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“The Spirit of Nursing”

by

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Good morning. I am honored to be here today to speak at this important conference and to join with all of you in recognizing and supporting the vital work of nurses in the Indian health system.

I am truly grateful for the work that the National Council of Nursing Administrators does to support and enhance the role of nurses and the nursing profession in improving the lives and health of American Indian and Alaska Native patients and communities. And I am deeply appreciative of the invaluable role that each and every nurse plays in the Indian health system; without them we simply could not continue to further our mission of raising the health status of American Indian and Alaska Native people to the highest level possible.

I'd like to take this time to welcome the incoming Public Health Nurse Consultant for Headquarters: Cheryl Peterson. Most recently, Cheryl has been the Chief Nurse Executive at the Phoenix Indian Medical Center, and she has extensive history with our Public Health Nursing program as a public health nurse, director of public health nursing, and community health director.

I would also like to especially recognize at this time -- Donna Huber, Chair of NCONA, and Sandra Haldane, IHS Chief Nursing Officer, for their work with the Council; and I would

The text is the basis of Dr. Grim's oral remarks at the meeting of the NCONA in Tucson, AZ, on July 11-15, 2005. It should be used with the understanding that some material may have been added or omitted during presentation.

also like to thank all the NCONA members in the Tucson Area for their excellent work in helping to set up this conference and ensure that is a rewarding experience for all participants.

Our IHS nurses continue to be recognized as the best and the brightest. Recently, several of our nurses were recognized by their peers and colleagues for their commitment and dedication. Kelly Murphy-Clement and Angie Washington, of the Alaska Native Medical Center (ANMC), were presented with awards for their work with high-risk families and their new babies. Casie Williams, ANMC Nurse Educator, and CDR Amy Buckanaga, at Cass Lake Indian Hospital, were selected for Public Health Service Nursing Professional Advisory Committee Awards. Ms. Williams was recognized for her outstanding leadership in developing and delivering innovative training to health care providers throughout Alaska, and CDR Buckanaga was recognized for improving immunization rates and developing a well woman program within the Cass Lake Service Unit in Minnesota. Once again this year, here at NCONA, you will be recognizing your colleagues for the commitment and dedication they have shown on a daily basis in service to our people.

The theme of this conference is “Empowering the Body, Mind, and Spirit of Nursing,” and I know that the NCONA has been working hard to help deal with the issues important to nurses and nursing administrators so they can best do their jobs and serve their patients.

Of course, one of the most pressing issues facing the nursing profession today, both across the nation as well as in the Indian health system, is the shortage of nurses. While the number of nurses in IHS, Tribal, and Urban Indian facilities continues to be over 4000, we still have nearly 560 vacancies. This shortage creates a hardship both on nursing staff and other staff who must find ways to fill in the gaps to ensure continued high-quality nursing care. However, I am pleased to report that we are making headway on several initiatives targeted at addressing staffing issues. The Nursing program has implemented its Direct Hire Authority, which has proven invaluable in our recruitment efforts, and we are working diligently to address the Human Resource issues necessary to ensure further implementation. An example of the success of the Direct Hire Authority can be seen in its use at the Phoenix Indian Medical Center, which resulted in the successful hiring of 18 nurses within 48 hours of their application, versus the typical 30-60 days. In addition, the Oklahoma Area fully implemented the electronic SF-52, which has resulted in a quicker turnaround of certificates and rosters, resulting in more accurate tracking and timeliness in the filling of vacancies.

One area of difficulty in the recruitment and retention of new graduate nurses has been the new graduates’ lack of experience in nursing. Many Indian health facilities are in rural or isolated locations that require nurses to function almost independently as soon as they come on board, and in any setting within the facility, whether it is inpatient, outpatient, emergency room, or obstetrics. This can be very stressful for new nurses and for you all as nurse administrators.

To address this issue, the Division of Nursing and a group of nurses from within our health care system have done an exceptional job in developing a new Graduate Nursing Initiative to facilitate the success of nursing students and to successfully bring onboard new graduate nurses entering our system. So far, the initiative has resulted in the establishment of two main programs:

- The National Nurse Preceptor Program, which is focused on developing a graduate internship/orientation template that can be replicated in any Indian health facility. Last December the preceptors were trained, and now they will train additional preceptors in their Areas. To date, approximately 175 preceptors have been trained.

