

FY-2024 3rd Quarter Report

ONEIDA COMPREHENSIVE HEALTH DIVISION (OCHD)

Our vision is a progressive sustainable health system that promotes tsi?niyukwalihotÁ (Our Ways). Our mission is to provide the highest quality, holistic health care to ensure the wellness of OUR Oneida Community. Division values are responsive leadership, safety, communication, culturally sensitive, respect, and trust is the foundation. We are a health system positioned to respond to current and future health challenges while protecting and promoting the holistic health and well-being of our Oneida Community. Services are provided to all members of Federally recognized Tribes in accordance with our Multi-Year Funding Agreement with the Department of Health and Human Services - Indian Health Service.

Outcome/Goal Outcome/Goal # 1

MEASUREMENT: Strengthening a Comprehensive Provision of Care SD1 (Strategic Direction 1)



ACCOMPLISHMENTS RELATED TO THE OUTCOME/GOAL:

Oneida Comprehensive Health Division has accepted offers for an Internal Medicine Physician, Family Practice Physician Assistant, Anna John Resident Centered Care Community (AJRCCC) Medical Director, and OCHC General Dentist. The final contracts are pending legal review. AJRCCC also celebrated the credentialing of an additional Registered Nurse as the employee earned her Wound Care Certification (WCC) through the National Alliance of Wound Care & Ostomy. This certification will allow for improved wound assessment for our residents, thereby improving their overall quality of care in the treatment of wounds.

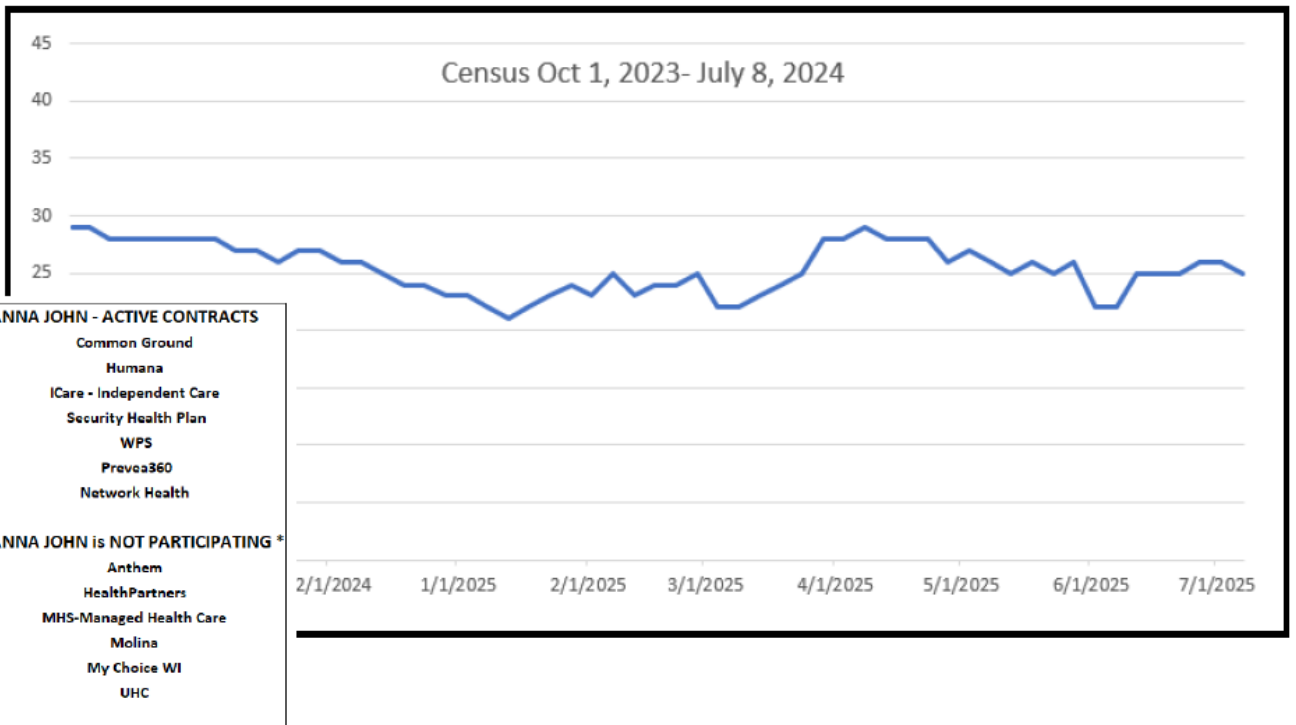
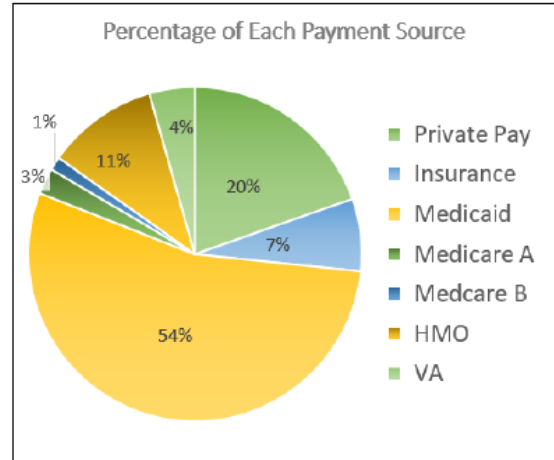
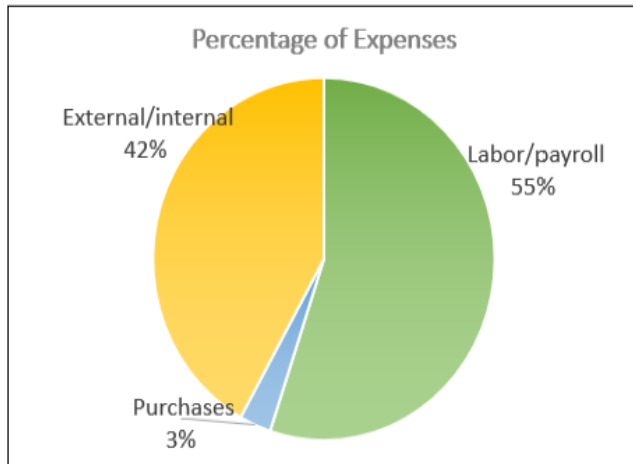
EXPECTATIONS/FUTURE PLANS REGARDING THE OUTCOME/GOAL:

