



SUCCESS STORY CHEROKEE NATION



OUR NATIONS,
OUR JOURNEYS

Cherokee Nation's Road to Accreditation Readiness

The Cherokee Nation public health system encompasses a wide array of tribal, public, private, and community organizations that work in partnership to promote and assure conditions in which people can be healthy. With more than 300,000 citizens, Cherokee Nation's public health system and health care service delivery span the nation's jurisdiction, covering fourteen counties in northeast Oklahoma. Cherokee Nation's public health services are multifaceted and use a socio-ecological approach to facilitate policy, system, and environmental change. Managing the largest tribally operated health care system in the United States, Cherokee Nation is dedicated to promoting and improving health in order to ensure healthy communities for this and future generations.



Cherokee Nation Public Health
Prevent. Promote. Protect.

Cherokee Nation Public Health administers diverse services, such as school- and community-based health education and prevention programs, youth and elder care, violence prevention, public safety, chronic disease surveillance and reporting, behavioral health, and access to clinical care. Our mission is *to promote health and quality of life among our communities and families through culture, collaboration, community engagement, and empowerment. Our vision is By Cherokee for all. People living happy and healthy for this and future generations.*

THE SITUATION

Cherokee Nation Public Health (CNPH) is dedicated to implementing performance management in all public health efforts to maintain an environment of continuous quality improvement. A strong public health performance management system assures the department's ability to be accountable and transparent to the people we serve.

As we moved through the public health accreditation process, we identified deficiencies in our performance management system and quality improvement plans. The existing plans had a strong clinical focus, which will likely be a similar challenge for many tribal health departments. While the plans existed, it was not clear how the plans and systems were delivered in the public health department. The Tribal Accreditation Readiness through Guidance, Education and Technical Assistance (TARGET) Project was essential in helping us to not only evaluate and organize our existing plans, but also to improve and expand them to ensure public health was clearly represented. We were aware that we needed technical assistance to develop an integrated performance management system that included public health.

THE TARGET PROJECT (Tribal Accreditation Readiness through Guidance, Education and Technical Assistance), a partnership with Red Star International, Inc., Northwest Portland Area Indian Health Board, Inc., Cherokee Nation, Chickasaw Nation, Ho-Chunk Nation, and Lac Du Flambeau Band of Lake Superior Chippewa Indians. The primary goal is increasing public health accreditation readiness among Tribal Health Departments through targeted capacity-building assistance and supporting activities that promote and support health department performance improvement.

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OUR STRATEGY

Tribal health departments do not resemble other state and county/local health departments because of the delivery of both robust clinical and public health services under one administrative structure. We took the following steps to integrate public health into our existing performance management and quality improvement plans:

- Cherokee Nation Health Administration convened the CNPH Committee to identify and establish a Performance Management Committee (PM Committee).
- Cherokee Nation Health Administration then worked with the PM Committee to: 1) develop goals, objectives, and timelines for the CNPH performance management and monitoring system, 2) describe performance management processes currently being used, and 3) identify what components already exist and what components needed to be developed or improved to complete the system.
- We learned that performance management in public health is different than clinical services due to the way services are delivered. For us, it required different timelines for monitoring and used performance data that was more qualitative than quantitative.
- We realized that we needed to put a public-health focus on our plans, with more attention devoted to how CNPH delivers the Ten Essential Public Health Services.
- The PM Committee then created a performance management document describing the process for monitoring performance and quality improvement, and reporting results back to the CNPH Committee.
- CNPH then trained staff in public health performance management and quality improvement.
- We intend to implement the performance management and quality improvement plan over the next year and use quality improvement tools to evaluate the efficiency of the process.



