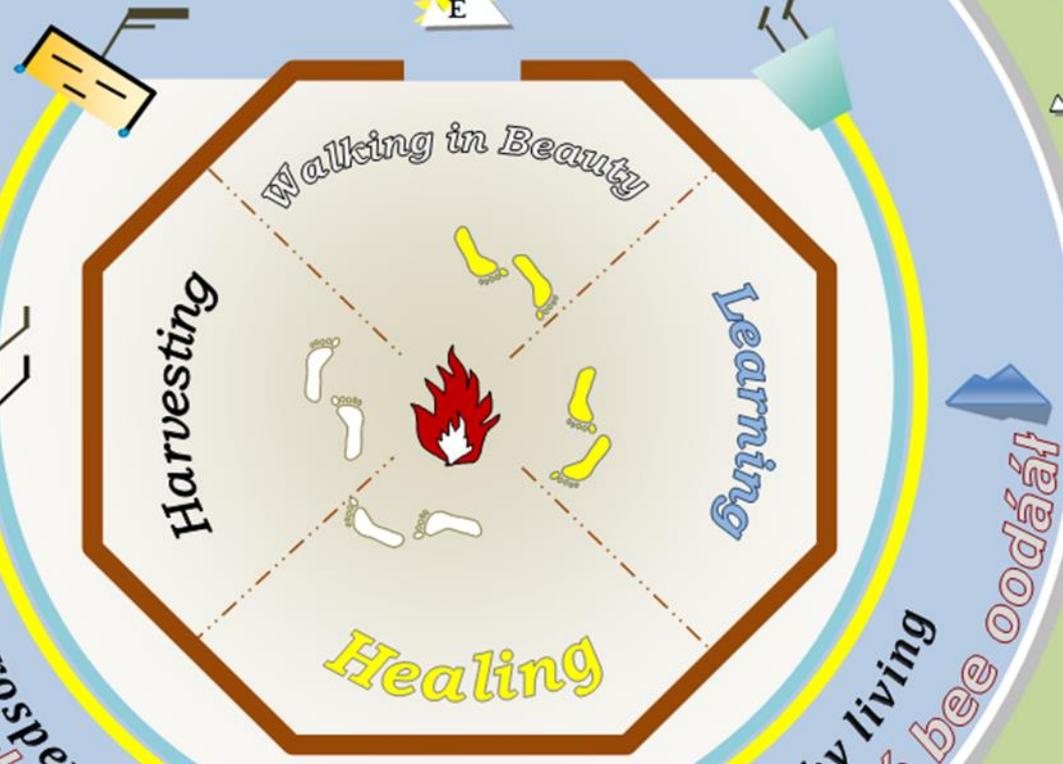
Sá'ah Naaghéí Bik'éh Hózhóón bee iiná dóó bee oodáát.
A prosperous journey of beauty and healthy living



Mission

As'ah na'adá dóó asáh oodáát biniyé ahit nideilnishgo binahji' nihi Dine'é bits'ís hadaalt'é náádleet.
To provide accessible, safe, high quality, community guided public health services.

Chinle Service Unit Tapestry of Wellness 2014- 2016



Walking in Beauty:

Customer Perspective

- Achieving wellness through self-reliance
- Ensuring exceptional customer experience

Learning: Workforce Perspective

- Growing our own
- Promoting effective communication
- Ensuring quality work-life
- Assuring competent, culturally appropriate staff

Healing: Internal Process Perspective

- Building stewardship
- Supporting services improvement
- Building partnerships
- Building relationships with patients and families
- Assuring interdepartmental collaboration
- Supporting Iiná (healthy living)
- Improving health outcomes
- Optimizing health services



Harvesting: Financial Perspective

- Assuring Financial Accountability
- Optimizing Revenue Generation

Sá'ah

A prosperous journey of beauty and healthy living

Naaghéí Bik'éh Hózhóón bee iiná dóó bee oodáát

CSU Improvement Leadership

Bluebirds

- Team of senior and mid-level leaders
- Supported by Quality Management
- Meets weekly
- Online meetings so all locations can easily participate
- Hosts monthly internal improvement collaborative



The Bluebird Aim:

The Bluebirds aim to effectively guide, promote, support and communicate improvement work throughout Chinle Service Unit using the Tapestry of Wellness.



