

2024

TRIBAL HEALTH IMPACT REPORT



TRIBAL
HEALTH



FROM MISSION TO MOMENTUM

When Tribal Health launched in 2015, we had a vision of providing culturally sensitive care at healthcare facilities in Tribal nations. At the time, we had one contract in Arizona - but we recognized the opportunity to change the game of healthcare delivery and we dared to dream big. Today, that dream has manifested as a robust national footprint of practice management and staffing client facilities from coast to coast.

In our mission to transform Indigenous healthcare, we bring advanced frameworks, staff training, and qualified staff to every facility. Our metric-driven quality improvement plans address patient satisfaction, care delivery, capacity management, ED efficiency, CMS and Joint Commission standards, and other factors that can improve outcomes across entire communities.

The secret of our success: the exceptional patient care from our tenacious frontline staff. From treating critical patients in snowbound hospitals to covering staffing shortages, they persevere, innovate, and achieve. We believe our providers are the gold standard of healthcare staffing and we are honored to work with such incredible people.

Martin Luther King Jr. said, "Life's most persistent and urgent question is: 'What are you doing for others?'" As an organization, we strive to answer this question with purpose and positivity every day. Read on for a few stories of the programs we've launched and the places we've changed.

SAN CARLOS APACHE HEALTH CARE

San Carlos Apache Health Care's ED was staffed predominately by a large staffing company when its facility leadership contacted Tribal Health. Similar to other IHS and 638 facilities using large staffing companies, the ED metrics, quality of care, and patient service had suffered during another company's contract - and facility leadership were looking for a staffing and practice management company that could bring quality staff and clinical oversight.

The current challenges included:

- Long waiting times
- Low staff morale
- High turnover
- Little community trust
- Very high Left Without Being Seen rates (greater than 30% in some months)

THE PLAN

The facility engaged Tribal Health to lead, manage, and staff the emergency department. The goal was to bring care and metrics up to national standards by improving the quality of care, increasing efficiency, and decreasing the staff and provider turnover.

Our first move: seeking input from Tribal Elders, the Board, and community members by asking them for their expectations and their ideal vision for the ED.

Next, we engaged internal champions to formulate a 30, 60, and 90-day action plan.



THE RESULTS

Some initial wins helped to propel the team to make larger gains in the short term. We changed the staffing mix and hours to correspond to peak demand times. Next we added point of care testing.

We also implemented a discharge lounge and new, faster registration processes. To improve patient flow, we designed new care pathways.

Meeting national standards was important - and so was tailoring care to community needs. We introduced scorecards to benchmark shift against shift and ensure the frontline team performed as efficiently as possible.

In the end, Tribal Health overcame each obstacle and collectively changed the culture of the ED while improving the quality of care and efficiency metrics. Today, the ED surpasses national standards in Door to Provider time, Door to Decision time and Left Without Being Seen.

In addition, staff turnover has dropped dramatically, with our frontline team enjoying a friendly workplace culture and great relationships with ED nursing, ancillary, and hospital leadership. Most importantly, the community has a deeper trust in its healthcare resources.



SELLS IHS

Like many facilities in Native American communities, Sells was hit hard with COVID-19 patients. The emergency room was overcrowded, with ED providers working long hours. While other hospitals often deal with high demand by transferring patients to another facility, transfers from Sells can take hours - making local quality emergency medicine a must.



THE PLAN

The Tribal Health team worked with IHS to develop several solutions. One was converting a local community center into a ward for COVID-19 patients. Another ambitious endeavor involved creating a second emergency department.

This new ED was designated the Red Unit for COVID-19 and other infectious patients. It had 8 beds and 1 negative pressure room. The old unit was designated as the Blue Unit for non-infectious patients. Outside both units, a nurse triaged all patients; staff also developed a separate area for testing.

“Patients who need to get tested may not want to go into the COVID-19 unit so they go into a designated room for swabbing and testing,” explained Brian Gallagher, Chief Clinical Officer. “They put up plexiglass so radiology techs can take x-rays through it without entering the infectious ward, which maximized infection control.”

