

Inter-Tribal Council of Michigan: 10/01/14 to 4/30/15 Annual Performance Report:

Performance Measures:

Objective # 1: By September 30, 2014, formalize an Upper Peninsula Tribal Breast Health Service quality improvement collaborative (QIC) with a minimum of 4 tribal health agencies and local partner agencies.

Status: MET

Activities to maintain the collaborative during FY 2015:

- Provided sample letters to potential local QI partners, i.e. country health department and hospitals for use by the QI leads at each site. Discussed how to invite key agencies and staff, i.e. mailings, phone and in person communications needed to form their initial QI team and key components to include in their communications, such as meaningful use, accreditation and shared goals for similar projects across agencies.
- Call with Bay Mills on 10/13/14 to review the QI discussion guide. Communication and Group Facilitation are the most frequent requests for technical assistance and support from each of the 4 QI leaders and team members. Our QI trainer responded quickly to this and included a session specific to group facilitation and use of the focused conversation resource guidelines.
- On 2/18/15, we held a UP Tribal Breast Health Collaborative Conference call. All sites were present. Agenda items included: team updates; Stage of PDSA for their project, lessons learned, barriers addressed, technical assistance needs and questions for members of the collaborative, discussion. Each team indicated significant progress which led us to discuss future dissemination plans and the suggestion to begin documenting their progress via a QI story board.

- Based on the discussion from February, we held a webinar on 4/28/15 and provided a story board development webinar. This is intended to help them document their progress and prepare them for future dissemination plans. Bay Mills has completed their draft story board (Attached).
- Communications between the Coordinator occurs via email and direct phone calls to assist in monitoring progress and providing technical assistance as needed.

Objective # 2: By September 30, 2018, increase breast cancer screening rates by 20% among women age 40 – 49 within the target population. (Bay Mills and KBIC 2014 – 2016; Sault Tribe and Hannahville 2017 – 2018.)

Status: In Progress

Objective # 3: By September 30, 2018, decrease the time span between breast cancer screening, diagnosis, and treatment for AI women within the target population.

Status: In Progress

Activities toward objectives 2 and 3 to date:

Sub contracts were completed and signed October, 2014

On-site QI training was provided to each site in November, 2014. This helped to ‘kick-off’ their local QI projects with all team members assembled. Evaluations from each of these sessions are attached. Quantitative and Qualitative data are included. The Project Manager, Noel Pingatore travelled from Sault Ste. Marie, MI to Baraga for the Keweenaw Bay training and the QI trainer, Robin VanDerMoere travelled from Lansing, MI to Baraga to conduct Keweenaw Bay’s onsite training. Comments in the evaluations reflect the winter snow storm that occurred in and around the Baraga area at that time. However, we were very pleased that everyone, including those from partner agencies – County Health Department and Hospital screening facility, and Ms. Andi Manzer from Bad River were able to attend the training and travel safely. Winter weather is a consistent challenge to this region. Attendance from all participants during severe winter weather demonstrates great dedication to this project.

The on-site training in Bay Mills was also held in November, 2014 and helped to start the project with their local team members. The Bay Mills QI team included their Quality Improvement Specialist who was able to run reports from their electronic health record system and share current GPRA rates which lead to identifying the aims statement during this first meeting.

Each site completed a Team Charter and underwent several group problem assessment processes and tools, such as process mapping and fishbone diagrams to help select their first QI Project.

The Bay Mills Indian Community QI Team selected to work on improved tracking of mammograms referrals and follow up reports back to the tribal clinic from the screening facility, War Memorial Hospital. They developed and implemented a new mammogram referral and tracking system and studied its effectiveness. The new referral and tracking system proved to be highly beneficial, so they adapted it as policy. A copy of the new policy is attached. The Bay Mills Indian Community was able to complete a first draft of their Story Board. This is attached and includes the details of their successful PDSA cycle which informed the new referral and tracking policy. **Prior to the policy, tribal providers struggled with little to no information on their patients having received a mammogram as scheduled and lacked results in a timely manner. One example that the QI team identified took six months for the positive mammogram result to reach the tribal provider.** The new referral and tracking system



has shown a great improvement which will impact the effectiveness and quality of health care services received by the target population. Please see attached Story Board.

The Keweenaw Bay QI team (pictured here with Andi Manzer) selected to address the issue of insurance services as a barrier to screening services. Through group process

mapping, they learned that clients were often sent in several different directions which resulted in underutilization of BCCCP and other insurances, as well as confusion on the client's part. They developed a new process for scheduling screening appointments that assessed their insurance eligibility and qualifications before they arrived for their screening appointment. They are currently in the 'do' phase and are tracking the results of their new scheduling process. To better inform this process, the QI leader, Kathy Mayo and her team developed a staff satisfaction survey specific to the current scheduling process. They received a wide variety of responses from staff that touch different steps in the process. This helped to provide a 'bigger picture' of the process and its strengths and weaknesses.

Challenges: No challenges to report at this time. We will note, as previously discussed with our Project Officer, we had to change two of the initial sites scheduled to implement their QI projects. Originally, the Sault Tribe and Keweenaw Bay were scheduled to perform QI in years 2 and 3; however the staff from Sault Tribe that had received the intensive QI training left her position in July of 2014, a few months before they were scheduled to start. Fortunately, members of the collaborative from the Bay Mills Team were ready to implement in year 2. So, we were able to switch the two sites and keep on our timeline. This has allowed for new staff from Sault Tribe to participate in the collaborative and learn from the other sites before they implement in years 4 and 5. These changes have been made to our work plan. We feel that this experience highlights one key benefit of the learning collaborative model.

CDC Program Support to Awardees: We appreciate the assistance and support provided via the monthly call with our Project Officer, Delight Satter and our NACR Evaluation Team Calls and Webinars. Narrative Attachments:

- Evaluation Reports from the On-site QI training
- Bay Mills Referral and Referral and tracking Policy
- Bay Mills draft Story Board
- Work Plan
- Evaluation Plan