Indian Health Service Quality Framework Implementation Plan

Priority 1: Strengthen Organizational Capacity to Improve Quality of Care and Systems (Lead: Laura Lee)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
1A) Provide Leadership in Quality			
Key Goal(s): ✓ Establish corporate/system-wide oversight responsibilities and structure for quality and safety ✓ Stand-up HQ Quality Office	i) Establish a Headquarters Quality Office (HQQC)	December 2017	**Complete** • Posted position of Deputy Director for Quality (DDQ) • Staffing needs and roles of HQ Quality Office proposed • Functional Statement developed as part of Headquarter Realignment **Pending** • Hire and on-board Deputy Director for Quality (DDQ) • Prioritize hiring of staff at Headquarter's Quality Office • Draft Position Descriptions • Advertise for and post positions
	ii) Determine role of Area Office (AO) in quality leadership and oversight	January 2017	**Complete** **Pending** • Initiate executive leadership discussion of the role of the Area Directors/Offices in the oversight of quality and patient safety • Engage Area Directors in discussion regarding roles/functions for consensus building • Executive leadership to determine role and promulgate decision to IHS staff • Include new role/responsibilities as part of the AO Director's PMAP (cascading from HQQO)
	iii) Establish and determine the role/function of a "Chief Quality Officers" at the AOs and the Quality Assessment and Performance Improvement (QAPI) Officers at the Service Unit (SU)	January 2017	**Complete** **Pending** • Survey Area Offices to determine current resources/infrastructure for quality and patient safety • Develop minimum standards for patient safety and quality oversight functions of the AOs and the SU QAPIs
	iv) Develop a transparent reporting structure for quality management among Headquarters, Area Offices, Service Units, and Tribal entities	January 2017	**Complete** **Pending** • Initiate executive leadership discussion of the quality and patient safety roles and reporting structure for Service Units, Area Offices, and Headquarters • Present potential reporting structure to Area Directors for discussion and for consensus building • Executive leadership to determine the new reporting structure and promulgate decision to IHS staff

Priority 1: Strengthen Organizational Capacity to Improve Quality of Care and Systems (Lead: Laura Lee)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
1B) Standardize Governance			
Key Goal(s): ✓ Establish system-wide policies for key governance and compliance functions/activities (e.g., Governing Body, Medical Staff, credentialing, grievances, performance metrics, reporting)	i) Determine "system-wide" strategy for managing Agency processes and issues	January 2017	**Complete** **Pending** • Initiate executive leadership discussion regarding "system-wide" oversight of select functions/activities • Executive leadership presents potential "system-wide" oversight strategy to key stakeholders for input and consensus building • Executive leadership determines strategy and develops guidance for "system-wide" oversight
	ii) Identify processes and policies to be promulgated at the "system-wide" level and establish processes for customizing "system-wide" directives at the local level (e.g., Governing structure and bylaws, Medical Staff structure and function – including credentialing practices, grievance management, training, performance management/data analytics and reporting, select patient care processes [e.g., infection control, medication management, clinical documentation])	March 2017	**Complete** **Pending** • Upon completion of the Meta-Analysis of the Mock Survey results, identify common themes that are amenable to "system-wide" management • Based on decision in 1B-i and accrediting body requirements (e.g., Joint Commission standards), identify policies and processes that will be managed "system-wide" • Establish and disseminate guidance regarding "system-wide" policies and processes
	iii) Develop a central repository for policies and procedures	January 2017	**Complete** **Pending** • Conduct an assessment of current state of policy management practices throughout the Agency • Initiate executive leadership discussion regarding the need for "system-wide" approach to policy management • Identify and procure a system-wide central repository for policies/procedures • Develop policies/guidance for managing central repository • Deploy new central repository
	iv) Standardize the credentialing business processes and implement a single credentialing software system for Direct Service facilities.	January 2017	**Complete** • Credentialing Analysis project launched with kick off meeting with the vendor, NTVI a Native owned 8a firm (10-21-16) • Contract awarded October 2016 for seven week assessment of current Credentialing business processes across nine Areas • Interviews with IHS credentialing subject matter experts scheduled to begin early November

			Pending • Analysis report and recommendation on a commercial off-the-shelf (COTS) solution anticipated by December 13, 2016 • Software implementation as a phased implementation begins February 2017 and will take approximately six to nine months to complete
	v) A standard governing body structure will be developed to improve planning and oversight processes while ensuring that all Direct Service facilities are meeting external accreditation and certification Governance requirements.	January 2017	**Complete** • Quality Consortium (QC) Working Group completed final draft of standardized Governing Body Bylaws template • Draft template circulated to QC members for review/discussion 3 Nov 2016 **Pending** • Concurrence of leadership on draft template • Review of final draft by Office of General Counsel • Formal adoption by agency