How Do The Bluebirds Guide?

Modeling and Coaching
Improvement Practices

Developing Partnerships

Building the Capacity of
Improvement Teams

Communicating Improvement
Accomplishments



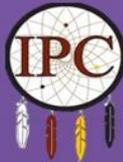
Chinle Community Patients & Families



Chinle Service Unit Tapestry of Wellness



Improvement Consultants



IHI/IPC
IHI/Triple Aim



Centers for Medicare & Medicaid Services



AHCCCS
Medicare
TJC
PFP



Meaningful Use

IHS Leadership



Director's Priorities
IHS Medical Home Elements
Navajo Area Strategic Plan

Clinical Partners



Flagstaff Medical Center
Veterans Administration

Navajo Nation Health Programs

Health Education
Special Diabetes
Behavioral Health



CHR



CSU Improvement Teams

- Across all divisions in organization
- Multidisciplinary
- Meet at least monthly
- Defined leaders, members and meeting times
- Use the model for improvement with change ideas, action plans, tests of changes and measures of success



Sa'ah naagháí Bik'eh Hózhóón bee iiná dóó bee oodááł.
A prosperous journey of beauty and healthy living.

CSU Tapestry of Wellness Vision

Doorway

Ahiłna'anish doo Ałhaa'ácohwiinidzin
Commitment and Accountability



North
Sihasin
Reflecting



South
Nahat'á
Planning

West
liná
Implementing

CSU Performance Improvement Cycle

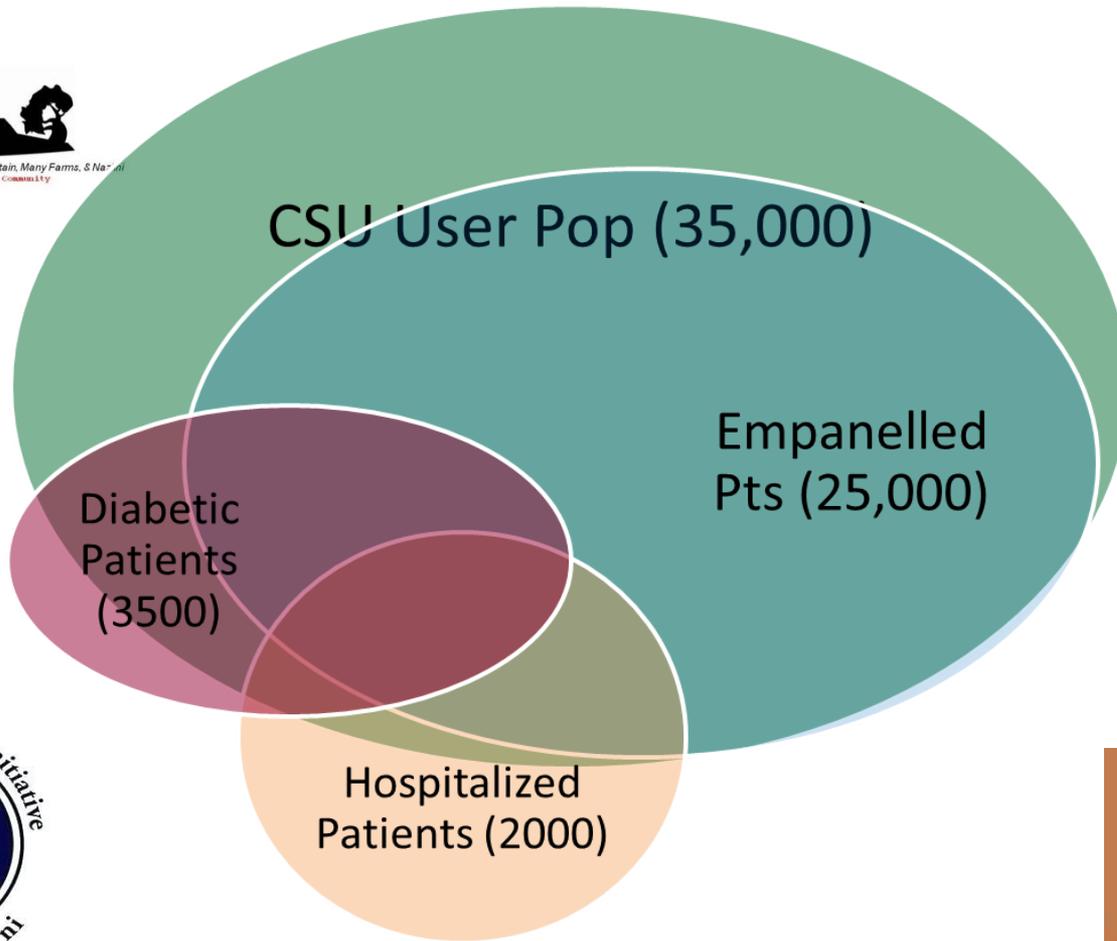
CSU Population Level Measures

Dimension	Proposed Measure	Data Source
Population Health	Self reported health status Injury related ER visits Childhood healthy weight Diabetes incidence Diabetes prevalence	Customer survey RPMS CRS RPMS CRS
Experience of Care	Amb care patient satisfaction Patient confidence Outcome bundle 30 day readmission rate	Customer Survey Customer Survey RPMS NDW
Per Capita Cost	Emergency room utilization Urgent care utilization Hospital bed days	RPMS RPMS RPMS

Our Triple Aim Population



