

ATTACHMENT 1

Healthcare Infrastructure Management Initiative (HIMI) for the Insular Areas Office of Insular and International Affairs US Department of Interior As Amended by the U.S.-Affiliated Pacific Islands Health Leadership

Background

The Office of Insular Affairs (OIA) serves the four territories of U.S. Virgin Islands, Guam, CNMI, American Samoa and the three freely associated states of Marshall Islands, Palau, and the Federated States of Micronesia. Combined, these insular areas maintain twelve public hospitals, six federally-qualified Community Health Centers (FQCHCs), and numerous out-patient clinics, and rural and outer-island health dispensaries serving approximately 700,000 residents. A key component of an effective health care system includes not only capital investment in physical health facilities, but also systems supporting continuous management of these facilities to ensure a proper environment for patient care and successful health outcomes.

Overview of Healthcare Facilities Management

Healthcare facility management is constantly needed to maintain clean and healthy environments conducive to achieving the best possible health outcomes. All healthcare facilities must ensure service requests are responded to quickly and efficiently, preventive maintenance schedules are set up in order to maintain operations without interruption, and administrative processes run efficiently to support timely and cost-effective facilities management. An effective health facilities management team should be comprised of healthcare facility managers, administrators (e.g. finance, procurement, and HR, especially), engineers, architects, constructors, occupational hazard and infection control specialists, and many others involved with planning, execution, and monitoring/maintenance of safe working and healing environments. While this is a diverse staff with varying skills sets and areas of expertise, team members share a dedication to optimizing existing healthcare facilities to ensure the best health outcome for the communities they serve, including working environments that are conducive to good health practices and efficient service delivery.

Project Rationale

Achieving this ideal concept of effective healthcare facilities management is a challenge across all insular area healthcare facilities (hospitals, community health centers, and dispensaries). Part of the challenge stems from the harsh island environments affecting durability of buildings, remote locations impacting timely access to and cost of supplies, lack of a trained workforce to implement core hospital/health facility management techniques, and inefficient administrative processes. Unlike the States, the discipline of hospital/health facility management has not matured into an essential component of the insular areas' health facility management plans. This is not for a lack of effort or desire by the respective insular areas, but more due to an inability to incorporate this skillset need into healthcare workforce development and planning. The academic environments, which are already burdened to support healthcare providers, have not had the bandwidth to support a pipeline in this specialized area of health facility management. And, there hasn't been significant investment in allocating sufficient financial resources to recruit and retain qualified staff. Good healthcare facilities managers and administrators, be they from the insular areas or expatriate, are in demand generally across the US and abroad, and more often, salary packages offered by the insular areas are not competitive enough to attract and/or retain qualified healthcare facilities managers and administrators.

OIA has awarded millions over the last five years for insular healthcare capital improvement through a combination of remodeling 30+ year old facilities and building new facilities. It is prudent for OIA to

consider methods to ensure the long-term value of these sizable capital investments through an investment in facility management and administration workforce development.

Overarching Project Goal

This proposal aims to initiate a phased plan focused on developing a sustainable facility management and administration program for all insular area public hospitals and other health facilities implemented through local staff. Through this program, OIA aims to have at least one local, certified health facility manager at each of the 10 public hospitals, at a minimum, within two years.

Year 1 Project Methods

Executive project sponsorship and resources include:

- Project sponsorship by the Assistant Secretary Insular and International Affairs, Doug Domenech;
- Participation/consultation, scoping, and shaping of concept through input from insular area health leadership and other governmental representatives;
- Reimbursable service agreement with the U.S. Health and Human Services (HHS) for inter-departmental technical assistance to cover salary, benefits, and associated travel expenses;
- Service agreements with other (non-HHS) technical providers as may be identified and requested by insular area health leadership, including, but not limited to the American Society for Health Care Engineering of the American Hospital Association (ASHE), Yale Global Health Leadership Institute (for Hospital Administrators), U.S. Army and Navy Corps of Engineers, and other U.S./international technical assistance providers; and
- Subject to availability, OIA financial assistance to pay for local staff to undergo healthcare facility manager and administrative training and certification.

