Indian Health Service
Fact Sheet

National Quality Accountability Dashboard

The National Quality Accountability Dashboard will enable the Indian Health Service to report key performances on key performance data in a succinct and easily viewed display to monitor and improve quality of care.

Background: The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. Quality of care is an agency priority, and IHS is committed to continuing our efforts to assure a high-performing health care delivery system for American Indian and Alaska Native people. Quality measurement is an essential part of providing safe and effective, patient-centered care. Dashboards are a useful tool for easily displaying and monitoring key performance indicators across the organization.

In 2016, the IHS assessed options for implementing a system-wide data monitoring process to strengthen quality assurance and improvement activities, while developing the IHS 2016-2017 Quality Framework. Within the Framework, IHS set out to design and implement a quality dashboard to define key areas of performance to support the agency's oversight and quality management functions. A core set of quality measures in a dashboard format would set agency-wide standards, improve the oversight of quality of care, enable the agency to make evidence-based, strategic decisions, and demonstrate transparency to the public.

The National Quality Accountability Dashboard is the result of a collaborative process that reflects input from a diverse group of subject matter experts from across IHS in the areas of clinical and public health care, quality improvement, and health informatics.

Dashboard Overview: The quality dashboard identifies key domains of quality for healthcare systems:

- Quality (efficient, effective, and equitable)
- Accreditation
- Workforce
- Patient-centered care
- Self-care
- Timely care

The dashboard also defines accountability measures supporting these domains:

- Ambulatory Accreditation
- Ambulatory Patient Centered Medical Home
- Hospital Accreditation
- Ambulatory facilities with a Quality Improvement program
- Employee Influenza Vaccination

- Facilities Improving Safety
- Facilities with an Emergency Preparedness Plan
- Facilities with an Opioid Prescribing Policy
- Participation in the Federal Employee Viewpoint Survey
- Participation in the Hospital Improvement and Innovation Network Participation in the Quality Improvement Organization
- Facilities Improving Patient Experience (Available soon)
- Facilities Meeting Access Standards (Available soon)

Reporting: These measures will require quarterly, semi-annual, or annual reporting. Reporting for all measures is required for IHS-run hospitals, and reporting for a subset of measures is required for ambulatory health centers and Youth Regional Treatment Centers. Each of the IHS Area Offices with IHS direct service facilities will report and validate data for those sites.

Monitoring: Progress will be monitored at the service unit, Area and Headquarters levels. Technical assistance using quality improvement science, principles, and practices will be provided by subject matter experts to improve performance.

Communication and Transparency: The dashboard will eventually be made available on the ihs.gov website for public viewing in real-time.

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Credentialing Software and Policy Update

To facilitate the hiring of qualified providers and ensure patient safety, the IHS is modernizing the way provider credentialing and privileging is carried out within federally operated hospitals and clinics.

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The credentialing process evaluates the qualifications and practice history of a doctor such as training, residency and licensing. Coupled with that is privileging, which authorizes a healthcare practitioner to practice within a certain scope of patient care services. IHS is modernizing the way provider credentialing and privileging is carried out within federally operated hospitals and clinics

A recent review of credentialing and privileging processes/systems across IHS direct service facilities demonstrated a need for a single credentialing and privileging software system used across all of its direct service facilities. The new system will provide a single common database for credentialing data within IHS.

Plan: On May 1, 2017, IHS awarded a contract to Applied Statistics & Management, Inc. (ASM) for its MD Staff credentialing software to be used across IHS direct service facilities. Implementation began in May 2017 with four IHS Area Offices. The remaining IHS Areas with federally operated hospitals, clinics and treatment centers began implementation preparations in July 2017. Implementation consists of multiple steps beginning with identifying key personnel responsible for credentialing functions, identifying the previous type and sources of data, uploading data into MD Staff for the first time, conversion and validation of the uploaded data, and training for credentialing staff.

Status: Three Area Offices have competed implementation with two more targeted for completion by the end of October 2017 and the remaining IHS Area Offices by the end of the year.