Serving the Communities of Chinle, Cottonwood, Low Mountain, Many Farms, & Navajo
Partnering For A Stronger & Healthier Community

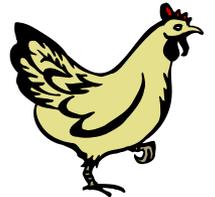


Portfolio of Projects

Projects	Improvement Teams	Project Measures
 <p>Improving Patient Care Medical Home</p>	<p>All 5 Primary Care Improvement Teams</p>	<p><u>Outcome:</u> ED/UC visits; Child Immunizations; Outcome Bundle; Primary care access <u>Process:</u> Continuity Rates; Supply/Demand Ratio</p>
 <p>Diabetes Healthy Heart Initiative</p>	<p>Diabetes Team with IM and FP Teams</p>	<p><u>Outcome:</u> A1c, LDL, BP under control; rate of hospitalization <u>Process:</u> Active diabetics current on comprehensive care measure; Percent of patients with a health coach visit</p>
 <p>Chinle Hospital Engagement Network</p>	<p>5 Inpatient Improvement Teams</p>	<p><u>Outcome:</u> Inpatient satisfaction; Inpatient Safety Index <u>Process:</u> Measures of team function</p>
<p>Community Health Improvement Councils</p> 	<p>3 teams of PHN, Health Promotion, NN CHR and NN Health Ed</p>	<p><u>Outcome:</u> Coalition Development Score <u>Process:</u> Attendance at Council Meetings by Sector</p>

Our Triple Aim Portfolio

- **Improving Patient Care Medical Home** – focuses on establishing a medical home with primary care access and continuity
- **Diabetes/Healthy Heart Initiative** – focuses on improving diabetic care using health coaches to provide intensive care coordination and self management support
- **HEN (PfP Hospital Engagement Network)** – focuses on improving quality and safety of inpatient care and reducing readmissions
- **Community Health Councils** – supports formation of community health improvement councils in the three regions of the Chinle Service Unit to improve the health of the population using the Community Health Improvement Process (CHIP) Model.