THE RESULTS

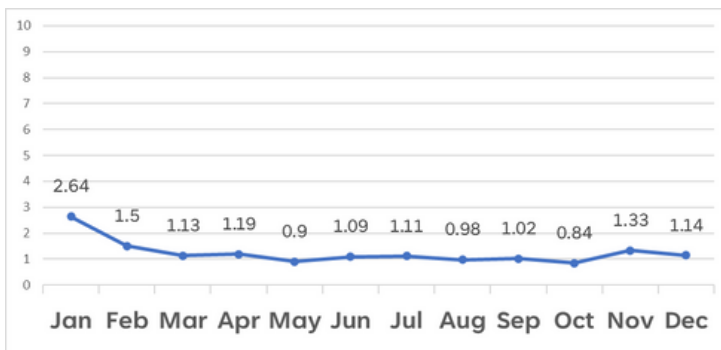
The benefits were immediate. Providers weren't traveling between wards, which kept both patients and providers safer. The team helped design a mobile ER unit for infectious patients, equipped with two beds, telemetry, oxygen, computers, and other technology.

Despite the crush of COVID-19 patients, the facility managed to drive better efficiencies and improve capacity management across the emergency department - with zero COVID infection among providers.

2022 IMPROVEMENTS

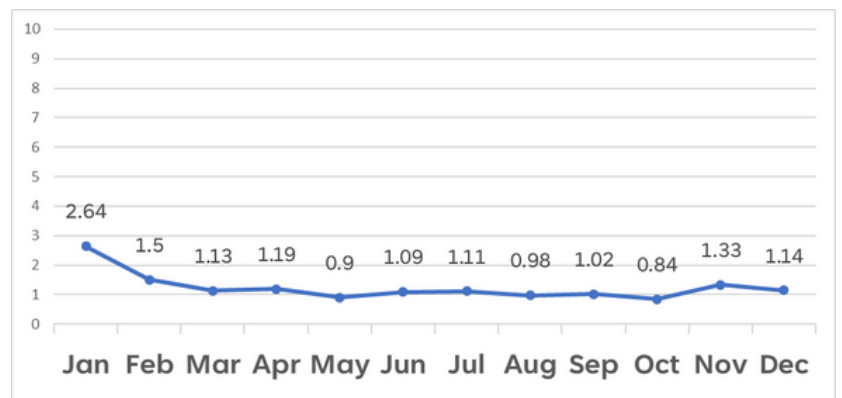
Our metric-managed approach to Emergency Department practice management continued throughout the pandemic. 2022 saw a nearly 40% increase in ED visits at Sells IHS. Our team worked to accommodate the growth while meeting the national standards for care and training the facility staff in new clinical skills.

The results included improved metrics, a number of quality improvements, new policies and procedures, and intense clinical education. We reduced patient complaints to less than 1 in 1000 patient visits and streamlined the credentialing process for an easier, smoother client and provider experience. Our patient satisfaction survey showed exceptional results.