Priority 1: Strengthen Organizational Capacity to Improve Quality of Care and Systems (Lead: Laura Lee)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
1C) Strengthen Human Resources			
Key Goal(s): ✓ Enhance Human Resources systems to support the recruitment and retention of highly qualified staff ✓ Implement system-wide quality and safety training program	i) Identify HR challenges/barriers to the delivery of safe and high quality healthcare	September 2016	**Complete** • Received approval for extending Federal Pay Scale for select medical specialties and reduced administrative barrier for recruitment and relocation benefits • Extended the reach of IHS for Recruitment Actions • Developed new search committee process to strengthen recruitment • Developed plan for increasing the Native American Pipeline through budget and administrative pathways **Pending** • Redesigning the IHS Workforce programs (e.g., loan repayment and scholarship) to better support recruitment and retention of critical disciplines • Developing quality competencies to enhance the recruitment of quality-focused staff
	ii) Support enhanced efforts to recruit and retain highly qualified clinicians and executives	November 2016	**Complete** • New search committee process to strengthen management implemented • Deployed Commissioned Corps Officers to fill critical vacancies • Implemented the use of Global Recruitment Actions **Pending** • Establish a Native American Pipeline for new hires
	iii) Develop a system-wide quality and patient safety training program: – Conduct a training needs assessment at the national, the Area, and the Service Unit levels – Establish expectations/corporate guidance regarding for staff development – Provide training about quality improvement and patient safety for all IHS employees involved in patient care or patient care support	January 2017	**Complete** • Completed an assessment of available patient safety and quality educational options **Pending** • Conduct current state/needs assessment of AO and SU re: patient safety and quality training • Determine if training program will be internally developed or procured • Develop training curriculum and implementation plan • Deploy training program

Priority 1: Strengthen Organizational Capacity to Improve Quality of Care and Systems (Lead: Laura Lee)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
1D) Standardize Data and Reporting Requirements			
Key Goal(s): ✓ Develop system-wide performance measurement plan ✓ Assure all AOs and SUs have access to a data analytics tool	i) At the Agency level, establish a performance metrics (PM) plan that cascades from the national Quality Office, to Area offices, to Service units (e.g., measures of clinical care, patient access, and financial performance) This plan must include the establishment of roles, responsibilities, and timelines for review and oversight of data and reports	January 2017	**Complete** • Convened IHS performance metrics workgroup at the HQ level with AO and SU representatives charged with developing a system-wide PM program/plan **Pending** • Develop and deploy PM Plan – elements to include HQ, AO and SU level metrics; roles, responsibilities, and timelines for review and oversight of data and reports; a communication plan
	ii) Identify and deploy a data analytics tool for use across the Agency	February 2017	**Complete** • Identified team to plan and conduct pilot deployment of data dashboard in select Emergency Departments **Pending** • Executive leadership (in consultation with AO Directors and Quality Officers) selects data analytics tool(s) to deploy throughout IHS • Develop implementation plan for training about, and deployment of, data analytics tool • Deploy analytics tool
	iii) Standardize data formats and collection, data analytics, and reporting requirements across the Agency to inform program, policy, and resource decisions.	February 2017	**Complete** • See 1D-i **Pending** • See 1D-i

Priority 2: Meet and Maintain Accreditation for IHS Direct Service Facilities (Lead: Jeff Salvon-Harman)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
2A) Ensure Accreditation of IHS Direct Service Facilities			
Key Goal(s): ✓ Seek and attain accreditation for all IHS hospitals ✓ Establish coordinated system-wide program for continuous accreditation readiness	i) Secure the services of a single accrediting organization for all IHS Direct Service facilities	June 2017	**Complete** • All hospitals coming under same accreditation via separate contracts **Pending** • Master contract Statement of Work development by March 2017
	ii) Assure that training, technical assistance, and appropriate resources are available for staff responsible for maintaining compliance with accreditation/ certification standards/requirements	March 2017	**Complete** • GPA TJC/JCR contract with TA sharing to all of IHS (July 2016) **Pending** • Master contract SOW development

