

**Comparison of IHS Performance Objectives
Phoenix Area Indian Health Service**

Identified Objectives ORYX	GPRA (1999)	Data Source
<p>Diabetes</p> <ul style="list-style-type: none"> -Control of blood sugar levels for patients with Diabetes mellitus <ul style="list-style-type: none"> - For any patient ever having a diagnosis of diabetes mellitus, the Number of Diabetes mellitus Patients, at least one 1-hour of 7.5% or less -Prevalence of kidney complications in diabetes patients <ul style="list-style-type: none"> - For any Patient with a diagnosis of diabetes mellitus and hypertension, the number that have a blood pressure less than or equal to 135/90 -Protection of diabetes patient's kidneys from complications of hypertension utilizing ACE Inhibitor Drugs <ul style="list-style-type: none"> - For any Patient with a diagnosis of diabetes mellitus and hypertension, the number of Patients with a diagnosis of diabetes mellitus and hypertension that receives an ACE inhibitor. -Identification of obesity in diabetic patients <ul style="list-style-type: none"> - For any patients who has ever had a diagnosis of diabetes, the number records recommended weight of 150% or greater, at any time during the year -Management and intervention, for overweight, diabetic patients <ul style="list-style-type: none"> - For all patients who have ever had a diagnosis of diabetes mellitus and also had a reading of a recommended weight (RW) of 150% or greater, the number documented episodes of nutritional education in the last year -Percent of Patients with Diabetes having an annual eye exam <ul style="list-style-type: none"> - Annual eye examination Any patient with a diagnosis of diabetes mellitus 	<p>37% of diabetic patients followed in the past year will have excellent blood glucose control (HbA1c < 7.5% or mean blood sugar < 165mg/dl) to achieve maximum prevention of complications. (GPRA 98)</p> <p>65% of all persons with Type II diabetes receive individualized diabetes self-management education services (diabetes education, exercise and nutrition) (GPRA 99)</p> <p>75% of diabetic patients followed in the past year will be normotensive (mean BP < 140/90) (GPRA 98)</p>	<p>Annual Diabetes Audit RPMAS/ORYX</p> <p>Annual Diabetes Audit RPMAS/ORYX</p> <p>Annual Diabetes Audit RPMAS/ORYX</p> <p>Annual Diabetes Audit RPMAS/ORYX</p> <p>Annual Diabetes Audit RPMAS/ORYX</p>

Comparison of IHS Performance Objectives
Phoenix Area Indian Health Service

Identified Objective	ORVX	GPRA (1999)	Data Source
Oral Health	<p>-Annual immunization to influenza, for adults 65 years of age and older</p> <p>- For Elders (65 and over), the Number of immunization to influenza within the year</p>	<p>By FY00, ensure that the % of AI/AN children 8-14 years who have received protective dental sealants on permanent teeth is no lower than FY 91 level.</p> <p>By FY02, ensure that the percentage of AI/AN population annually utilizing dental services is no lower than the FY95 level.</p>	<p>IHS Dental Data System component of the RPMS</p> <p>IHS Dental Data System component of the RPMS</p> <p>RPMS</p> <p>RPMS/ ORVX</p>
Elder Health Immunization	<p>-Annual immunization to influenza, for adults 65 years of age and older</p> <p>- For Elders (65 and over), the Number of immunization to influenza within the year</p>	<p>By FY00, increase follow-up for youth discharged from adolescent Residential Treatment Centers (RTC) to 75%.</p> <p>By FY02, complete Area specific baseline data base for assessing substance abuse (particularly alcohol and tobacco), family issues, and high risk behaviors in AI/AN youth</p> <p>By FY00, reduce deaths by unintentional injuries for AI/AN people by no more than 105 per 100,000 people.</p>	<p>CDMS & RTC Evaluation System to be imp. in FY98</p> <p>Youth Risk Behavior Surveys (YRBS) collected by States and departments & BIA</p> <p>Hospital discharges and mortality statistics from the NCHS</p> <p>RPMS / ORVX</p>
Alcohol and Substance Abuse	<p>-Occurrence of Cardiac Arrest in Patients within 48 hours of surgical procedure</p> <p>- Of All hospitalized patients having a surgical procedure, the number Cardiac Arrests within 48 hours of the surgical procedure</p> <p>- Adequacy assessment of resources and potential program in victims (ages 12-50) years</p> <p>- For any patient who is female and 12 thru 50 years old presenting a ER, GYN, Woman's Health, Primary Care, the evidence (documentation of the IAH) (and reviewed period) in each visit.</p>	<p>RPMS / ORVX</p>	<p>RPMS / ORVX</p>
Heart Disease	<p>-Occurrence of Cardiac Arrest in Patients within 48 hours of surgical procedure</p> <p>- Of All hospitalized patients having a surgical procedure, the number Cardiac Arrests within 48 hours of the surgical procedure</p> <p>- Adequacy assessment of resources and potential program in victims (ages 12-50) years</p> <p>- For any patient who is female and 12 thru 50 years old presenting a ER, GYN, Woman's Health, Primary Care, the evidence (documentation of the IAH) (and reviewed period) in each visit.</p>	<p>RPMS / ORVX</p>	<p>RPMS / ORVX</p>
Women's Health	<p>-Occurrence of Cardiac Arrest in Patients within 48 hours of surgical procedure</p> <p>- Of All hospitalized patients having a surgical procedure, the number Cardiac Arrests within 48 hours of the surgical procedure</p> <p>- Adequacy assessment of resources and potential program in victims (ages 12-50) years</p> <p>- For any patient who is female and 12 thru 50 years old presenting a ER, GYN, Woman's Health, Primary Care, the evidence (documentation of the IAH) (and reviewed period) in each visit.</p>	<p>RPMS / ORVX</p>	<p>RPMS / ORVX</p>

