

IHS-Colorado River Service Unit



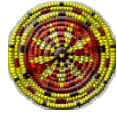
HSAG IC Project



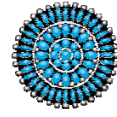
CRSU Overview



The CRSU is a Complex Operation Which Provides Services for Indian People at 5 Different Locations. Two in California and Three in Arizona.



CRSU COVERAGE AREA



 <p>Chemehuevi Health Clinic</p>	 <p>Parker Indian Health Center</p>	 <p>Supai Health Clinic</p>
 <p>Peach Springs Health Center</p>	<p>Colorado River Service Unit</p>	 <p>Sherman Indian Health Clinic</p>



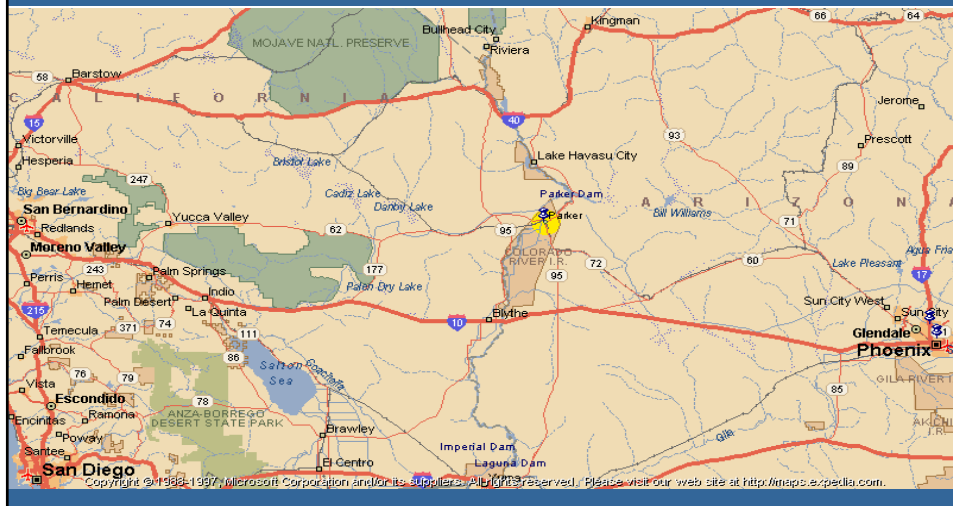
CRSU VISION



To be Recognized as a Model in Providing Culturally Sensitive Community Based Care for Native American People.

Accomplished Through Partnerships, Community Relations, Education and Maximum Utilization of Resources.

Parker Indian Health Center Parker, Arizona



Parker Indian Health Center Parker, Arizona



Parker Indian Health Center Parker, Arizona

- ◆ **15-Bed Critical Access Hospital**
- ◆ **Swing Bed**
- ◆ **Level III ER/Urgent Care**
- ◆ **Ambulatory Clinic**





CRSU Governing Body Members



1. Vacant, CEO-Chairperson
2. Cathy Welchert, Admin. Officer
3. Dr. Laurence Novick, Clinical Director
4. Dr. Gerald Ferris, Deputy Clinical Director
5. Erna Johnson, Director Of Nursing
6. Lilly Shimahara, Quality Mgmt Officer
7. Doug Pereau, Facility Manager
8. Rosemary Sullivan, Health Center Dir.-PS

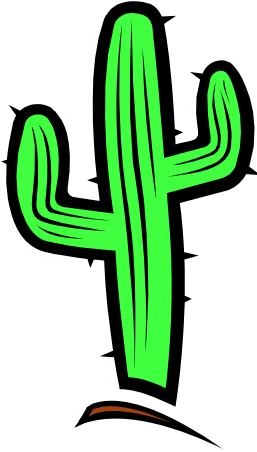
Services Provided

- ✓ General Medical
- ✓ Family Practice
- ✓ Preventative Health
- ✓ Podiatry
- ✓ Nutrition
- ✓ Dental
- ✓ Physical Therapy
- ✓ Public Health Nursing
- ✓ Optometry
- ✓ Health Education
- ✓ Environmental Health
- ✓ Social Services