- The National Nurse Mentoring Program, which has the goal of ensuring that every IHS scholarship recipient will be given the opportunity for mentorship by an experienced IHS nurse, in order to facilitate their success in their professional education and improve their transition from student nurse to professional RN.

These new programs will provide us with retention and recruitment tools that can be used in any of our facilities to provide new graduate nurses with a solid start in their new career in the IHS

Successfully retaining quality nursing staff is heavily dependent upon good leadership at all levels of the organization. I recently was apprised of the efforts of NCONA to more strategically align with the National Council of Nursing in order to develop a better executive health care leadership team for nursing. The shared interests of NCONA and NCON — leadership, unity, communication, recognition, and education, just to name a few — are vital to a healthy workforce and, ultimately, a healthier population. I am confident that this strategic alignment will result in an improved environment of care and retention, and I applaud your efforts.

Good leadership at every level is key not only to our retention efforts but also to the effectiveness and future of the Indian health system. This is why we are endeavoring to implement the *strategic management of human capital*, which I would like to talk about for a few moments.

Part of the President's Management Agenda and the Department's Management goals call for Agencies to focus on results-oriented management and performance. These goals are included in my performance contract, and I have cascaded the responsibility for the strategic management of human capital to all senior managers and employees across the IHS.

As I just indicated, and I am sure you will all agree, the Agency needs to develop strong nursing leadership for the future. To do so, we need to know what competencies are required for each level of leadership, such as for a Director of Nursing in a hospital or clinic, or for an Area Nursing Consultant or a Headquarters Nursing leadership position. In addition, we are going further with nurses and physicians because they are the core of the health care system, so we are identifying competencies required for entry-level nurses as well as more experienced practitioners.

Through the implementation of a human resource succession planning strategy, the IHS hopes to protect its future by ensuring that capable, competent leaders are ready for all leadership positions that become available.

The IHS has identified 10 targeted groups of positions that the plan focuses upon. A target position is one that, if not filled, would prevent the IHS from effectively carrying out its mission. Targeted positions usually must be filled immediately and often also have special skill set requirements. Once these efforts prove to be successful, then the IHS may expand such efforts to other groups of positions. You will all be pleased to know that the 10 targeted groups include Nursing Directors, Nursing Administrators, and a Headquarters Director of Nursing.

While developing the succession plan, the IHS identified two main areas of competency gaps. The first area covers the need for employees in leadership positions to have not only the technical competencies required of their positions, but also the necessary administrative and leadership skills. The second area of competency covers the need to have staff and leadership at the Headquarters level with field experience. The IHS has identified steps to take that will

address these needs, including more developmental opportunities for staff, as well as for outside candidates, to ensure these competencies are met.

The IHS will also further define the skills and competencies needed by conducting a competency study. The study will consist of defining, validating, and identifying core competencies for the targeted positions. The implementation of the plan and the results of the competency study will enable the IHS to be prepared and successful in meeting future challenges and changes in the health care environment, as well as ensuring the best possible leaders for the Indian health care system.

It has become obvious to all of us in Indian health care that the health disparities experienced by American Indians and Alaska Natives cannot be addressed solely through the provision of health care services. The IHS public health functions that were effective in eliminating certain infectious diseases, improving maternal and child health, and increasing access to clean water and sanitation are not as effective in addressing health problems that are behavioral in nature, which are the primary factors in the current mortality rates. The prevalence of diabetes, in particular, has reached epidemic proportions in Indian communities. It has become evident that changing behaviors and lifestyles and promoting good health and a healthy environment are critical in preventing disease and improving the health of American Indians and Alaska Natives.

That is why I have established these three main focus areas, or Director's initiatives, to address these issues:

Behavioral Health
Health Promotion and Disease Prevention (HP/DP), and
Chronic Disease Management

The IHS and Tribes are working closely together on these focus areas to help achieve significant improvements in health that are critical to the future of Indian communities. These focus areas are being targeted at health outcomes that will have a beneficial impact, demonstrate measurable achievements, and attempt to change basic practices and procedures as well as unhealthy behaviors.