The Internal Medicine Physician plan is a full-time tribal hired position. This will increase access to care by 38% weekly compared to previous positions. The Family Practice Physician Assistant plan is also a full-time tribal hire providing services 5-days per week. This position has over 16 years of Emergency Room related experience. This will improve same-day patient access to care with the ability to offer services for urgent visits, triage visits, walk-in visits, and expand on services offered. This will improve patient access care for our established providers as the same day appointments can be centralized to one provider's schedule. The Anna John Resident Centered Care Community (AJRCCC) Medical Director is a Family Practice Specialist with specialty in hospice and palliative care. This acquisition aligns with the "Care Compare Five-Star Rating of Nursing Homes" that was awarded in February 2024 from the Centers of Medicare & Medicaid Services. For reference, nursing homes with 5-star ratings are considered to have much higher quality of care. The Wound Care Certified Registered Nurse aligns with the Division and AJRCCC's vision to provide the highest quality care to our community. The combination of the addition of the General Dentist and the Dental Department's pilot project 'Immediate Openings' initiative will provide improved patient access to care. The 'Immediate Openings' pilot project preliminary assessment shows a decrease in broken appointments, increase in patient attending appointments, and an overall increase in access to care. Further pilot assessment and data analysis is pending completion of fiscal year quarter. This pilot has the potential to roll out into other departments.

Outcome/Goal # 2

MEASUREMENT: Advocating and Influencing for Sustainable Financial Planning SD2 (Strategic Direction 2)

Anna John Resident Centered Care Community 3rd Quarter Report



ACCOMPLISHMENTS RELATED TO THE OUTCOME/GOAL:

Anna John Resident Centered Care Community (AJRCCC) is within the Fiscal Year 2024 budget. AJRCCC is near meeting revenue projections while coming in well under the projected expenses.

EXPECTATIONS/FUTURE PLANS REGARDING THE OUTCOME/GOAL:

Labor costs continue to rise as there is a shortage of healthcare workers throughout the northeastern Wisconsin area and nationally. In addition, the Centers for Medicare &

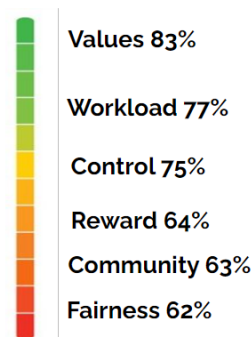
Medicaid Services (CMS) Minimum Staffing Standards for Long-Term Care Facilities final rule to provide a minimum of nursing care including Registered Nurse and Nurse Aide per resident day, as well as 24/7 onsite Registered Nurse services. This will increase the demand nationally on these competitive positions. CMS offers the opportunity for facilities to seek exemptions from requirements, specifically in rural settings. AJRCCC census averages 25.7 residents per day. AJRCCC continues to add insurance networks that will allow us to serve more individuals. These are primarily short-term stays vs long-term nursing home stays.

Outcome/Goal # 3

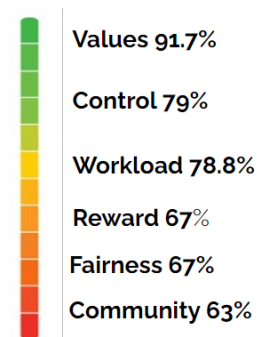
MEASUREMENT: Engaging & Developing an Inclusive and Empowered Workforce Strategic Direction 3 (SD3)

Areas of Worklife Survey Comparison

2022 Worklife (n=238)



2024 Worklife (n=193)



Larger Percentage/Less Burnout Contributed by that Specific Section. Slide Depicts the Percentage of Employees Who Indicated Good/Average Fit in Each of the 6 parts of the AWS.