Door to MSE <30 minutes

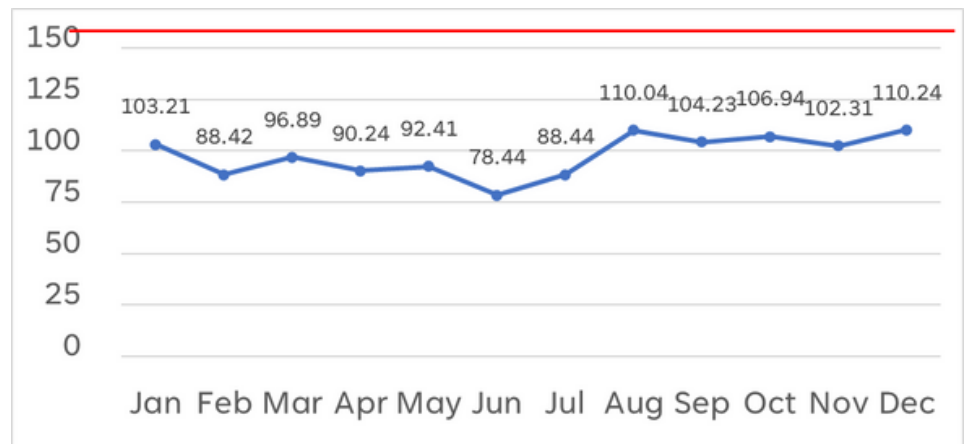
Door to Triage: <10 minutes





LOS <120 Minutes

Door to Decision Admit <150 minutes



Quality Assessment & Performance Improvements

- Weekly updates on goals and timelines
- RN Chart Review
- Daily chart reviews and audits with real-time coaching
- Tracer Charts
- OPPE/FPPE
- Code blue, intubations, blood transfusions, suicidal patients and restraints
- Quarterly performance evaluations
- Patient satisfaction surveys

New Policies, Procedures, and Processes

- Fall Risk Assessment
- Pain Assessment and Reassessment
- Care of the Suicidal Patient in the ED
- Sitter Training and Log
- Opioid Management in the ED
- Care of the Acutely Incapacitated and Intoxicated Patient
- Restraint Policy
- Moderate Sedation
- Infection Control
- Supply Procurement/ Ordering Process
- Standardized team member onboarding
- De-escalation training program
- Mock Codes / Advanced Airway Training
- Care of the Sexual Assault Patient in ED

Ongoing Staff Education

- Emergency Severity Index Training
- ESI algorithm
- Certifications
- Monitoring and renewal of ACLS, BLS, PALS, TNCC/ATLS, and CPI
- Annual Skills Fair ensures clinical competency training for all inpatient and ED nursing and MSA staff.
- EMTALA and HIPPA Training



ROSEBUD IHS

After Rosebud IHS faced CMS termination and the shutdown of its emergency department, Tribal Health helped transform the ER and improve community health. Chronic inefficiencies and provider shortages impaired the hospital's capacity to care for patients - and eventually 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.

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.

Tribal Health worked with IHS to make improvements across the board - from scheduling to quality of care from nurses and physicians to quality control and safety. We also designed a shared-accountability contract with strict mandates for safety and quality.

THE PLAN

The transformation began by developing strong relationships with Tribal, hospital and IHS leadership. We collaborated with local leadership to tailor solutions to community and facility needs. With a blueprint in place, we designed a shared-accountability contract with strict mandates for safety and quality.

Today Tribal Health and IHS review patient care challenges together and evaluate compliance with the hospital's Quality Assessment Performance Improvement plan. Tribal Health also provides clinical oversight to support the staff and ensure the patients receive world-class medical and behavioral care.

Our robust complement of full-time providers includes around three dozen nurses, a dozen or so advanced practice providers, and more than 20 board-certified physicians working with IHS clinicians and hospital leadership. Patient safety is a priority, with our deep bench of specialty experience ensuring all patients are in knowledgeable hands.

CHALLENGES AND SOLUTIONS

1. ER CLOSURE

Tribal Health collaborated with IHS to make quality improvements that ultimately improved metrics like door-to-doctor time, time-to-screening exam and time-to-discharge.

2. PATIENTS DIED DURING TRANSFERS

Tribal Health provides approximately three dozen nurses, a dozen or so advanced practice providers, and more than 20 physicians - ensuring patients can access care without leaving the community.

3. CMS THREATENED TERMINATION

Implementing advanced frameworks and systemic improvements, Tribal Health helped the hospital maintain its CMS certification - and was integral to the hospital receiving the Joint Commission's Gold Seal of Approval in Dec. 2019.

4. SUBSTANDARD CARE

Physicians are American Board of Emergency Medicine eligible or certified, while our clinicians have current ATLS, ACLS, PALS, and BLS certifications - all clinically experienced and all trained in culturally appropriate care.