Nursing has a key role in each of these initiatives as we know that the profession our patients interface the most with is nurses. Therefore it is crucial that nursing play a lead role in the development and implementation of activities specific to these three initiatives.

Behavioral Health may be the underlying thread through the above initiatives. It has become obvious to all of us in the Indian health system that addressing behavioral health and mental health issues in our communities is crucial. Often in our programs in the field there is a separation between our behavioral health programs and the clinical staff, and we are looking at ways to meld the two. Our providers in the hospital and clinic settings need to be adequately prepared to deal with behavioral health, mental health, and substance abuse issues. How to better prepare our clinical staff is one of the keys to this initiative.

We also need to focus on screening and primary prevention in mental health. The recent shooting incident at Red Lake Reservation has been a tragic reminder to all of us in Indian Country, as well as to the Nation as a whole, of the importance of increasing our efforts to effectively address mental health issues in our youth.

In particular, the high rates of mental illness and suicide among American Indian and Alaska Native youth are of paramount concern to the Indian health system and Indian communities. Not only is suicide the third leading cause of death for Indian youth ages 15-19,

but the tragic truth is that the rates of suicide among Indian youth are the highest of any racial group in the nation, and are especially dramatic if you look at young Indian males.

These are statistics that hit at the heart of the tragic effects of mental illness on the rates of disease and mortality in Indian communities. We know that mental health issues such as depression can make chronic disease management more difficult and less effective. In order to adequately address mental health issues, Tribes and the IHS are working in concert with federal, public, and private organizations to address all the contributing factors to mental illness, such as poverty, lack of educational opportunities, domestic violence, social isolation, and perhaps most devastating of all, low expectations and the hopelessness of our youth.

It is also vital that we continue to promote and develop community resources and involvement, in order to target health promotion efforts at the local level. Community health outreach will be at the heart of the HP/DP initiative, and at the heart of community health is our Public Health Nursing Program. We recognize that Public Health Nursing activity is vital to meeting the health needs of our communities, and that these programs contribute significantly to many of the GPRA indicators, including diabetes, pap screening, mammography screening, alcohol screening, childhood immunization, cardiovascular disease, obesity, and tobacco use.

The IHS and Tribes have taken a number of actions aimed at health promotion and disease prevention, which include:

- An Indian Health Summit held in Washington, D.C., last September;
- The establishment of an HP/DP Policy Advisory Committee;
- The appointment of Area HP/DP coordinators;
- The Healthy Native Communities Fellowship; and
- Various partnerships to promote healthy lifestyles, such as:
 - working with *the National Boys & Girls Clubs of America* to help reach their goal of increasing the number of Boys and Girls Clubs on Indian reservations to 200 by 2005. There are now approximately 185 Boys and Girls Clubs on Indian reservations;
 - working with the *NIKE Corporation* to focus on the promotion of healthy lifestyles; and
 - participating in the “Just Move It Campaign” with a goal of getting one million Native people *up and moving*.

In Indian Country, and across the nation, we are struggling with chronic diseases and conditions, such as diabetes, obesity, cardiovascular disease, cancer, and injuries. We must address not only the primary prevention of these chronic diseases if we are to critically influence the future health of our communities, but also at better chronic disease management in our clinical care of our patients.

A multidisciplinary team headed by Dr. Kelly Acton has been tasked with looking at Chronic Disease models that would best meet our needs and could be adapted to our programs. With the adoption of a model for managing chronic diseases in a more effective and efficient manner, we believe we will see, over time, an improvement in our years of potential life lost due solely to chronic disease.

Within the IHS, our model of care for chronic disease will prioritize health promotion and disease prevention, behavioral health, and chronic disease management. This model is being developed based on the “chronic care model” of clinically supported patient self-management

and empowerment. The Indian health system model will include new tools for prevention and treatment, tools that include improved applications of standards of care, community and organizational partnerships, and newer technologies and approaches to care, such as telehealth and case management.

In closing, I would like to say a *thank you* to all of you for the excellent work you have done and continue to do to administer to the needs of your patients and to promote the health and wellness of all American Indian and Alaska Native people. The strides we have made so far in Indian health, and the quality of care we are able to provide, would not be possible without you and all the other nurses in the Indian health system.

I cannot say it enough: ***Thank you.***