SUCCESSSES

Our successes can be easily summarized by the following:

- Administrative leadership involvement in public health, resulting in increased support for programs
- Stronger relationship with the Cherokee Nation Quality Improvement (QI) Program, resulting in discussions about having a QI staff devoted to public health
- Completion of our Performance Management System and QI Plan
- Completion of our Public Health Accreditation Action Plan in a short time period
- First Tribe to receive Public Health Accreditation



LESSONS LEARNED

- Begin working on your performance management system and quality improvement plan early in your accreditation preparation process.
- Design your Tribal public health performance management systems to incorporate the various activities unique to your Tribal government.
- Allowing the appropriate amount of time to complete the performance management activities is essential. Do not try to rush through development.
- Dedicate a full-time staff to performance management to ensure that plans are developed, implemented, and evaluated efficiently and effectively.
- A strong performance management system and quality improvement plan is directly related to the Tribal Health Assessment, Improvement Plan, and Strategic Plan. Ensuring the connection between all these documents through your performance management system contributes to the plans being “active,” rather than plans that are only revisited annually.



KEY RESOURCES USED

- Public Health Foundation Performance Management Self-Assessment Tool. http://www.phf.org/resourcestools/Documents/PM_Self_Assess_Tool.pdf
- National Association of County and City Health Officials (NACCHO) Organizational Culture of Quality Self-Assessment Tool for Local Health Departments. <http://qiroadmap.org/assess/>
- Performance Management System documents from various state health departments.
- Various NACCHO Quality Improvement tools and templates. <http://www.naccho.org/programs/public-health-infrastructure/quality-improvement?p=qiculture>

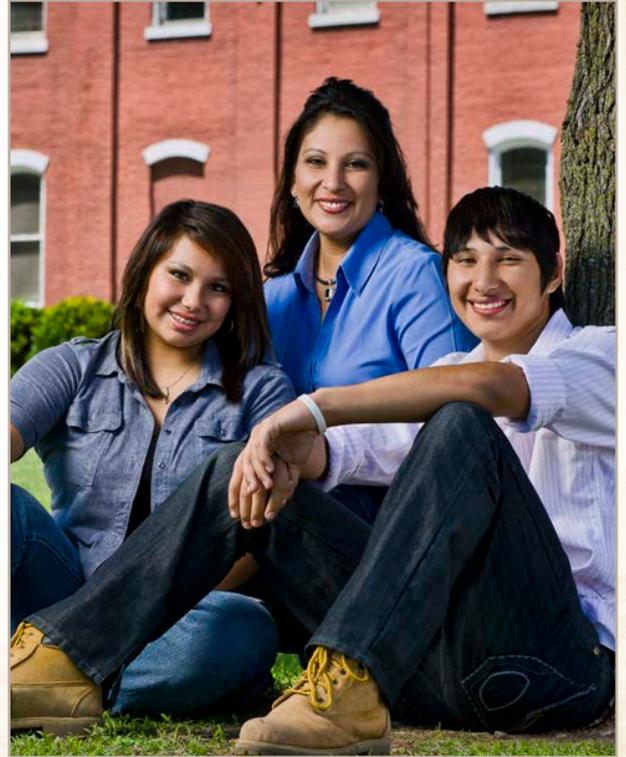




NEXT STEPS

Plans include the expansion of CNPH Programs by prioritizing our needs for growth based on an organizational self-assessment against the Public Health Accreditation Board's (PHAB) standards and measures. Cherokee Nation was accredited under the PHAB Standards and Measures Version 1.0 so going forward, will be working on the required prerequisite documents under Version 1.5, including the Tribal Health Assessment (THA), Tribal Health Improvement Plan (THIP), Strategic Plan (SP), Workforce Development Plan, Emergency Management Plan, Performance Management, and Quality Improvement Plan.

Comparing Version 1.0 to 1.5, we find that 1.5 is easier to follow. Version 1.5 now requires all the documents listed above prior to submitting your application. Version 1.0 only required THA, THIP, and the SP. We learned through our accreditation experience that completing these documents early in the accreditation process makes gathering documentation much more manageable. Our most important work will be putting a process in place to ensure all of the above are completed and integrated into the infrastructure of our organization.



CONTACT INFORMATION

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