Organizational Self Assessment as a tool for excellence

Pamela Thunder, RS
Ho-Chunk Nation Tribal Sanitarian
Location: Wisconsin
  - Not a land based Tribe

Population: In Wisconsin 5256
  - Total US 7495

Indian Health Service
Area: 15 Counties in Wisconsin
Health Department size: ~180 employees, 6 Community Health offices, 2 ambulatory clinics, four Behavioral Health offices.

Services Provided:
- Clinical
- Community Health (Public Health)
- Behavioral Health
Why Accreditation

- Funding: need to stay relevant
- Improving processes as our organization grows
- Seen benefits of clinical accreditation including: accountability, efficiency, measurability, fiscal............
Our Road Map to PHA

- 2010 First Tribal Forum
- State mini grants in 2010-2011 to complete our first Organizational Self Assessment
- 2011 PHA Committee formed, Community Health Assessment completed, Health Board formation
- 2012 Community Health Improvement Plan and Strategic Plan updated
Process: grant project, extremely detailed, only Supervisors involved, not a lot of back round on PHAB

Learn about the health department capabilities

Used capacity as the rating criteria

Used to inventory the infrastructure of the Health Department

- What do we do? Is this public health? Does PHAB apply to us?
Placed on a shelf
Process: True snap shot and more input from several levels

One meeting ~6 hours to do the entire OSA

Domain Leaders took the lead for measuring

Rating Criteria used: time
# Painful

Heated Discussion

Overwhelming feeling
- Readiness for application to PHAB
- Justification of work being done/continued
- Show process to staff: create continued by in
- Show leadership improvements made during the process

Developed by Oneida County Health Department, 2015
Focus and direction for projects
Target funding opportunities
Re-evaluate large documents: second look with more experienced eyes
Quality Improvement Plan found not acceptable
Performance Management Plan more time consuming than previously thought.
Strategic Plan not so Strategic
Change time line and application
This was all good stuff!!! Felt very productive and focused in our efforts
Mini OSA prior to application: there are so many moving parts its good to go back and verify
More fluid time line established
Domain group leaders have a measuring tool
Can show easily staff, Health Board, upper management progress
By in!
If we had a re-do

- Use OSA more along the way
  - More efficient process/focused
- Share results with staff, board, and management
- True time line: accountable to
- Not a linear process: think spider web
- Some projects started sooner eg Performance Management, Work Force Development, Branding
So Next Steps In Our Journey

- Application December 2016
- Strategic Plan modifications
- CHIP implementation/update
- Currently working on PM/QI
  - Challenges
  - Progress
Presentation Overview

• A quick look of Cherokee Nation

• A look at some of CN’s PH efforts funded by NPHII

• A look at where Cherokee Nation (CN) is at in the accreditation process & where CN is headed.

• How we organized

• Lessons learned on performance management and QI
A Quick Look at Cherokee Nation
Cherokee Nation Public Health

We Are Public Health

Gathering and preparing traditional foods strengthens our culture and our health. Learn more at cherokeepublichealth.org.
Overview of Cherokee Nation (Tribal Jurisdiction)

- Comprised of 14 counties in NE Oklahoma
  - 6 counties fall wholly w/in CN jurisdiction
  - 8 counties fall partially w/in CN jurisdiction

- Tribal Jurisdictional Service Area (TJSA)
  - 9,200 square miles
  - 51% of TJSA is rural vs. 32% for State
  - Capital is in Tahlequah
Health Services in Cherokee Nation
Overview of Cherokee Nation (Demographics)

- Cherokee Nation (CN) is the second largest Tribe in the US.