THE RESULTS

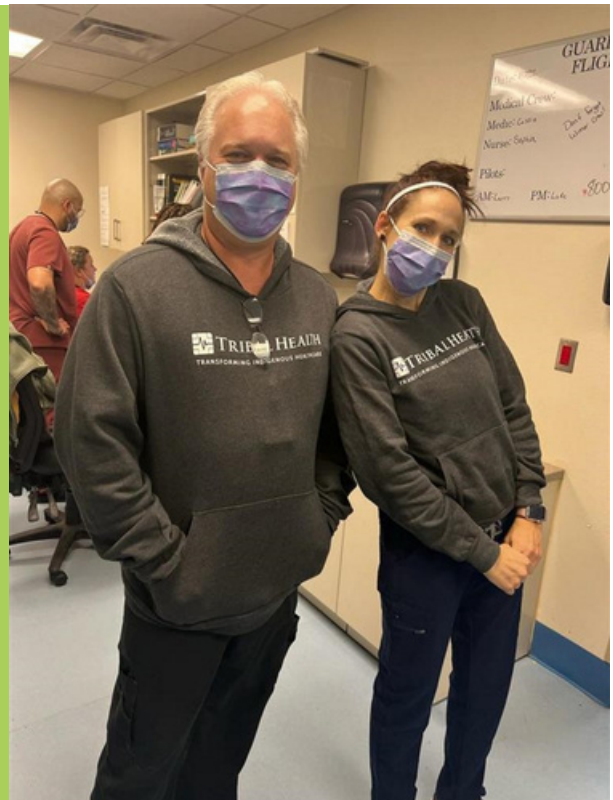
In addition to helping the hospital maintain its CMS certification, Tribal Health helped the hospital receive the Joint Commission's Gold Seal of Approval in Dec. 2019. The team also helped launch the facility's highly successful COVID-19 vaccine program, which exceeded their target vaccination goal the first day. Progress is especially visible in the team's metric-managed approach to process improvements, such as high patient satisfaction ratings and a drop in Left Without Being Seen (LWBS) rates.

Dr. Thomas Barrows has also spearheaded efforts to tackle the syphilis epidemic, transforming the ED into a key access point for syphilis screening and diagnosis on the Rosebud reservation. Because the hospital does not have obstetrical coverage, he has also helped managed life-threatening obstetric complications such as precipitous deliveries, shoulder dystocia, pre-eclampsia, postpartum hemorrhage, and substance abuse intoxication.

Thanks to these improvements, today the community has a higher amount of trust in IHS care than ever before. We look forward to continuing our commitment to elevating patient care in the Great Plains.

“We’ve seen significant improvements across a variety of metrics like Door to Doctor time, Time to Screening Exam and Time to Discharge. You can measure the increase in efficiency.”

*~ Nursing Supervisor
Scott Giles, RN*



DILKON MEDICAL CENTER

At the dawn of 2023, the Navajo citizens of Dilkon, Arizona didn't have many healthcare options. If they wanted to pick up a prescription, they had to drive 90 minutes to the nearest pharmacy. An ultrasound to diagnose an ovarian cyst or an x-ray for broken ankle required an even longer trip.

That changed in August with the opening of Dilkon Medical Center, a \$128 million facility with state-of-the-art equipment and medical services. Tribal Health helped set up housing, unloaded furniture, and put in long hours preparing the facility for launch. Sitting on 43 acres, the 154,000-square-foot medical center includes level 3 emergency and trauma treatment, 12-bed inpatient care, primary care, eye care, dental care, diagnostic imaging, laboratory, pharmacy, physical therapy, behavioral health, and support services.

Today, Tribal Health provides a full complement of emergency medicine staffing and assists with other hospital units as well. "Dilkon Medical Center will provide invaluable care to thousands of people in the surrounding communities - and we are so honored to be part of that," said Tribal Health President Whitney LaCroix. "Assisting with the launch of Dilkon Medical Center has been a privilege and we look forward to a long relationship to come."



PARKER INDIAN HEALTH CENTER

To deal with the dramatic rise in COVID-19 infections on Indigenous lands, Tribal Health launched a critical care response training (CCRT) program. The goal was to train staff at Tribal healthcare facilities in the advanced protocols and procedures required to care for patients infected with the SARS-CoV-2 virus. Medical staff, particularly those in remote locations, typically must travel to distant teaching clinics for training, which can leave hospitals short-handed. Onsite clinical training enables staff to reduce patient transfers and update their skills without missing work.