Priority 2: Meet and Maintain Accreditation for IHS Direct Service Facilities (Lead: Jeff Salvon-Harman)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
2B) Implement Annual Mock Surveys for all IHS Direct Service Facilities			
Key Goal(s): ✓ Establish an mock survey program ✓ Develop process for evaluating and managing mock and actual survey findings and for communicating organizational learning	i) Develop Agency-wide process for the conduct of annual mock surveys as well as a formal process for evaluating survey findings and for identifying and addressing system-wide trends	October 2016	**Complete** • 2016 mock surveys performed **Pending** • Evaluation of 2016 mock survey results • Plan for annual mock and formal surveys
	ii) Develop a formal process for evaluating survey findings, tracking corrective actions and for identifying and addressing system-wide trends	November 2016	**Complete** • Draft timeline for post survey follow-up and corrective action plans completed **Pending** • Approval of draft timeline • Identification of resources/tools
	iii) Establish Area-level capacity to respond to survey findings and support monitoring of compliance with standards.	November 2016	**Complete** • Inclusion of Area Offices and HQ in survey results review and Corrective Action Plan development **Pending** • Draft timeline (post survey) • Unification and coordination of Area QMs/SU QAPI Officers • Create QM/QAPI Listserv
	iv) Develop formal organizational learning processes to communicate about mock and actual survey findings (e.g., regularly scheduled conference calls with Area Office and Service Unit leaders to discuss deficiencies found through the mock and actual survey processes, corrective actions taken, and best practices identified)	November 2016	**Complete** **Pending** • Establish frequency and method of communicating with Areas and SUs for summary results • Draft timeline (post survey)

Priority 3: Align Service Delivery Processes to Improve Patient Experience (Lead: Karen Scott)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
3A) Improve the Patient Experience			
Key Goal(s): ✓ Establish processes at the Service Unit level to monitor the patient experience ✓ Develop and field patient experience survey at the SU level ✓ Identify opportunities for improvement and launch initiatives to improve the patient experience	i) Develop a comprehensive process to monitor continuously patients' experiences; including (but not limited to) the design and methodology for a patient experience survey and the establishment of processes and procedures to review and respond to the data collected	December 2016	**Complete** • Conducted current state assessment of patient experience survey processes at the SU • Identified survey tool for pilot fielding **Pending** • Coordinate with Office Information Technology and SU's for pilot • Discuss with Southcentral FDN • Field survey pilot in four sites • Seek OMB/PRA clearance/approval • Develop system-wide strategy for measuring the patient experience throughout the IHS (including standard survey fielding guidance, reporting requirements, communication processes/pathways)
	ii) Establish a cadre of HQ and AO resources to support the SUs efforts in evaluating and improving the patient experience	December 2016	**Complete** **Pending** • Identify a point of contact at the AO and at each SU to manage the survey process and to effect change based on survey findings; • Review and identify potential external resources to support improvement efforts (e.g., IHI)

Priority 3: Align Service Delivery Processes to Improve Patient Experience (Lead: Karen Scott)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
3B) Improve the Patient Wait Times			
Key Goal(s): ✓ Establish processes Establish processes at the Service Unit level to monitor patient wait times ✓ Develop process for tracking wait times and improvement efforts system-wide ✓ Improve wait times system-wide	i) Establish system-wide policy and processes for monitoring patient wait times	January 2017	**Complete** • Reviewed current measures used for measuring primary care access • Assessed current methodologies to reduce wait times • Released BPRM scheduling module patch for auto-calculation of "Third Next Available" appointment measure **Pending** • Develop process for collecting, aggregating, and analyzing "TNA" data at multiple organizational levels • Explore adding "TNA" measure to data dashboard; • Establish policy to formalize data collection and reporting
	ii) Establish a cadre of HQ- and AO-based resources to assist the SUs in the design and deployment of a process to monitor wait times and the establishment of processes and procedures to review and respond to the data collected	March 2017	**Complete** **Pending** • Establish workgroup, including area and service unit members and representation from IPC program • Identify internal points of contact and external resources to support improvement (e.g., CMS, IHI)

Priority 4: Ensure Patient Safety (Lead: Laura Lee)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
4A) Promote a Culture of Patient Safety			
Key Goal(s): ✓ Foster a positive and just patient safety culture in the IHS ✓ Provide system-wide education in the principles of patient safety ✓ Evaluate the IHS culture of safety and develop strategies to foster a just culture	i) Develop and deploy a system-wide training and education program about the principles of patient safety to include (but not limited to): – Just Culture, – team work, – critical communication, – high reliability, – event reporting – safety event analysis and management, – prospective risk assessment	January 2017	**Complete (See 1C-iv)** • Assessment of available patient safety and quality educational options complete **Pending (See 1C-iv)** • Conduct current state/needs assessment of AO and SU re: patient safety training • Determine if training program will be internally developed or procured • Develop training curriculum and implementation plan • Deploy training program
	ii) Establish a standard process for evaluating the SU's culture of patient safety (e.g., deployment of the AHRQ Culture of Safety survey)	February 2017	**Complete** **Pending** • Identify and secure culture of safety survey tool to be fielded • Develop implementation plan for fielding survey, data analytics, and data management • Establish processes for responding to survey findings and disseminating data and organizational responses to survey findings
	iii) Establish a cadre of HQ and AO resources to assist the SUs fostering a culture of patient safety	February 2017	**Complete** **Pending** • Identify a point of contact at the AO and at each SU to manage the survey process and to effect change based on survey findings