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Patient Experience of Care Survey

IHS has developed a patient experience care survey and an easy-to-use electronic tablets as a standardized way to collect feedback from patients to improve quality of care.

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The IHS is standardizing a patient experience survey for uniform use and administration across all IHS ambulatory primary care sites including hospital outpatient departments. IHS sought expert input from the SouthCentral Foundation in Alaska, a tribally operated health system, and the Agency for Healthcare Research and Quality during the development of the survey.

IHS is focusing its initial efforts on a locally actionable, standardized patient experience survey built upon the Improving Patient Care (IPC) survey, as well as methods to simplify data collection and analysis while ensuring consistency of administration across all IHS facilities.

Survey Questions: The new patient experience survey asks patients to rate their experience and comment on these topics:

- An appointment was available when I needed it
- When I arrived for my visit, I did not have to wait too long to be seen by my provider
- The clinic staff were courteous
- I have trust in the clinic staff
- The clinic was clean
- The provider listened carefully
- I received the right amount of attention and time from my provider
- I was provided with enough information to make decisions
- I was given the chance to provide input into decisions about my care
- My culture and traditions were respected
- I would recommend my provider to family and friends
- Overall, I am satisfied with my visit

Status: A pilot was conducted at four facilities, representing the diversity of health care settings in IHS, to assess the value of the survey questions, the receptivity of patients to the survey, and administration of the survey using electronic tablet devices. The average time required for patients to complete the survey was under two minutes. The use of an electronic format for the survey aided ease of use and provided analysis of the results.

Facilities were able to quickly and easily access survey results and identify priority improvement areas. Patients who participated in the pilot survey rated use of the new survey and electronic devices favorably overall.

Next Steps: Once the survey is fully implemented across all primary care sites, IHS will consider expanding beyond primary care (e.g., Emergency Department, Inpatient).

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Patient Wait Times

The IHS has established standards for patient wait times for primary care and urgent care visits in Indian Health Service Direct Care Facilities to improve the quality and experience of care.

Background: The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. Quality of care is an agency priority, and IHS is committed to continuing our efforts to assure a high-performing health care delivery system for American Indian and Alaska Native people. In April 2016, the Government Accountability Office (GAO) recommended that IHS communicate specific agency-wide standards for wait times, monitor wait times in federal facilities, and take corrective actions when standards are not met.

The IHS circular on Wait Times Standards for Primary and Urgent Care Visits in the Indian Health Service Direct Care Facilities is the result of a collaborative process that reflects input from a diverse group of subject matter experts within IHS. IHS reported the approval and publication of its Patient Wait Times standard to GAO in September 2017 resulting in GAO closing the recommendation for development of standards.

Standards Development: The IHS examined current standards, practices, and improvement efforts in IHS, identified gaps and areas for improvement, benchmarked against "industry" standards, and reviewed best and innovative practices. Factors that influence wait times and patient and staff perspectives were also taken into account. A strategic decision was made to focus on primary care and urgent care visits standards initially and develop others standards (e.g. Emergency Department Wait Times) at a future time. Draft standards were reviewed and revised through an iterative process by subject matter experts in IHS. The IHS Acting Director approved the IHS Circular on Wait Time Standards for Primary and Urgent Care Visits in Indian Health Service Direct Care Facilities on August 25, 2017.

Standards Definition:

- Mean Appointment Wait Time for Primary Care of 28 days or less
- Mean Appointment Wait Time for Urgent Care of 48 hours or less

Standards Implementation and Monitoring: Implementation of the standards will be overseen by the IHS Improving Patient Care Program which promotes application of quality improvement methods. IHS is targeting the full implementation of Agency-wide standards for wait times by December 31, 2017, including monitoring of the outcome data. Some service units may already have the capability to measure and report progress. However, other service units may need assistance. Therefore, it is understood and expected that the standards may not be met immediately at some sites. The Improving Patient Care program will provide resources, tools and technical assistance to service units to support the implementation of the wait time standard. Progress toward meeting these standards will be reported on a regular basis to the IHS National Accountability Dashboard for Quality.