Comparison of IHS Performance Objectives
 Phoenix Area Indian Health Service
 Page 5 of 7

Identified Objectives	ORYX	GPRA (1999)	Data Source
<p>Obesity</p>	<ul style="list-style-type: none"> - Identification of obese patients, with a recorded weight 1% below recommended weight. - The number of patients with a recorded Recommended weight (RMW) of 150% or greater at any time during the year. - Nutritional education for percent of obese patients receiving nutritional education. - The number of patients with a Recommended weight (RMW) of 150% or greater that have a documented episode of nutritional education (phenanthrene). 	<p>By FY00, halt the continued increase of obesity in AVAN children age 0-4 at the FY98 rate.</p>	<p>RPMS / ORYX</p> <p>RPMS / ORYX</p> <p>RPMS / ORYX</p> <p>RPMS / ORYX</p> <p>RPMS / ORYX</p> <p>RPMS / ORYX</p> <p>RPMS / ORYX</p> <p>RPMS / ORYX</p>
<p>Hospital Based Indicators</p>	<ul style="list-style-type: none"> - Identification of early or inappropriate hospital discharge. - The number of any readmissions within 24 hours of discharge, for the same diagnosis. - Hospital Admissions of patients having missed diagnosis or inadequate treatment in emergency room within 48 hours of admission. - Any admissions within 48 hours of an ED discharge to have - Hospital Patients with a primary diagnosis of Stroke - Inpatient with a length of hospital stay of more than 5 days. - Of all admissions with a primary diagnosis of cellulitis, the length of stay equal to or greater than 5 days. - Unchecked routine of surgical hospital within 24 hours surgery. - Of all hospitalizations having had a surgical procedure, the number of Unchecked returns to OR within 24 hours. 		

**Comparison of IHS Performance Objectives
Phoenix Area Indian Health Service**

Page 7 of 7

Identified Objectives	ORYX	GPRA (1999)	Data Source
<p>Construction, Purchases, Cases, Functions, and Agency Initiatives</p>		<p>By FY 2000, reduce the number of existing homes that either lack a safe water supply system or sewage disposal system or both by 5%.</p> <p>Improve scores to health care by constructing the Hopi (Polacca), Arizona Health Center and the Ft. Defiance, Arizona Hospital by FY 2000.</p> <p>By FY00, IHS will have implemented a formal policy for VTAU consultation and participation, approved by VTAU representatives, & a baseline survey of VTAUs completed to assess the level of satisfaction with the policy.</p> <p>By FY00, IHS will have reduced its administrative (person & hotel) at least 40% below FY97 level while maintaining full compliance w/ major Fed reg's (i.e. GPRA, OMB, IT, etc.)</p> <p>By FY00, IHS will have increased the number of interagency & cooperative agreements with agencies and orgs that are directed at improving the health status and/or the quality of life of AI/AN people by 20% over the FY95 level.</p> <p>By FY00, the IHS will begin implementing Managerial Cost Accounting (MCA) in accord with DHEB and OMB guidance.</p>	<p>The Sanitation Facilities Database System</p> <p>Health Care Facilities Priority System & Health Care Facilities Planned Construction Budget</p> <p>Constructed VTAU survey instrument and protocol</p> <p>Audit of Fed and Headquarters, VTAU Survey, A feedback from IHS, OMB, and Congress.</p> <p>Audit of existing agreements</p>