Tribal Health deployed a CCRT team to Parker Indian Health Center, a service unit that provides care to approximately 13,000 members of four tribes through five clinics and one hospital.

After a thorough assessment of the facility, staff skills, and protocols and policies, the CCRT team implemented changes in multiple areas.



CRITICAL CARE IMPROVEMENTS

PPE

One change was requiring ED staff to wear full PPE: N-95, goggles or face shields, gown, and gloves.

Testing and Medication Safety

The team recommended staff conduct arterial blood gases (ABGs) or venous pH lab tests to care for respiratory patients in the ED and ward. They also worked with leadership to redesign crash carts and secure contents. The team recommended upskilling nurses in IV placement, infrequently used medications and such as vasoactive drips and sedating medications.

Oxygen Supply

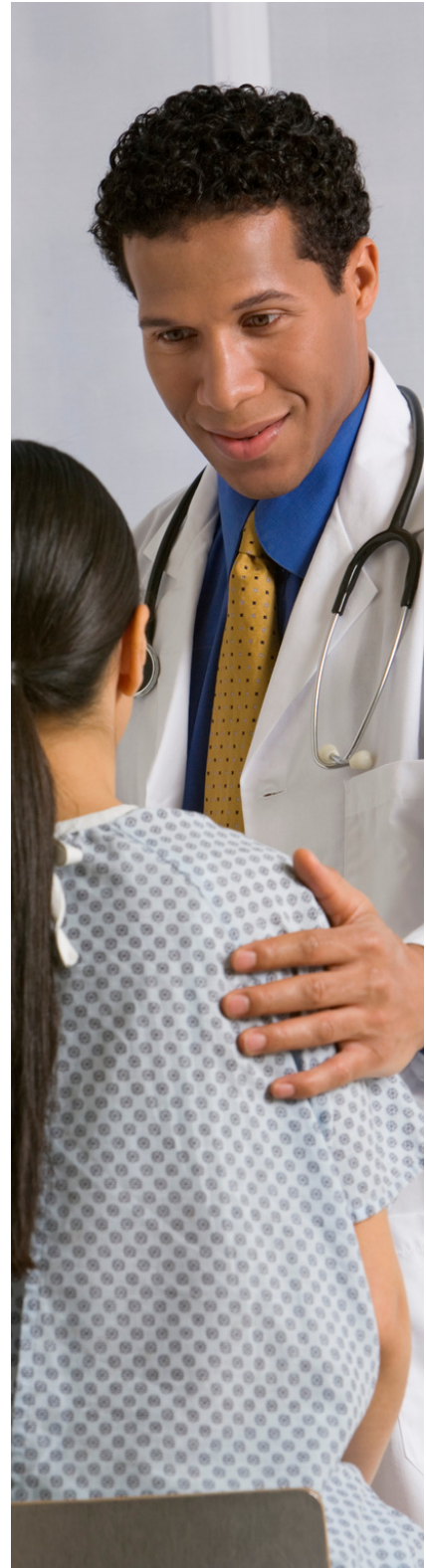
CCRT observed an unreliable O2 supply and noted it was a serious patient safety concern. They asked the facility managers to run several scenarios to understand how much O2 supply will last (e.g., 4/9 high flows running at max flow rates, running a ventilator and several high flows, running all high flows) to inform decisions on autoswitch and/or purchasing more O2 tanks on site.

They also recommended purchasing an auto switch system for O2 tanks (strongly recommended) and purchasing a larger bulk system liquid tank.

Staff Training

Because the staff was experienced only in the use of nasal cannulas and non-rebreathers, the CCRT team trained them in airway management, oxygenation, ventilators, high flow nasal cannula, and intubation. Our respiratory therapist taught them the set-up, settings, alarms, and basic functions of the ventilator BiPAP/CPAP.