Joogii (Oriole) Pediatric Clinic Improvement Team



- Formed in 2008 as part of IPC2
- Meets twice monthly
- Nurses, providers, MSA, CNA, medical assistants, PHN, Community Nutrition, CAC, and others
- Triple Aim connection – One of 5 teams in IPC Medical Home

Joogii Aim Statement



- Orioles (Joogii) bring happiness and harmony to Chinle Service Unit by providing excellent care to our community children. Specifically, we will test changes in our clinic and public health efforts to improve healthcare experience of all children and families.

Change Ideas Tested and Spread

- Formed multidisciplinary care teams with team rooms and coordinated scheduling
- Advanced access
- Care coordination
- Clinic flow and efficiency
- Parent involvement in improvement team
- Communication with families: Newsletters, brochures
- Clinical improvement projects: immunizations, asthma care, developmental screening, nutrition education

*Chinle Service Unit
Pediatric Outpatient Clinic*



Sunbeam Team



Shándaín

*Team work is the name,
Your health is the gain!*

Our pediatric providers supply important knowledge and skills that can help you and your family make healthy choices.

In creating care teams, we encourage our patients and their families to be active members of the team.

You and your family play the most important role on the team by choosing healthy activities, eating healthy foods, having safe behaviors, and getting the most from your healthcare visits.

Join a Team!

Choose a pediatric provider and be a part of your team.

*"T'aa hwi ajit'eego
It's Up To You!"*

Contact your Health Team Coordinator:

LeShelly Crank, RN

Sunbeam Team: 674-7066

*Please arrive 30 minutes before
your appointment, Bring any medications your
child is taking.*

