Ho-Chunk Nation Performance Management / Quality Improvement Plan Process and Public Health Accreditation

NIHB TALC Webinar Series
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May 12, 2017
Ho-Chunk Nation

Location: Wisconsin
Not a land based Tribe

Population: In Wisconsin 5256
Total US 7495

Indian Health Service Area: 15 Counties in Wisconsin

The Federal Government through treaties in the past are required to provide health care to Tribal members. (Indian Health Service)
Ho-Chunk Nation Health Department

• Health Department size: ~200 Health employees of which 75 are Community Health or Environmental Health, 6 Community Health offices, 2 ambulatory clinics, four Behavioral Health offices.

• Services Provided:
  ◦ Clinical
  ◦ Community Health (Public Health)
  ◦ Behavioral Health
History of HCN Health Department/Public Health

- Pre 1985: Roots in Public Health
- 1995-Current
  - Primary care expansion including Clinical Accreditation (AAAHC)
  - Building more formal relationships
Ho-Chunk Nation Interest In Public Health Accreditation

- FUNDING: Need to stay relevant
- Improving processes as organization grows
- Benefits of clinical accreditation: accountable, efficient, measurable, fiscal......
Our Road Map to Public Health Accreditation

- 2010 First Tribal Forum supported by IWHI (What is this PHAB thing?)
- State mini grants in 2010-11, self assessment
- Community health assessment done 2011
What’s been done?

Where are we in the process?

- Submitted letter of intent May 2016
- Submitted Application March 2017
- Domain workgroups gather documentation
- Prepared for second round of CHA/CHIP including application for a PHAP Associate through the CDC.
- Implementation of newly approved plans
  - QI/PM Plan
Development of the QI/PM Plan and Dash board

- Choosing a model: Turning Point National Excellence Collaborative on Performance Management
- Choosing a template Plan
- To combine or not to combine
- Development Process: Self Assessment to final document
Performance Management Model

- Key components include:
  - Performance standards
  - Performance measures
  - Reporting progress
  - Quality improvement
The purpose of the Plan:

“The purpose of the HCN Health Department Performance Management System and Quality Improvement Plan is to improve the health of the HCN by ensuring efficient, effective and reliable processes and programs.”
Performance standards

“Where should we be?” These are objective standards or guidelines that are used to assess an organization’s performance. Can be difficult to choose when looking for Tribal Specific data.

Performance Measures

Quantitative measures of capacity, processes, or outcomes. These look at what actually happened compared to what was planned or intended. Example: we intend to have 95% of 2 year olds current on childhood immunizations but actually our data we collected showed only 85% are current.
Choosing Performance Standards and Measures

✓ We allowed each program to choose their own performance standards and measures. (Strategic Plan, CHA, CHIP, WFD)

✓ Each program had to have 1-3 performance standards and measures.

✓ Supervisors were able to chose: challenge was training on performance standards and measures. Still an ongoing learning process.
Reporting of Progress

✓ Needed a way to share information about our progress with our leaders, advisory board, stakeholders, and community partners.

✓ Dashboard development: templates from other organizations
<table>
<thead>
<tr>
<th>Tab</th>
<th>Program</th>
<th>Measure</th>
<th>Goal</th>
<th>Baseline</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td>Finance and A/R</td>
<td>Decrease A/R Outstanding for 181+ days by June 30, 2017</td>
<td>54%</td>
<td>59%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>Finance and A/R</td>
<td>Decrease Average Billing Error Rate to 4% or less by March 31, 2017</td>
<td>&lt;5%</td>
<td>5.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>Contract Health</td>
<td>Secure additional payer agreements by December 31, 2016</td>
<td>4</td>
<td>Dec 31, 2016</td>
<td>0</td>
<td>Start date: June 1, 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Health and Wellness/</td>
<td>Increase the number of eye exams completed in program participants</td>
<td>95%</td>
<td>0.71</td>
<td>69%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Diabetes</td>
<td>(MAR 2017)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Health and Wellness/</td>
<td>Increase the number of screenings for depression completed in program participants</td>
<td>100%</td>
<td>0.84</td>
<td>97%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Diabetes</td>
<td>(MAR 2017)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Health and Wellness/</td>
<td>Increase the number of dental exams with diabetes diagnoses (MAR 2017)</td>
<td>80%</td>
<td>0.34</td>
<td>32%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Community Health Nursing</td>
<td>By Sept 30, 2017, 85% of children who turn 24 months of age within the grant period, seen at HCC, will have completed the 4313314 series</td>
<td>85%</td>
<td>BRF - 10 (Oct 2016)</td>
<td>#REF!</td>
<td>#REF!</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Community Health Nursing</td>
<td>By Sept 30, 2017, 85% of children who turn 24 months of age within the grant period, seen at HOW, will have completed the 4313314 series</td>
<td>85%</td>
<td>HOW - 5 (Oct 2016)</td>
<td>#REF!</td>
<td>#REF!</td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Community Health Nursing</td>
<td>By December 31, 2017, the CHN Program will increase CHN home visits by 3% (2382 visits)</td>
<td>3% increase (2382 visits)</td>
<td>2016: 2313</td>
<td>487</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Community Health Nursing</td>
<td>By December 31, 2017, the Caregiver Program will increase Caregiver home visits by 3% (9946 visits)</td>
<td>3% increase (9946 visits)</td>
<td>2016: 9657</td>
<td>2248</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Community Health Nursing</td>
<td>By December 31, 2017 Increase distribution of cribs to native babies to 45 cribs per grant cycle.</td>
<td>Increase of 8 (40 total)</td>
<td>2016: 32 cribs</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Food Distribution</td>
<td>By September 2017, Increase amount of families/households served monthly by 5%</td>
<td>#REF!</td>
<td>303 served average monthly (3045 families / households) in 2016 (less 3216 avg families/yr)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health</td>
<td>Food Distribution</td>
<td>By September 2017, Increase amount of participants in region 4—Wisconsin Dells by 5%</td>
<td>230 participants per month (2760/year)</td>
<td>219 participants per month (2528/year)</td>
<td></td>
<td></td>
<td>635</td>
<td></td>
</tr>
</tbody>
</table>
Development Process for the Performance Management/Quality Improvement System

