OVERVIEW OF SERVICES AT SAN CARLOS APACHE HEALTHCARE CORPORATION

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CEO
April 20th, 2017
The San Carlos Apache Indian Reservation:

- Established by executive order on November 9, 1871
- Enrollment of over 15,000 tribal members
- Northern Graham, southeastern Gila, and eastern Pinal Counties
- Encompassing over 1.8 million acres
- 10th largest reservation in land area with desert, alpine meadows, and Ponderosa Pine forest.
- Communities include Bylas, Gilson Wash, Peridot, and 7mile.
- Largest employer on the reservation is the Tribal government which operates many agencies
• Legacy Indian Health Service Hospital in San Carlos was built in early 1960’s

TWO 638 Programs – Title I:

• DHHS:
  • Wellness Center was established in 2003, tribally run out-patient mental health and substance abuse program.
  • Other DHHS include: CHR, Public Health, Tribal EMS, WIC, and Food Distribution

• Hospital
  • San Carlos Apache Healthcare Corporation – July 2015
San Carlos Apache Tribal Council

- Lead process for 638 Planning
- Lobbyed in Washington DC
- Articles of Incorporation
- Hospital Governing Bylaws
- 8 member BODs with 7 voting members and 1 Honorary
San Carlos Apache Healthcare
Past to Present
**Mission**
The Mission of Izee’ Baa Gowah is to heal, serve and empower the In-deh (Apache people) while honoring the traditions through a caring, compassionate and respective patient-family centered team.

**Vision**
The Vision of Izee’ Baa Gowah is Apaches healing Apaches to achieve a strong healthy community through the delivery of quality healthcare for current and future generations.

**Values**
- Embrace and live the spiritual value of healing in a harmonious and peaceful environment
- Embrace the needs of family and community with confidentiality and accountability
- Promote and respect the wellbeing of individuals by offering quality holistic healthcare
- Create and build trust in all our relationships
GOAL #1: To provide effective organizational leadership

- Create a “one team concept”
- Measure performance objectively
- Utilize a dashboard ...to effective leadership
- Develop and enhance management skills through a training program
- Create a consistent patient first culture

GOAL #2: Define Roles & Responsibilities for the SCAHC Board and Leadership

- Develop an orientation and onboarding program for Board and Tribal Council
- Finalize SCAHC organization charts
- Revisit SCAHC Bylaws & Board Committee structure
- Develop a SCAHC “dashboard” to track key performance (KPI's)

GOAL #3: Develop Long Range, Community Focused, Planning with San Carlos Tribal Council to Enhance Services and Best Practices

- Host Strategic Planning with TC, DHHS and Key Stakeholders
- Develop a comprehensive community needs analysis
GOAL #4: Identification of Patient Center – “Patient First” Objectives and Outcomes, which include ensuring the patient receives the right care, with the right provider, at the right time and in the right setting.

- Clinical taskforces to research and recommend best practices
- Identify Patient Care Coordination processes for optimal care facilitation (Appointment, Access and transfers)
- Increase capabilities, capacity and efficiencies in Primary Care and Specialty
- Maximize opportunities to keep San Carlos Apache Tribal Members in the Community for their Healthcare needs.
- Optimize processes in the Purchased Referred Care (PRC)

Goal #5: To develop and sustain a highly motivated, inclusive, and dedicated team

- Succession Planning
- Fellowship – Mentoring Program for Key Leadership Positions

Goal #6: SCAHC is the Hospital of Choice for the San Carlos Apache Tribal Community

- Develop a Comprehensive Marketing and Public Relations Program
SCAHC Board of Directors

Apaches Healing Apaches begins with US!
Lots of Change in the First Year:

- Opened new hospital and organization – July 2015
- Begin work on Mission, Vision and Values – August 2015
- Paper EHR in ED – September 2015
- Appointment scheduling for outpatient primary care - September 2015
- Continuing Resolution in October 2015 – made cash flow a challenge
- Hiring of key leadership positions, changes in a few leadership positions and the sun setting the use of Consulting organizations for Clinical, Finance, HR and It
- MRI in January 2016
- Policy and Procedures in place for the Organization
- Preparation and successful Joint Commission Surveys (Lab and full hospital)
- Finalize Mission, Vision and Values
- Creations of SCAHC Strategic Plan – March 2016
- Recruitment of Specialty Physicians for Specialty Clinics – February 2016
- Lead Process for creating Comprehensive Healthcare Strategic Plan for the SCAT Community – June 2016
- RPMS Migration
- Approval of OMNI Cell Upgrade and Script-Pro
GOALS:

- **Financial Stewardship**: Annual summit on Healthcare Sustainability; Fiscal Responsibility & Budgeting; Annual Funding Agreement; Foundation; Return on Investment (ROI)
- **Service**: To provide quality comprehensive healthcare services patients and families across their life-span.
  - Dialysis Center
  - Long Term Care and Skilled Nursing Facility
  - Drug/Alcohol/Detox Rehab Center
  - Social Services
- **Community**: Prevention; Health Education
- **People**: Work with Tribal organizations and the local educational system to create a career pathway for healthcare related professions, Professional Development Program
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<td>• Specialty Clinics</td>
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Committed to Service

- Specialty NP
- Rheumatology
- Ortho
- OB/GYN
- Surgery
- Audiology
- Ophthalmology
- Nephrology
- Cardiology
- Gastroenterology - soon
- Hand Surgery
- Neurology
- Pulmonary
- Infectious Disease
- Urology
- Endocrinology
- Pain
- Prosthetics/Artisan
- Bariatrics - soon
- ENT - soon
Improving patient flow

- Certified Nurse Assistant to Medical Assistant model
- Ambassadors to arrive patients
- Implement Call Center – give more time to our patients (phone and in person)
- Appointment Reminders, AudioCare
- Empanelment, assigning patients to primary care providers (PCP) of their choice – key to continuity of care and partnership with patient and provider
- Outside Lab orders
ED REDESIGN

The need to redesign the Emergency Department to improve the flow of the patient and reduce wait times.

• Results Waiting area to help reduce wait times and free up patient rooms
• Scribe Program
• Electronic Patient Tracking Board
• New triage room
• Patient registration area
• Physician’s workroom
• Cameras in waiting room
Other Operation Improvements - Developments

Case Management and Care Coordination:
• Increased from only one Social Worker to Four RN Case Managers and Hiring a 5th for Phoenix
• Preparing for American Indian Medical Home Model
• Improve coordination, communication and follow-up implemented two Nurse Navigators (Emergency Department and Outpatient)

Purchased Referred Care:
• Created baseline data first year and identified need to request more in the AFA
• Added a Case Manager to the team and two additional workers