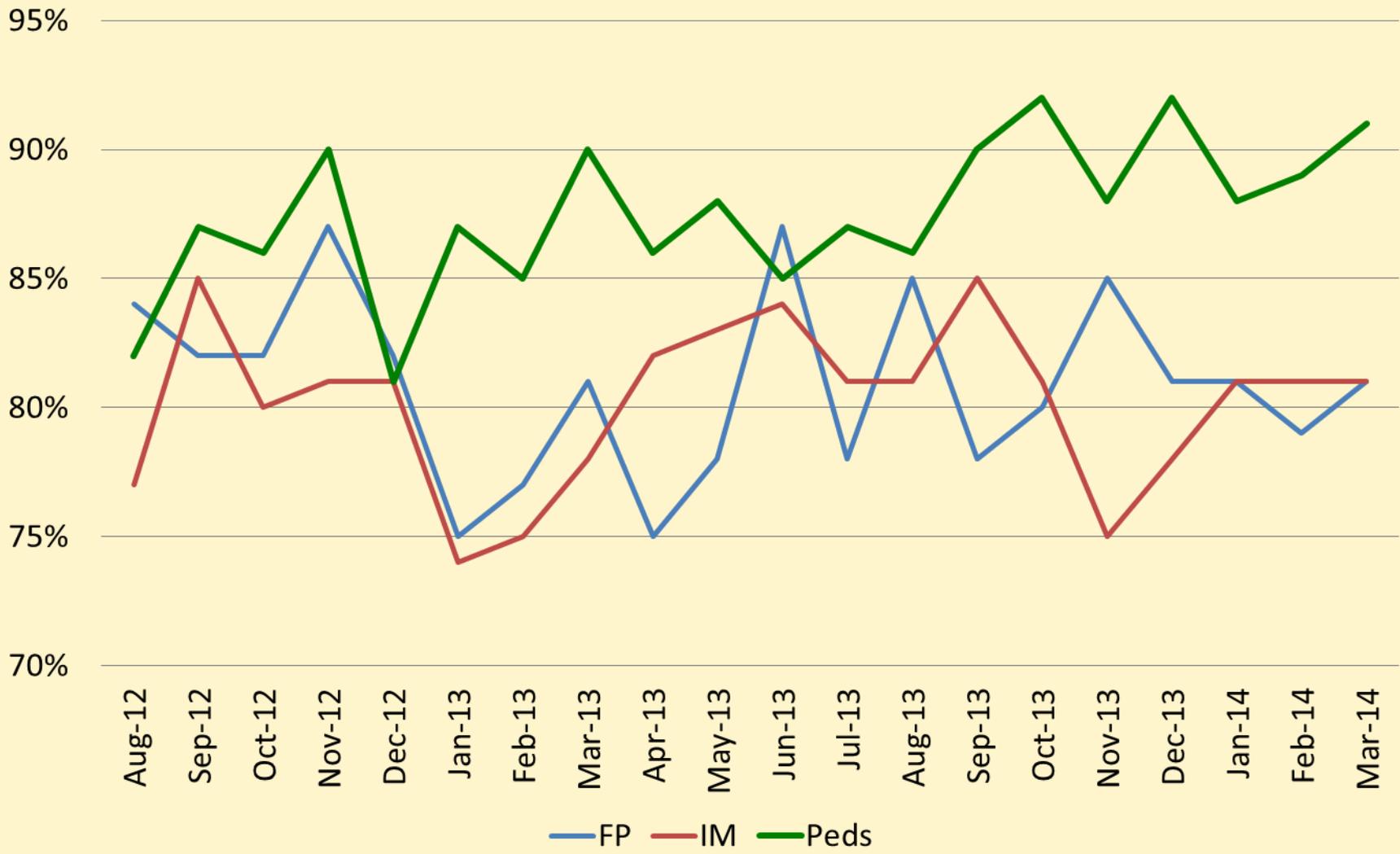


**PARENT
GUIDE
FOR
PEDIATRIC
CLINIC**

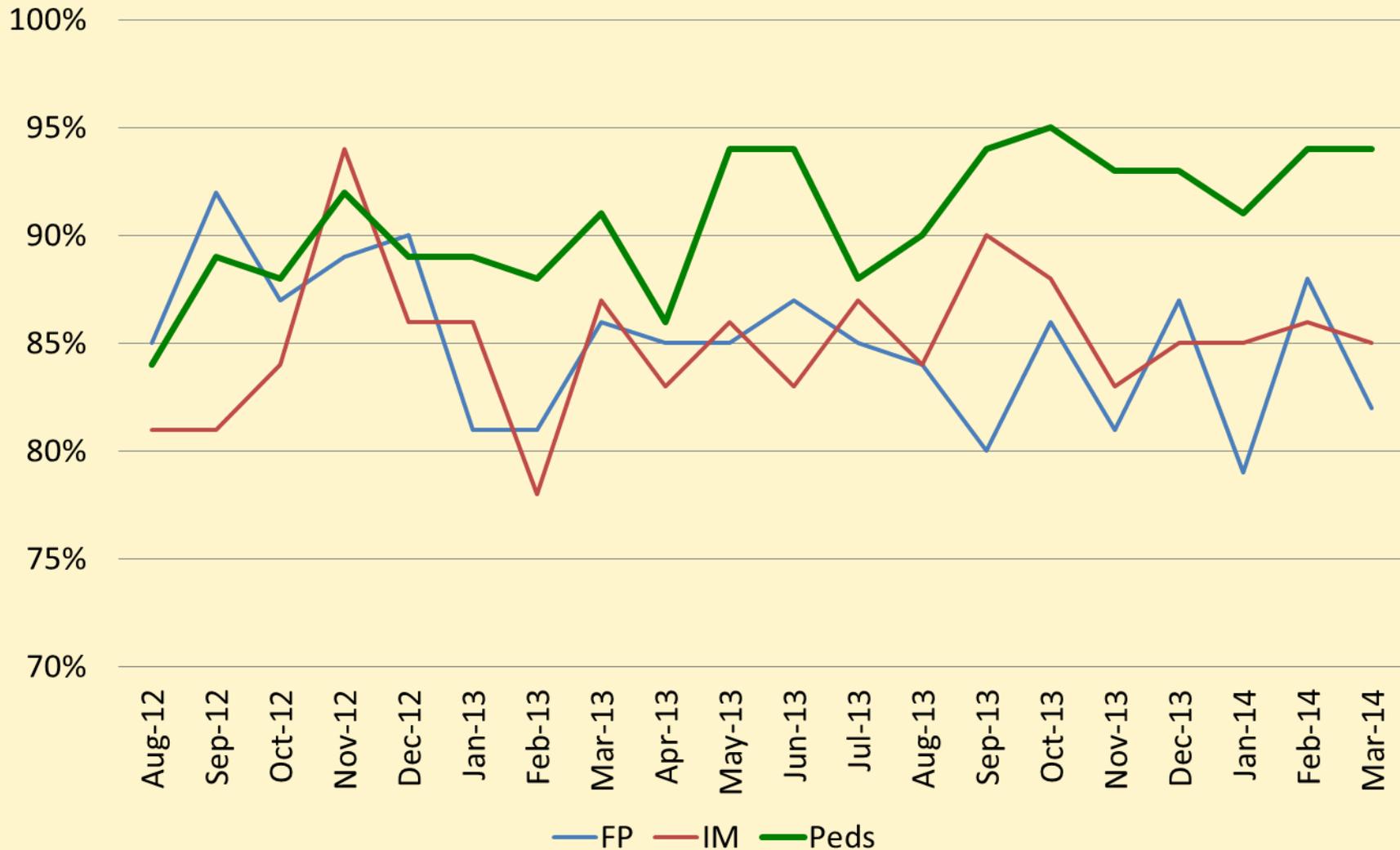


**Chinle Comprehensive
Health Care Facility
PO Drawer PH
Chinle, Arizona 86503**

Primary Care Patient Survey - Percent agree to statement, "I would recommend this hospital to my family and friends."



Primary Care Patient Survey – Percent agree to question, “I am able to get the care I need and want-when I need and want it.”



Joogii Team Picture



Adult Care Unit Chi'íshiibeezhii (Chickadee) Improvement Team

- Formed in 2013
- IHS Hospital Consortium
- Meets monthly
- Includes nursing, providers, pharmacy, diabetes, PHN, and more
- Triple Aim connection –One of 5 teams in Chinle Hospital Engagement Network



ACU Chi'íshiibeezhii Team

Aim Statement



The purpose of the Adult Care Unit Chickadee Team is to develop strategies to assure the safety and improvement of the culturally sensitive quality care we provide to our Native American population, while increasing third party revenue/CMS reimbursement.