✓ Once the outline and basic model was determined/agreed upon the next step was the self assessment (to be completed every 3 years)

✓ Public Health Foundations: Public Health Performance Management Self-Assessment Tool

✓ Provided to each of the department Supervisors to complete.
✓ Spread sheet developed to tabulate data
✓ Self Assessment Summary document developed

Public Health Performance Management
Self-Assessment Tool

How well does your public health team, organization, or system manage performance? Use this assessment to find out if you have the necessary components in place to achieve results and continually improve performance. This self-assessment tool is a guide that was designed to be completed as a group, and can be adapted to fit an organization or system's specific needs.

Using This Tool

This self-assessment tool will help public health teams, organizations, and systems identify the extent to which the components of a performance management system are in place. It is intended to generate group discussions about building and improving a performance management system. Use it to help manage performance and prepare for voluntary public health department accreditation, if desired. Developed by and for public health agencies, the tool is organized around five components (framework at right).

- Visible Leadership
- Performance Standards
- Performance Measurement
- Reporting Progress
- Quality Improvement

For each component, several questions serve as indicators of performance management capacity. These questions cover the elements, resources, skills, accountability, and communications to effectively practice each component.

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Resources to Help, Take the Next Step, Definitions .......... 10

Developed in 2015, adapted from the 2003 Turning Point Performance Management System Framework
Section 2: Performance Standards:

Average total responses (Never/Almost Never): 16%
Average total response (Sometimes): 41%
Average total response (Always/Almost Always): 43%

Summary of findings:
Development Process for the Performance Management/Quality Improvement System

- Template/sample plans had domain standards and measures within the plan
- Facilitated meetings with our QI Director and IWHI
- Several drafts later!
- Approval by Executive Director of Health
- Approval by Health Board
- Posting Plan: spreading the word!!
- Implementation: Currently in this phase.
Challenges

- Time restraints: much more time consuming
- Change in key staff
- Upper management buy in
- Training staff
- Creating the culture of PM/QI (just takes time)
- Change in PM and dash board
Ho-Chunk Nation
Community Health Division &
Environmental Health Division

Performance Management System and
Quality Improvement Plan
# Quality Improvement Goals, Objectives & Implementation

This section presents the overall goals and implementation plan for QI. The current goals were selected due to their direct correlation to advancing QI maturity of staff and establishing a culture of QI in the Community Health and Environmental Health departments. This work plan will continue to be updated with new objectives and strategies as the plan progresses. Goals and activities are consistent with the current department strategic plan, work force development plan and the Community Health Division and Environmental Health Division Performance Management System and Quality Improvement Plan. These goals and objectives will be reviewed at least annually and additional goals and objectives may be added to the plan as needed.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives &amp; Activities</th>
<th>Measure</th>
<th>Timeframe</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal: Implement at least 1 program QI and 1 administrative QI project annually with at least one of those to be implemented based on the PM system.</strong></td>
<td>By December 31, 2017 two QI projects will be completed. All documentation regarding project activities and implementation will be provided to the QI Director.</td>
<td>Completed QI tracking documentation.</td>
<td>January 1, 2017 - December 31, 2017</td>
<td>CH Director/EH Director/ QI Director</td>
</tr>
<tr>
<td><strong>Goal: Make changes to the current orientation packet to include basic QI 101 training.</strong></td>
<td>By December 31, 2017 the new hire orientation packet will be updated to include supervisor and employee sign off on QI 101 training completed.</td>
<td>Updated orientation signature page to include QI 101 training.</td>
<td>January 12017 - December 31, 2017</td>
<td>QI Director</td>
</tr>
<tr>
<td><strong>Goal: Develop and/or adopt a QI 101 training that will be used for all new hire employees.</strong></td>
<td>By December 31, 2017 the QI department will develop and/or adopt a QI 101 training module that will be used during new hire orientation.</td>
<td>The training module.</td>
<td>January 12017 - December 31, 2017</td>
<td>QI Staff</td>
</tr>
<tr>
<td><strong>Goal: All new hire staff will be provided QI 101 (Basic QI) training including training on Ho-Chunk Nation Health Department specific QI forms, policies, and plans within 7 days of employment.</strong></td>
<td>By December 31, 2017 all new hire employees will be provided with basic QI training including program forms, policy, and plans.</td>
<td>Completed orientation</td>
<td>January 1, 2017</td>
<td>QI Director/ QI Staff</td>
</tr>
</tbody>
</table>

- Both the new hire staff and trainer will sign off on the orientation packet that training was completed. Located in employee file. | 2017 - December 31, 2017 | staff |
Questions?

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