After covering hypoxia, oxygenation, ventilation, and CO2 retention, staff practiced mock intubations. The team also created training packets on management pre- and post-intubation, intubation, sepsis, COVID management, ventilator alarms, and more to help the staff train new team members and keep their knowledge fresh.



IMPROVING COVID SURVIVAL

Managing COVID Surge

To manage Covid surge capacity, the CCRT team recommended shifting low acuity/asymptomatic COVID-19 testing from the ED to drive-through testing, and including cardiac telemetry monitoring for at least several rooms.

“By providing elbow-to-elbow training and support, we have a positive impact on not only the facilities but the overall patient care experience,” said Sean Friel, a respiratory therapist who has provided instruction at Parker and other deployments. “When the right resources aren’t there, patients are transferred. This plays out every day and the consequence is a lack of community faith in their local hospital.”

The CCRT team was impressed by the Parker staff’s hunger to learn and said they emerged from the training with more confidence and knowledge. They also identified “shining stars” who they designated as trainers for future staff members who join the Parker team.

“As instructors, our goal is to teach advanced care protocols that build stronger community relationships and drive transformation long after our team departs,” said Friel.

“ *By providing elbow-to-elbow training and support, we have a positive impact on not only the facilities but the overall patient care experience. When the right resources aren’t there, patients are transferred. This plays out every day and the consequence is a lack of community faith in their local hospital.* ”

~ Sean Friel, respiratory therapist



PINE RIDGE IHS

When Pine Ridge IHS faced an influx of COVID-19 patients, their 7-bed emergency department was unable to keep up with the wave of patients.

“Before COVID, we’d see 70-120 patients a day,” said Jamie Keppel, RN Supervisor. “We quickly outgrew the seven-bed ER as our COVID-19 numbers kept increasing.”

THE PLAN

Tribal Health worked with IHS to build a new, modern emergency department – one with two trauma rooms and new monitors, otoscopes, and other equipment. The new ER has 14 beds and 4 fast track rooms, which helped the hospital accommodate more COVID patients.

“Now we have a 14-bed ER with 4 fast-track rooms,” Jamie said. “Patients are surprised. They comment on how beautiful it is. We’ve invited Tribal members in to see it too.”

The team also trained the facility staff in critical care, allowing them to serve more high acuity care patients. To help protect the Tribal elders and minimize the spread of COVID, they launched a mobile unit to bring vaccines to seniors.



NEW STROKE PROGRAM

When stroke patients came into the hospital, the staff on shift often struggled to communicate efficiently in the rush of treatment. To expedite care, the Tribal Health team designed and documented a new stroke treatment program.

“Time is of the essence with stroke,” Jamie pointed out. “So we’ve put new protocols in place and new policies. We clearly document the levels of care needed, which sharpens diagnosis and triaging. We track reviews and time blood cultures carefully. And we collaborate with radiology, EMS, and other teams to make sure patients get the best care.”

Today the stroke program aligns with American Heart Association, Joint Commission, and Centers for Medicare and Medicaid Services (CMS) standards.



STEM EDUCATION

More recently, Tribal Health has launched its complimentary STEM program in the area. Native professionals are underrepresented in STEM fields such as healthcare, engineering, and technology - often because they have less access to STEM coursework than other groups, impacting their career opportunities and ultimately stewardship of Tribal land, resources, and healthcare.

Tribal Health’s STEM digital education program helps Native students in our Great Plains service communities prepare successfully for STEM careers. The curriculum provides interactive lessons, activities, and assessments that can be integrated into existing classroom programs. Instructors can assign student work, grade quizzes, and rely on a library of tutorials and teachers’ guides for support. Best of all, each student can produce a lifetime portfolio to showcase their work and skill sets on their college and internship applications.

BUILDING A COMMUNITY OF CARE

Tribal Health brings culturally sensitive care, world-class providers, and a kinder patient experience to every engagement. From practice management to staffing, from emergency medicine to specialty care to behavioral health, we can deliver the services and oversight your facility needs.

If you're in search of sustainable healthcare change, let's talk about how we can work together to support healthier Native communities.



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