Priority 4: Ensure Patient Safety (Lead: Laura Lee)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
4B) Enhance Patient Safety Event Identification and Reporting			
Key Goal(s): ✓ Staff use of the system-wide patient safety event reporting system will be enhanced ✓ Data collected in the patient safety event reporting system will be used actively to drive improvement at the local and system-wide levels	i) Review existing patient safety reporting system to identify opportunities to improve the system and its use.	November 2016	**Complete** • Patient Safety Event Reporting Workgroup convened and charged with providing support to existing patient safety event reporting staff and assisting in the procurement and deployment of a new patient safety event reporting system • Current state of patient safety event reporting and management at HQ reviewed **Pending** • Review current state of patient safety event reporting at AO and SU levels • Identify, procurement and deploy a single system for patient safety event reporting to replace existing system
	ii) Develop a comprehensive "event management" process to assure that data are used for organizational learning and improvement	January 2017	**Complete** **Pending** • Establish system-wide process/procedures/policies for managing all types of patient safety events (e.g., near misses, errors, sentinel events) • Develop system-wide guidance regarding the conduct of Root Cause Analysis, Failure Mode and Effects Analysis, Systems-based Morbidity and Mortality Rounds, performance metrics • Establish a reporting process for sharing patient safety event data and improvement strategies

Priority 4: Ensure Patient Safety (Lead: Laura Lee)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
4C) Strengthen Processes for Risk Identification and Mitigation			
Key Goal(s): ✓ Service units will have available and use standard tools to identify, investigate and respond to patient safety and quality events	i) Develop and deploy a standard risk identification and event management "toolkit" for all service units. The "toolkit" should include (but not be limited to) the following: • Use of Failure Mode and Effects Analysis • Development/use of performance metrics to detect risk • Use of Root Cause Analysis	January 2017	**Complete** **Pending (See 4B-ii)** • Establish system-wide process/procedures/policies for managing all types of patient safety events (e.g., near misses, errors, sentinel events) • Develop system-wide guidance regarding the conduct of Root Cause Analysis, Failure Mode and Effects Analysis, Systems-based Morbidity and Mortality Rounds, performance metrics • Establish a reporting process for sharing patient safety event data and improvement strategies

Priority 4: Ensure Patient Safety (Lead: Laura Lee)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
4D) Control Healthcare Associated Infections			
Key Goal(s): ✓ SUs will implement evidence-based, nationally endorsed programs to reduce the risk of healthcare associated infections ✓ Decrease the incidence of HAI's system-wide ✓ Improve hand hygiene adherence system-wide	i) Review existing Infection Control and Prevention policies and procedures	January 2017	**Complete** • Infection Control elements from multiple policies consolidated into one master policy **Pending** • Clearance/approval of consolidated Infection Control policy
	ii) Establish system-wide evidence-based policies/procedures to guide infection control practices at the SU level	June 2017	**Complete** • HEN 2.0 On-boarding, organizational assessments by Premier Inc. • HIIN continuation with Premier Inc. **Pending** • Identify industry best practices and guidelines • Draft policies/procedures
	iii) Embed a Hospital Epidemiologist/Infection Control Practitioner at the HQ level to serve as an Agency consultant	February 2017	**Complete** **Pending** • Develop Position Description • Develop Job Opening Announcement for posting on USAJobs

Priority 5: Improve Transparency and Communication among IHS Stakeholders Regarding Patient Safety and Quality (Lead: Sarah Linde)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
5A) Improve Communications Throughout the Agency Regarding Quality Issues			
Key Goal(s): ✓ To assure accurate, timely, and transparent communication of information within the Agency (e.g., among the HQs, AOs and SUs) and to external stakeholders (e.g., tribal partners, DHHS, Congress, the media, accreditation bodies)	i) Establish communication strategies/forums based on the issue, audience, intended outcome, urgency, etc. to assure accurate, timely, and transparent information-sharing	November 2016	**Complete** • Communication Flow Diagram drafted and presented to senior leadership (August 2016) • Revisions completed and presented to senior leadership (September 2016) **Pending** • Revisions being completed with plan to circulate among OCPS, OPHS, and national clinical councils for review and feedback (October 2016) • Incorporate feedback, finalize, and re-present to senior leadership (November 2016)