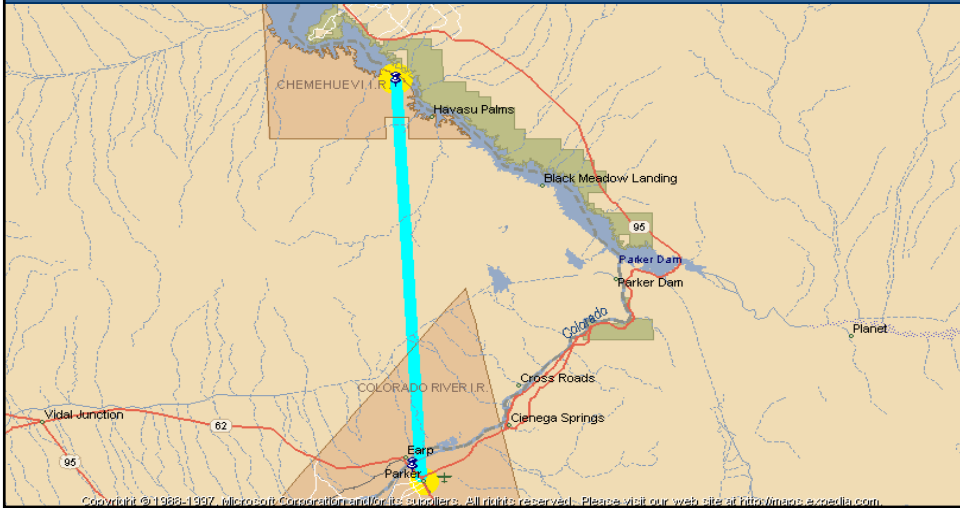


Specialty Clinics

- Pulmonary
- Pediatrics
- OB\GYN
- ENT
- Audiology
- Cardiology
- Ophthalmology
- General Surgery
- Orthopedics
- Genetics



Chemehuevi Health Clinic Havasu Landing, California



Chemehuevi Health Clinic Havasasu Landing, California



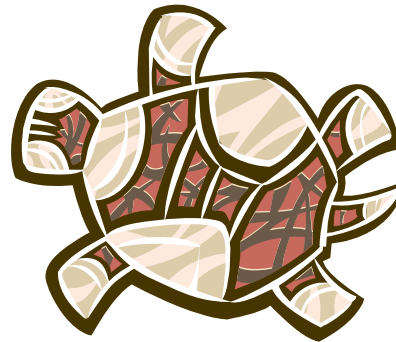
Chemehuevi Health Center

- ◆ A small ambulatory clinic located in Chemehuevi, CA 60 miles Northwest of Parker
- ◆ 9-4, 3-days per week; Mon-Wed-Fri