ACCOMPLISHMENTS RELATED TO THE OUTCOME/GOAL:

OCHD recently received the results of the Mind Garden Burnout Survey or the Maslach Burnout Toolkit for Medical Personnel. This area of Worklife survey initially was completed in 2022 with 238 respondents. The repeat survey results were obtained late June 2024 with 193 respondents.

OCHD developed a policy to recognize employees in OCHD for going above and beyond their job descriptions, achieving certain goals, or reaching certain targets within their

departments. The Management Team pivoted the original plan from a financial incentive to a zero-dollar incentive program in formulating the Fiscal Year 2025 budget.

OCHD continued development of an internal 'Leadership Program' to engage, develop, and empower an inclusive workforce. A pilot 'Leadership Program' project with collaboration of Universal Consulting Solutions, LLC, and the Management Team.

EXPECTATIONS/FUTURE PLANS REGARDING THE OUTCOME/GOAL:

OCHD plans to utilize the comparison study of the Mind Garden Burnout Survey to guide our Executive Management Team, Department Directors, and Department Supervisors in strategic directions for employee relations. This comprehensive report is currently in the review phase. Once the initial review is completed, individual department leadership will analyze effectiveness of previous strategies and formulate/modify strategies for the next two-year period. Continued review of strategies and initiatives will be completed on a quarterly basis. The Division's Director/Supervisor team plans to roll out a division-wide employee zero-dollar incentive idea generation survey that is department specific. This will align with the Division's Mind Garden Burnout Survey initiatives to enhance team morale by recognizing excellence. This will also allow employees the opportunity to provide input into the most impactful zero-dollar incentive for their specific area. Implementation of employee recognition policy and leadership program will enhance and improve employee morale through recognizing excellence. The roll out of the Management Team 'Leadership Program' will allow a top-down roll out program for continued growth of the overall healthcare organization. This is consistent with successful organizational leadership teams establishing, demonstrating, and living the mission, vision, and core values of the greater organization.

Outcome/Goal # 4

MEASUREMENT: Advancing Customer Focused Experience Strategic Direction 4 (SD4)



Oneida Comprehensive Health Division Community Meeting Medical Clinic Updates

May, 8th, 2024

ONEIDA

ACCOMPLISHMENTS RELATED TO THE OUTCOME/GOAL:

The Division's May 8, 2024, Quarterly Community Meeting completed with presenter Medical Director Karen Lane, DO, FAAP. Dr. Lane presented on the 'Hours of Operation Survey' results and an introduction to the Diabetes Team with addition of nurse practitioner Lauren Cornette, NP. Pharmacy Director Dennis Reckleberg, PharmD provided a presentation on the GLP-1 (Ozempic/Trulicity) national medication shortage updates. The Community Meeting is offered in a hybrid format with ability for community members to submit questions prior, during, and post presentation in multiple formats. The Community Meeting was streamed, recorded, and posted with over 1,400 views. Phone tree changes initiated to optimize use of Health Center Triage services. The intent of phone tree change is to improve productivity and availability to patient interaction for Triage services. In addition, the intent is to reduce the number of transferred telephone calls and optimize the use of technology through our electronic health record (EHR) to both communicate and document patient interactions.

EXPECTATIONS/FUTURE PLANS REGARDING THE OUTCOME/GOAL: The Division will continue to advance customer focused experience with quarterly Community Meetings. The previous Community Meeting was held in January 2024. The next meeting is scheduled for July 23rd, 2024, at the Anna John Resident Centered Care Community with topic of Integrated Campus and Division updates. In addition, the Division will hold an 'Intern Recognition' during this community meeting. The 'Intern Recognition' aligns with the recently developed Education Committee with focus on public awareness of educational opportunities, collaborating with academic institutions, and the long-term goal as an avenue for recruitment. The location of the congregate meal site will allow a more spaced-out environment and a light meal

served. Division department's will be available for a 'meet & greet' for attendees after the presentation. Division will continue to survey each Community Meeting to gather community feedback and utilize to plan future meetings.

The Division updated the 'Oneida Comprehensive Health Division – Patient Satisfaction Surveys' to streamline the survey process and accommodate for multiple modalities. The team continues integrating 'Patient Satisfaction Surveys' into the recently active EzAccess+ patient portal. The EzAccess+ patient portal functionality rolled out in a phased approach. Each OCHD patient care department will routinely analyze patient feedback to improve department programs and services by 6/30/2024. The intent is to continuously improve our processes by seeing the process through the patient's perspective. Our goal is to report improvements made through patient feedback via our quarterly reports to our Executive Management Team.

The phone tree changes initiated with 'go-live.' The 'go-live' was a culmination of a collaborative team effort throughout the Division. Plans are for the team to meet ~30 days after 'go-live' for a data analysis with the expectation to review for potential minor changes to increase productivity.

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