GAO Highlights

Highlights of GAO-23-105722, a report to congressional requesters

July 2023

INDIAN HEALTH SERVICE

Actions Needed to Improve Use of Data on Adverse Events

Why GAO Did This Study

American Indians and Alaska Natives are disproportionately affected by certain health conditions. This includes a higher mortality rate compared with the overall U.S. population. IHS provides care to about 2.8 million such individuals through a system of federally and tribally operated facilities. IHS's information technology systems contain information that can be used to monitor the quality of care provided to, and safety of, patients at federally operated facilities.

GAO was asked to review IHS's capacity for using its information technology systems to manage patient care and monitor adverse events. Among other objectives, this report examines how IHS (1) uses its electronic health record system to monitor health care quality at federally operated facilities and (2) monitors adverse events. GAO reviewed agency documents, including policies, meeting minutes and agendas. GAO also interviewed IHS officials from headquarters, four area offices, and four federally operated facilities.

What GAO Recommends

GAO is making two recommendations to IHS. IHS headquarters should regularly review and compare data on adverse events trends for—at a minimum—each area and take steps, as appropriate, to make improvements and disseminate best practices in response to those trends. The Department of Health and Human Services concurred with these recommendations.

View GAO-23-105722. For more information, contact Michelle B. Rosenberg at (202) 512-7114 or RosenbergM@gao.gov.
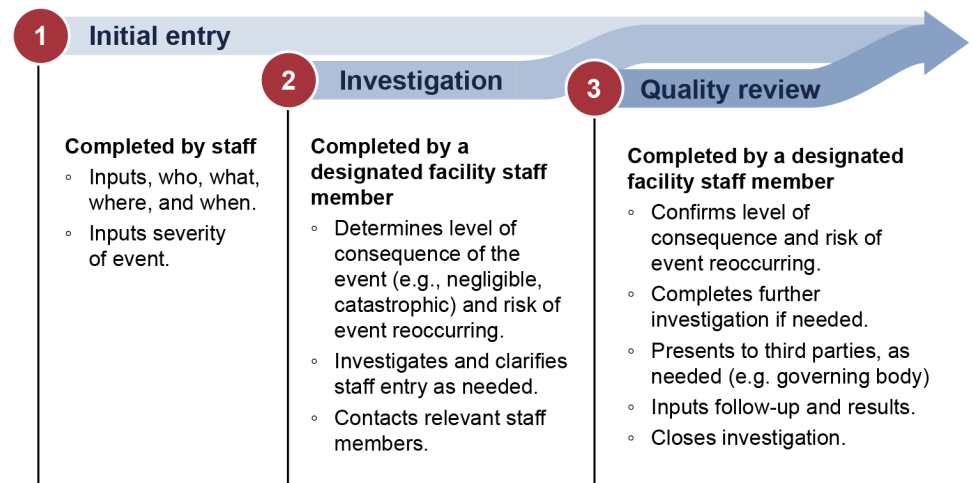
What GAO Found

The Indian Health Service (IHS) uses measures based on data from its electronic health record system to monitor health care quality. These measures cover areas of care such as diabetes management and access to dental services. IHS officials use these measures to identify areas for improvement and guide the development of initiatives to improve patient care. For example, officials from one IHS area office told GAO they implemented an initiative to increase alcohol screening rates after finding low screening rates at an area facility.

IHS uses a web-based incident reporting system, called the IHS Safety Tracking and Response system, to monitor adverse events—events that could have caused or did cause harm, damage, or loss to patients. IHS facility staff are responsible for entering information on adverse events from their facility into the system, and conducting an investigation and quality assurance review. Over a 2-year period, federally operated facilities recorded over 27,000 adverse events, including events that were prevented before reaching the patient. IHS area office officials may provide resources to help facilities complete investigations. IHS headquarters officials oversee specific high-risk adverse events.

IHS Safety Tracking and Response Adverse Event Process at Facilities

1 Initial entry

Completed by staff
- Inputs, who, what, where, and when.
- Inputs severity of event.

2 Investigation

Completed by a designated facility staff member
- Determines level of consequence of the event (e.g., negligible, catastrophic) and risk of event reoccurring.
- Investigates and clarifies staff entry as needed.
- Contacts relevant staff members.

3 Quality review

Completed by a designated facility staff member
- Confirms level of consequence and risk of event reoccurring.
- Completes further investigation if needed.
- Presents to third parties, as needed (e.g. governing body)
- Inputs follow-up and results.
- Closes investigation.

Source: GAO analysis of Indian Health Service (IHS) documents and interviews with IHS officials. | GAO-23-105722

IHS recently developed standard reports for areas and facilities on trends in adverse events entered into its tracking system, but reports for headquarters do not include data on area- or facility-level trends needed to compare performance. Officials have not created such reports because they believe each area and facility should be assessed based on its distinct circumstances. However, comparing trends across areas and facilities does not preclude also looking at each location on its own. Without obtaining and regularly reviewing data on adverse event trends by location, IHS headquarters has limited information to provide management oversight on patient safety. Thus, it cannot effectively prioritize attention and resources or disseminate best practices, creating the potential for disparities in patient care based on location.

United States Government Accountability Office