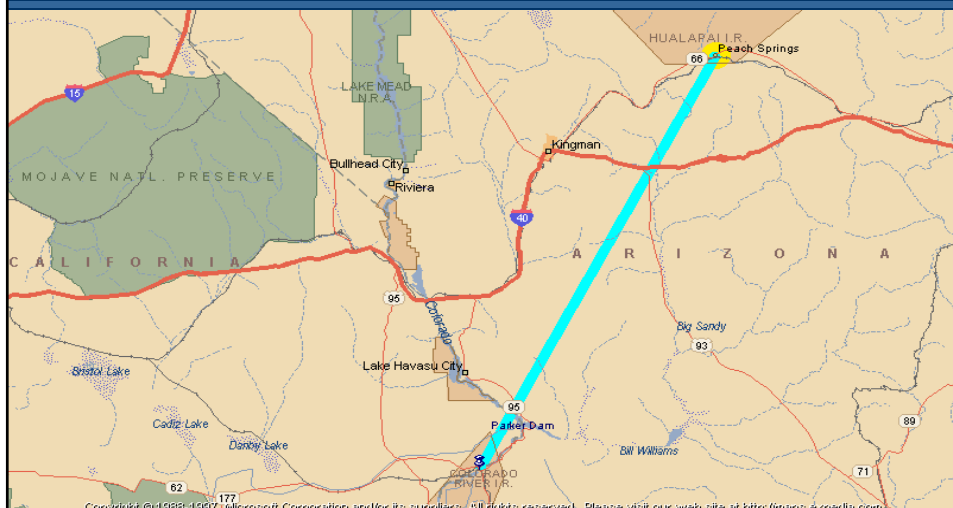


Services Provided

- ✓ General Medical
- ✓ Family Practice
- ✓ Preventative Health
- ✓ Podiatry
- ✓ Nutrition
- ✓ Dental



Peach Springs Health Clinic Peach Springs, Arizona



Peach Springs Health Clinic
Peach Springs, Arizona
17,500 Sq Ft



Peach Springs Health Clinic
Peach Springs, Arizona

- ◆ Peach Springs 150 miles Northeast of Parker
- ◆ Ambulatory Care facility 8-5, M-F
- ◆ Services include general outpatient services, dental care, and preventive services.
- ◆ Patients requiring emergency medical services are transported to Kingman



Services Provided

- ✓ **General Medical**
- ✓ **Family Practice**
- ✓ **Preventative Health**
- ✓ **Nutrition**
- ✓ **Dental**
- ✓ **Public Health Nursing**
- ✓ **Health Education**
- ✓ **Environmental Health**
- ✓ **Social Services**

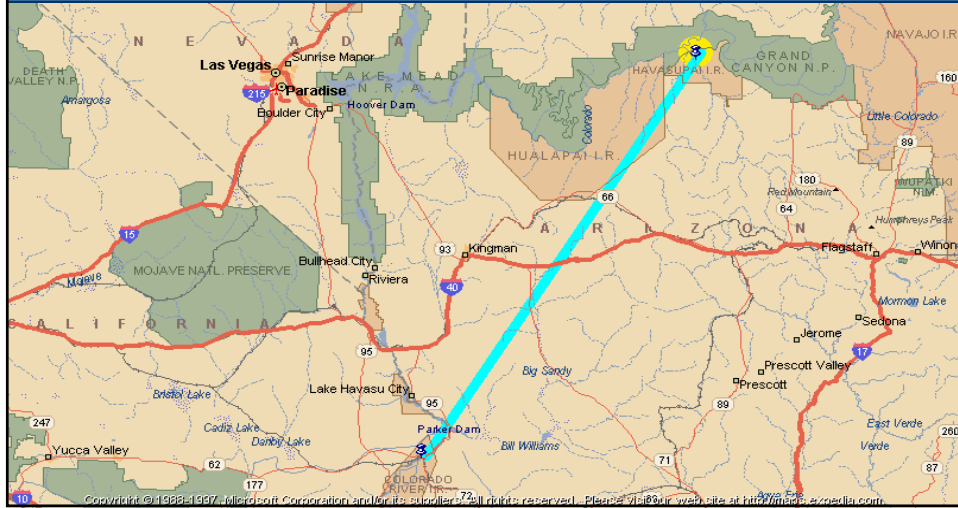


Specialty Clinics

- ◆ **Pediatrics**
- ◆ **Podiatry**
- ◆ **Ophthalmology**
- ◆ **Cardiology**
- ◆ **General Surgery**
- ◆ **Nutrition**



Supai Health Clinic Supai, Arizona



Supai Health Clinic Supai, Arizona





Supai Health Clinic Supai, Arizona

- ◆ Supai 210 miles Northeast of Parker
- ◆ Ambulatory Clinic 8-5, M-F



Services Provided

- ✓ General Medical
- ✓ Family Practice
- ✓ Preventative Health
- ✓ Nutrition
- ✓ Dental