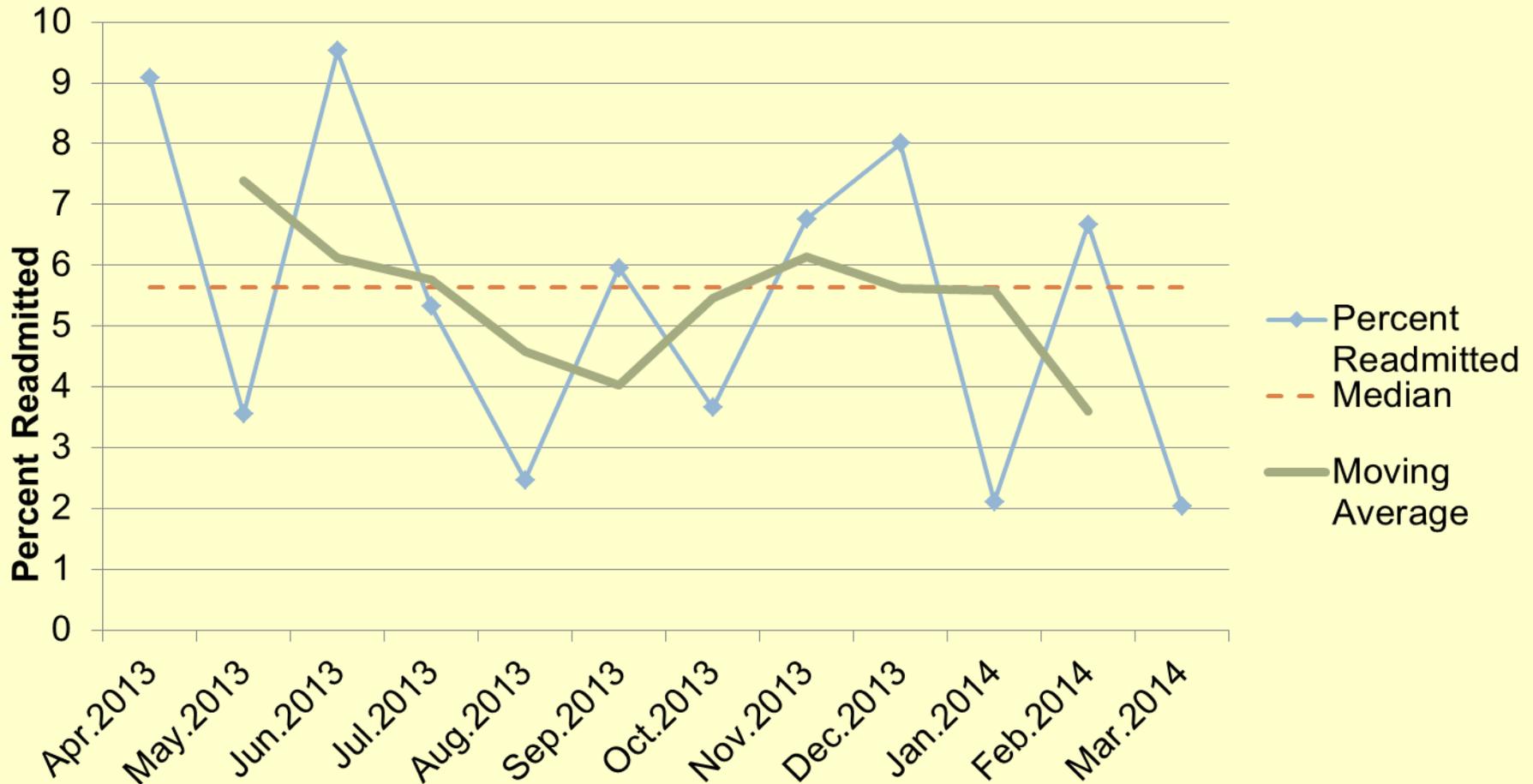
We will achieve this by: 1) Decreasing/preventing readmissions \leq 30 days, 2) Improving patient safety by decreasing/omitting all patient falls, 3) Improving urinary catheter care/documentation, thus preventing CAUTIs, and 4) Improving our customer service.

Change Ideas and Tests

- Reducing readmissions
 - Investigating drivers
- Reducing falls
 - 7P's hourly rounds, personal alarms, yellow slippers
- Decreasing incomplete/delinquent charts
- Improving patient satisfaction
 - Starting by improving response rate and data quality

Chinle Hospital Readmissions

Percent of Discharges Readmitted Back to CCHCF or Transferred from Chinle ED within 30 Days by Month



Understanding Readmissions

- Chart review of 105 readmissions from Feb 2013-April 2014
- Causes of readmissions:
 - Need for palliative care – 38%
 - Polypharmacy – 33%
 - Psychological issues – 20%
- Problem diagnoses:
 - Skin and soft tissue infection – 25
 - Diabetes - 12
 - Congestive heart failure – 11
 - Known terminal illness - 35

Chickadee Next Steps

- Implement care process models for diabetes, CHF, cellulitis
- Polypharmacy- test medication reconciliation at discharge
- Palliative Care – strategic initiative approved for feasibility study of local hospice and palliative care services

Challenges

- Competing priorities
- “Extra work”
- Proliferation of measures
- Limited capacity, skills and experience
- Leadership turnover



Meeting the challenges

- Senior leader involvement
- Long term view
- Aligning measures
- Aligning projects
- Sponsoring teams
- Building capacity
 - Data extraction staff
 - Internal collaborative
 - IHI Open School
- Communication
 - Internal collaborative
 - Newsletter for staff and community
 - CEO emails



THANKS!

