

CASE STUDY

Turnaround at Great Plains Area Hospital Transforms Indigenous Community

After facing CMS termination and the shutdown of its emergency department, an IHS facility undertook a massive turnaround – transforming the ER and improving patient outcomes with medical provider staffing.

Indigenous communities typically struggle with high rates of comorbidities such as diabetes, liver disease, cancer, hypertension and chronic respiratory diseases. Accessible, quality medical care is a must. For many Native Americans and Alaskan Natives, Indian Health Services (IHS) is their lifeline – but it's a lifeline badly in need of assistance, given the chronic underfunding and widespread challenges that plague so many IHS facilities. A report from the U.S. Commission on Civil Rights revealed the U.S. government spends an average of \$9,207 per capita for health care, while allocating only \$3,332 per capita for IHS.

On a day-to-day basis, this underfunding translates to dangerous clinician shortages and limited resources. That was the case with a Great Plains Area IHS Hospital, which serves 14,000 tribal members each year in the emergency room. Chronic inefficiencies and provider shortages impaired the hospital's capacity to care for patients.

*“These inequities have had a major impact on Native American communities in terms of healthcare,” said Scott Giles, Tribal EM Nurse Supervisor.
“For this particular facility, the impact was disastrous.”*

In late 2015, it became clear that substandard care was endangering patients’ health, due to citations deemed of Immediate Jeopardy to ED patients. As an Office of Inspector General (OIG) report noted, “Immediate Jeopardy is the most serious deficiency categorization based on the scope and severity of the actual or potential harm to patients.” Several disturbing incidents included an unattended patient giving birth on the ED bathroom

floor and a lack of sufficient care for a pediatric patient with a head injury.¹

IHS was forced to shut down the emergency room for seven months. Patients in dire medical situations now had to travel 50 miles or more to the nearest emergency room. The result was catastrophic: five mothers gave birth in ambulances and nine people died during transport.

Correcting a Troubled History

IHS immediately launched an action plan to address deficiencies in leadership and clinical oversight while improving the quality of care. The ED reopened in July 2016 but staffing deficiencies and high turnover continued to affect patient outcomes.

Eventually, the Centers for Medicare & Medicaid Services (CMS) placed the hospital on a track toward termination from the Medicare program. Given the hospital’s heavy reliance on Medicaid revenues, the loss of CMS certification threatened a major financial blow.

“We’ve seen significant improvements across metrics like door-to-doctor time, time-to-screening exam and time-to-discharge. You can measure the increase in efficiency.”

The hospital avoided the loss of its CMS certification just two weeks before the expected termination date, but staffing issues continued to challenge the hospital. At this point, OIG recommended that IHS implement a staffing program, which involved a partnership with a medical staffing agency.

It was a smart strategy, given that provider agencies can immediately deliver a high-quality talent pool with specialized medical skills. Unfortunately, that agency failed to meet staffing requirements, leaving several vacancies.

After terminating the unsuccessful contractor, IHS sent out a solicitation for services. Tribal EM won the bid—and the hospital’s Emergency Department transformation began.

The Path to Hospital Transformation

Accountability Contracts

Documented mandates ensured exceptional quality, while metric-based process improvements continually increased efficiency.

Cultural Training

Providers trained in tribal nuances delivered compassionate care and helped build community trust.

Clinical Oversight

24/7 backup from Tribal EM medical leadership supported staff and ensured patients received world-class medical care.

Ongoing Collaboration

A robust mix of full-time and locum tenens providers and IHS staff reviewed patient care challenges and clinical strategies together.

¹ U.S. Department of Health and Human Services, Office of Inspector General, July 2019

“Tribal EM worked with IHS to make improvements across the board – from scheduling to quality of care from nurses and physicians to quality control and safety,” he said. “It was a pretty daunting task, to be honest. But we got through it together and got that certification back.”

Partnering for Smarter Population Health

Giles saw the dramatic changes firsthand when he began working at the facility’s Emergency Department in 2018. At the time, he was working at another Great Plains Area hospital but began pitching in to cover the staff shortage. “One day they asked, *Can you take this night shift? Otherwise, we’ll have to close the ER because we don’t have enough staff,*” he recalled. “I couldn’t say no to that.”

Giles knew of the emergency room’s previous closure and wanted to help steer the hospital’s recovery. Soon he began working at the hospital full time, which gave him a front-row seat to the clinical rejuvenation taking place.

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Tribal EM worked closely with IHS to design a shared-accountability contract with strict mandates for safety and quality. Such partnerships between a contractor and the federal government can be unusual in tribal healthcare – but as Giles pointed out, they’re a standard factor in Tribal EM’s success in meeting its targets and improving healthcare for Native populations.

From Collaboration to Quality Care

Three years later, emergency care at the once-troubled Great Plains Area hospital is a very different story. Today, Tribal EM provides a robust complement of full-time board-certified providers, with approximately three dozen nurses, a dozen or so advanced practice providers and more than 20 physicians working with IHS clinicians and hospital leadership.

“When I first started at the hospital, there was one federal nurse on staff,” Giles said. “Now we have three or four federal nurses in the ED working in collaboration with TEM nurses and support staff. It doesn’t matter if you are federal or TEM, we are one team.”

The result is exceptional patient care and outcomes aligned with national standards. In addition to helping the hospital maintain its CMS certification, Tribal EM was integral to the hospital receiving the Joint Commission’s Gold Seal of Approval in Dec. 2019. Earning this accreditation is a badge of honor for any hospital—it signifies rigorous adherence to national patient safety and quality standards.

Given the facility’s troubled history, these results might seem extraordinary. But they’re actually the normal outcome of Tribal EM’s highly methodical approach to improving care in Native American hospitals.

This approach started with developing strong relationships with tribal, hospital and IHS leadership in what Giles called “a very collaborative effort.” Together, Tribal EM and IHS now review patient care challenges and continually evaluate compliance with the hospital’s Quality Assessment Performance Improvement plan. Tribal EM leaders also provide clinical oversight to support the staff and ensure the patients receive world-class medical care.

The progress is especially visible in the team’s metric-managed approach to process improvements.

“We’ve seen significant improvements across a variety of metrics like door-to-doctor time, time-to-screening exam and time-to-discharge,” Giles said. “You can measure the increase in efficiency.”

Rebuilding Trust, Reconnecting to Purpose

Perhaps the most precarious element in any story of Indigenous healthcare is that of trust. Native Americans and Alaskan Natives have experienced an entrenched pattern of unethical medical practices. The providers and hospital leadership understand this and have worked hard to offer a consistent and culturally sensitive clinical workforce.

“When you look at such a long history of substandard care, it takes a long time to rebuilt trust – but I think the community has a higher amount of trust in IHS now than ever before,” Giles said, noting the staff emphasize transparency and compassion in every interaction. “The community knows a transformation has taken place and they’re confident they’ll receive good care.” That new level of faith was apparent in the facility’s highly successful COVID-19 vaccine program, which exceeded their target vaccination goal the first day.

At the end of the day, Giles believes both the community and the facility especially value the stronger patient-provider relationships.

“Now we see patients thanking nurses and doctors for excellent care, for going above and beyond,” he said. “And the providers report higher satisfaction themselves, especially when they see the positive impact of their efforts on the Sioux community. It’s changed everything for both patients and staff.”

Rebuilding Resilience: The Results

- Joint Commission Gold Seal of Approval
- CMS certification
- Top-tier emergency department
- Quality Initiatives compliance
- High patient satisfaction
- Faster door-to-doctor time
- Faster time-to-screening exam
- Shorter time-to-discharge
- Reduced Left Without Being Seen (LWBS) Rates