Specialty Clinics

- ◆ Podiatry
- ◆ Ophthalmology
- ◆ Cardiology



Supai Hill Top



Grand Canyon to Supai



Sherman Indian Health Clinic Riverside, California



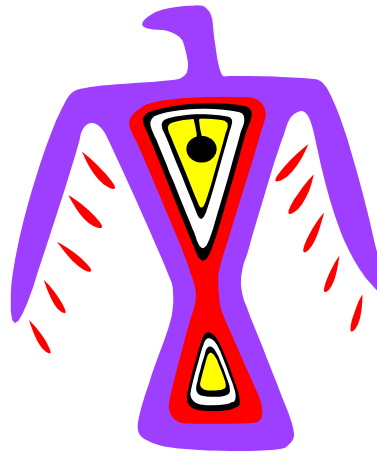
Sherman Indian Health Clinic Riverside, California

- ◆ Sherman Health Clinic 220 miles West of Parker
- ◆ Located on the grounds of the Sherman Indian School
- ◆ Ambulatory Clinic 8-3, M-F



Services Provided

- ✓ General Medical
- ✓ Family Practice
- ✓ Preventative Health
- ✓ Nutrition
- ✓ Health Education
- ✓ Social Services





CRSU IC Team Members

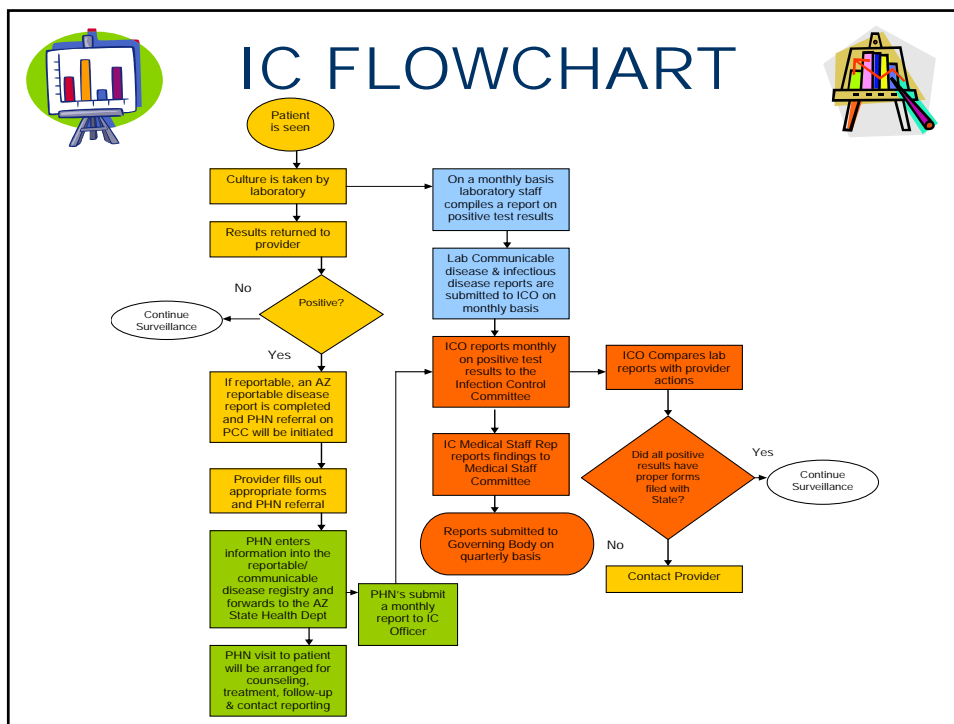


1. Jean Golding, Comp. Spec
2. Mary Torrez, IC officer
3. Cheryl Hansen, Nurse Educator
4. Dr. Gerald Ferris, Deputy Clinical Director
5. Sherry Nelson-Smith, Lab Director
6. Lilly Shimahara, Quality Mgmt Officer
7. Susan Luis-Dougherty, PHN Director

CRSU IC AIM STATEMENT

By August 31, 2010, the infection control officer's log of infections and communicable diseases will document 100% of the reportable incidents related to all patients.