Year 1 Objectives

- Joint statement by the Assistant Secretary and Governor/President to kick off this initiative;
- Coordinate and conduct onsite assessments and written documentation of all insular area hospitals, FQCHCs, and other outpatient clinical facilities/dispensaries operated by the insular area health departments. The assessment should include, but not limited to:
 - Number, age, and location of facilities
 - Dates of major renovations and types of materials used
 - Whether specific facilities, or parts of facilities, warrant renovation or replacement
 - List of current assets in each facility such as a major equipment requiring special consideration for renovation/construction planning (e.g. radiology equipment, morgue freezers, lab equipment requiring special closed-system ventilation, hospital kitchen and laundry machinery, etc.)
 - Energy audit of current and future power access and usage needs
- In consultation with local insular area leadership and relevant government agency staff, develop a written plan to address immediate facilities issues and associated modalities/opportunities for facility management workforce training and development;
- In consultation with local insular area leadership and relevant government agency staff, develop additional written plans to address intermediate and longer-term, non-urgent facilities management issues and associated modalities for longer-term workforce development planning and training;
- Assist insular area health leadership and relevant health staff to review and program existing maintenance plans and budgets, and to design, execute and monitor a program of regular maintenance and cost management;
- Through the onsite assessment, consult and support insular area health leadership and relevant staff to identify appropriate candidates to be trained in health facilities management and

administration methods, including discussion of appropriate modalities for training and workforce development (onsite, remote, hybrid onsite-remote, coupled with onsite longer-term coaching and mentoring, etc.), appropriate training/technical assistance providers, certification/licensure requirements and processes, and planning for on-going technical support, as needed;

- Conduct a review and written assessment of available hospital/health facility management and administration training providers which can be leveraged, through separate contractual arrangements, to provide on-island health facility management and administration training and on-going coaching, mentoring and troubleshooting technical assistance;
- Conduct a review and written assessment of the potential for a partnership between U.S. and/or international-based professional health facilities/administration management organizations, universities, and other relevant training/technical assistance institutes; and, where feasible, link such providers to local island community colleges who can serve as longer-term providers for workforce development needs identified under this initiative; and
- Provide technical assistance for healthcare operations as mutually identified by OIA and the insular area.

Immediate Next Steps

- Review of pilot proposal within OIA
- Review of approved OIA proposal within HHS
- Identification of potential technical assistance source(s)
 - Within HHS
 - Office of the Assistant Secretary for Health
 - Public Health Service
 - Health Resources and Services Administration
 - Indian Health Service
 - Centers for Medicaid and Medicare Services
 - Centers for Disease Control and Prevention
 - External USG
 - National Indian Health Board (DC)
 - American Society for Health Care Engineering of the American Hospital Association (ASHE)
 - University of Hawai'i
 - Queens Health Systems
 - Guam Regional Medical Center
 - Army and Navy Corps of Engineers
 - American College of Healthcare Executives
 - Tripler Army Medical Center
 - Indo-Pacific Command – Medical Surgeon's Office
 - Yale Global Health Leadership Institute for Hospital Administrators
- Finalize Year 1 project scope implementation and evaluation plan

Insular Area Hospitals and Other Health Facilities under the Management Authority of the Insular Area Health Departments/Ministries

US Virgin Islands

1. Gov. Juan F. Luis Hospital and Medical Center
2. Schneider Regional Medical Center

American Samoa

1. LBJ Tropical Medical Center
2. American Samoa Department of Health – Public Health Out-Patient Clinic in Faga'alu
3. FQCHCs in Tafuna, Amouli, Leone and Manu'a Islands (includes the department's only Public Health Laboratory at the Tafuna CHC)

Guam

1. Guam Memorial Hospital
2. Guam Department of Public Health and Social Services – Public Health Out-Patient Clinic and Public Health Laboratory in Mangilao
3. FQCHCs in Dededo and Inarajan

Northern Mariana Islands

1. Commonwealth Healthcare Corporation Hospital
2. Health Dispensaries in Rota and Tinian

Palau

1. Belau National Hospital
2. FQCHC in Koror
3. Health Dispensaries in Koror, Babledaob and Peleliu

Marshall Islands

1. Leiroj Ebeye Medical Hospital
2. Ebeye FQCHC
3. Majuro Hospital
4. Outer-Island Health Dispensaries

Federated States of Micronesia

1. Kosrae State Hospital, Department of Public Health Out-Patient Clinic, and Kosrae FQCHC
2. Pohnpei State Hospital, Department of Public Health Out-Patient Clinic, Kolonia FQCHC, and Municipal Health Dispensaries
3. Chuuk State Hospital, Department of Public Health Out-Patient Clinic, Chuuk FQCHC, and Outer-Island Health Dispensaries
4. Yap State Hospital, Department of Public Health Out-Patient Clinic, Wa'ab FQCHC, and Outer-Island Health Dispensaries