### Population of CN – Registered CN Tribal Members

<table>
<thead>
<tr>
<th>Population Type</th>
<th>Registered CN Tribal Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Population**</td>
<td>315,647</td>
</tr>
<tr>
<td>Oklahoma Population**</td>
<td>210,155</td>
</tr>
<tr>
<td>CN 14 County **</td>
<td>166,480</td>
</tr>
<tr>
<td>CN 14 County TJSA**</td>
<td>139,431</td>
</tr>
</tbody>
</table>

### Population of CN 14 Counties

<table>
<thead>
<tr>
<th>Population Type</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Total Population (all Races)*</td>
<td>1,157,831</td>
</tr>
<tr>
<td>Total Population (all AI/AN)*</td>
<td>205,222</td>
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<tr>
<td>Total Population (Cherokee citizens)**</td>
<td>166,480</td>
</tr>
</tbody>
</table>

### Population of CN 14 Counties TJSA

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<tr>
<th>Population Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population (all Races)*</td>
<td>505,021</td>
</tr>
<tr>
<td>Total Population (all AI/AN)*</td>
<td>125,440</td>
</tr>
<tr>
<td>Total Population (Cherokee citizens)**</td>
<td>139,431</td>
</tr>
</tbody>
</table>

*Census 2010 (SF 100% data)  **CN Registration Dept. (1/28/2013)*
Clinical Health Division

- 100,000+ patients
- 8 Tribal Health Clinics
- 1 Employee Clinic
- 1 Tribal Hospital
- 1 IHS Hospital
CN Health Facilities

A-Mo Salina Community Center

Sam Hider Jay Community Center

Nowata Primary Health Care Center

Muskogee Health Center

Wilma P. Mankiller Health Center

Redbird Smith Health Center
CN Health Facilities

Vinita Health Center

W. W. Hastings Indian Hospital

Bartlesville Health Center

Claremore Indian Hospital (IHS/ HHS)
Cherokee Nation Public Health Stakeholders

- Community Health Promotion Program
- Behavioral Health Prevention Program
- Cancer Program
- Quality Improvement and Quality Management
- Emergency Medical Services
- Cherokee Elder Care
- Women, Infants & Children (WIC)
- Jack Brown Center
- Public Health Nursing
- Environmental Health
- Emergency and Risk Management
- Health Research Program and Institutional Review Board
- Cherokee Marshal Services (Public Safety and Law Enforcement)
- Geographic Information Systems (GIS)
- Diabetes Prevention Program
- Community Health Representatives
So Why Should Tribes Care About Public Health Accreditation?
Per Capita Health Expenditures

- **Indian Health Service (2013)** $2,741
- Bureau of Prisons (2006 estimate) $3,986
- Medicaid recipients (2014) $7,565
- Veterans Administration (2009) $4,457/$12,658
- Medicare (2014) $12,051
- US General Population (2014) $9,255

Tribal Public Health Systems

• Diverse and Unique
• Linked closely to direct care
• Strengths/Weaknesses
• Potential for Partnerships with State/Local
• Essential for Future of AI/AN Health
CN’s Journey Through the Public Health Accreditation Process
Overview of Public Health Efforts

- Began exploring in 2007
- PHAB Beta-Test participant
- NPHII recipient
- Tribal PH System’s self-assessment (NPHPSP)
- Tribal Health Assessment (CN-THA)
- “State of the Cherokee Nation” health report
- “CN Tribal Community Health Profiles” for the Tribal communities/counties that make up CN
- Apply and successfully achieve PHAB Accreditation
Overview of Public Health Efforts

- Implement Digital Storytelling to supplement CN’s health reports and health profiles – a new technological spin on Cherokee traditional “oral” storytelling.

- Develop a Surveillance/Epidemiology division that will allow CN to produce, collect, house and publish CN specific data.

- Develop a virtual system to manage PH Performance & Quality improvement efforts.

- Develop and publish a guide to provide tribe specific examples and guidance to any Tribal Health Department/Tribal Nation interested in accreditation, “A Tribal Roadmap to PHAB Accreditation”.
Organization

• Multiple departments coming together
• Public Health Committee
• To tackle accreditation we divided our team by domains
• Many hats
Performance Management & QI

• Our clinical side has a system in place
• We had to wrap our heads around QI & PM with a Public Health prospective
• Training (PHF)
• Gain buy in
• Make changes to our system to fit our needs
• Our thoughts
Questions or Comments?