DATA MONITORING PLAN

CRSU Data Monitoring Plan

- Quality Improvement Initiative: Timely Reporting of reportable incidents.
- AIM statement: By August 31, 2010, the infection control officer's log of infections and communicable diseases will document 100% of the reportable incidents related to all patients.
- Key Measures, specifications and data sources (complete the table below and attach data collection tool.

Measure Name	Measure description	Measure calculation	Data source
1. Timely reporting of reportable diseases.	100% of reportable diseases obtained throughout CRSU will be sent to the Parker Laboratory for report to the infection control committee on a monthly basis for review. IC officer will follow up.	# of positive culture results received from the laboratory against the reports from Sonora Quest.	a) Monthly reports from lab b) Reports from Sonora Quest
2. Timely reporting of communicable diseases.	100% of reportable diseases obtained throughout CRSU will be sent to the Parker Laboratory for report to the infection control committee on a monthly basis for review. IC officer will follow up.	# of positive culture results received from the laboratory against the reports from Sonora Quest.	a) Monthly reports from lab b) Reports from Sonora Quest
3. Timely Reporting of Multiple Drug Resistance Organisms	100% of reportable diseases obtained throughout CRSU will be sent to the Parker Laboratory for report to the infection control committee on a monthly basis for review. IC officer will follow up.	# of positive culture results received from the laboratory against the reports from Sonora Quest.	a) Monthly reports from lab b) Reports from Sonora Quest



Implementation Plan



	Implementation Questions	Response	Target Date
1.	Who is the member of Executive Leadership that will officially approve the Team Charter, and when?	CEO	COMPLETE
2.	Who will be the Executive Champion for this initiative who will lead the development and execution of the Implementation Plan?	CEO/QM	COMPLETE
3.	Who is the primary physician champion for this initiative?	DR. FERRIS	COMPLETE
4.	Who will be involved in the developing the Implementation Plan?	INFECTION CONTROL GROUP	COMPLETE
5.	Who will be the Process Owner for this process change that will track performance; get feedback and input on progress and barriers; inform the members of the QI team; document any plans to redesign your processes or systems; and document changes in the process flow?	INFECTION CONTROL GROUP	COMPLETE
6.	Is the Process Owner experienced in developing process flow charts and if not, how will that skill be developed?	YES	
7.	How will all the people involved in making the targeted process successful learn about their individual responsibilities?	IC GROUP & IC COMMITTEE	ONGOING
8.	How will the Board of Directors be informed about the initiative?(Tip: Use message from CEO)	CEO	ONGOING
9.	How will the medical staff learn of the initiative? (Tip: message from CEO)	CEO/CD	ONGOING
10.	How will the hospital staff learn of the initiative? (Tip: Use message from CEO)	CEO	
11.	Who on the hospital staff needs to know the details about the new process and how it will be tested and how will they find out? (Tip: Use process flow chart)	OUTLYING CLINICS, PHN, LAB, NURSING AND MEDICAL STAFF	ONGOING
12.	Who on the hospital staff or medical staff has the greatest knowledge of proven methods for managing change and improving performance; and which method is it for? (i.e., Baldrige, Six Sigma, FOCUS PDSA Model, etc.)	DR. FERRIS, FOCUS PDSA MODEL	ONGOING
13.	How will the Process Owner document any plans to redesign your processes or systems? (i.e., process flow charts, PDSA forms, meeting minutes)	IC GROUP	ONGOING
14.	Who will lead the development of your Data Monitoring Plan?	QM	ONGOING
15.	On what measures will you initially focus your attention?	Timely reporting & monthly reports to lab	ONGOING
16.	Who will develop your Data Collection Tool?	IC Group and IC committee	COMPLETE

BARRIERS

- Change in leadership
- Timely reports from Supai



Summary

