



OVERCOMING DESPAIR AND DISPARITY

Indian Health Service fights suicide, ensures hospitals meet best-practice standards with SAS®

Industry

Government, Healthcare

Business Issue

Provide local caregivers with data needed for suicide intervention and for improving hospital best practices.

Solution

SAS® Web enablement and analytic capabilities fuel a portal from which health facilities gain intelligence that helps them make smart decisions about patient care.

Benefits

Automated reporting saves days or weeks; caregivers can spend more time with patients; leadership can make a stronger case for additional funding.

For too many Native Americans, the Trail of Tears extends into the 21st century.

Poverty, chronic illness and substance abuse rates far exceed those of the general US population. And, as a result, so does the suicide rate.

Using SAS, the Indian Health Service (IHS) – the division of the US Department of Health and Human Services responsible for providing federal health services to 1.8 million American Indians and Alaskan natives – provides local hospitals with a single point of access to data used in treating these often at-risk communities.

“In addition to providing patient care at hundreds of IHS facilities throughout the country, our role at IHS is to also tell their story in terms of the data,” says Mike Gomez, Program Manager for the IHS. “So if we see a high number of suicide attempts, senior leadership can direct some kind of expanded intervention and secure the necessary resources.”

Spotting early warning signs

The story the IHS data tells can be grim. According to the US Centers for Disease Control’s National Center for Injury Prevention and Control, suicide rates among American Indian and Alaskan native males are second highest only to whites. And the American Indian and Alaskan native suicide rate is highest among young people between 15 and 24.

Making caregivers aware of these statistics at the local level empowers them to look for early warning signs and intervene. At the same time, central

access to data enables hospital staff to ensure they’re operating at the highest possible professional standards, thus ensuring that patients receive the best possible care.

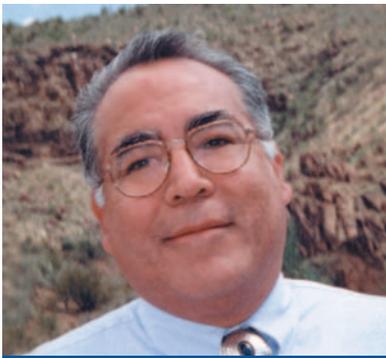
The IHS data portal – known as the Indian Health Performance Evaluation System (IHPES) – serves as an enterprise-wide performance management system to support Joint Commission on Accreditation of Healthcare Organizations hospital accreditation standards.

“We developed the IHPES with SAS specifically to target ORYX initiatives, which are a set of standards the Joint Commission established to guarantee that hospitals are providing the best services possible,” Gomez explains. “Using SAS, we were able to customize existing operations to consolidate data from across the United States and to centralize the data in a national database.”

Making the right adjustments

Using centralized data, the IHS tracks key clinical indicator performance measures at IHS hospitals. Hospital staff reviews clinical performance data and can adjust patient care practices, implement new or changed processes, or identify performance improvement projects. Doing so helps participating hospitals meet the ORYX standards while improving patient care and processes. And the information the IHPES provides allows hospitals to adjust their procedures to better meet patients’ needs, Gomez says.

When the IHS set out to develop the portal, it looked at a number of costly



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Mike Gomez
Program Manager
Indian Health Service

performance solutions – many of which would have required additional staffing or would have fallen short of the unique care needs of American Indians and Alaskan natives. That’s when the IHS realized it could develop its own system using its existing SAS software.

“We decided to work within our current infrastructure to develop a system to satisfy requirements and maximize return on investment from existing systems,” Gomez says. “As a result, the majority of IHS hospitals use the IHPES.”

Eliminating manual processes

Web-enabled access to IHPES allows the widely distributed hospitals and facilities to access relevant information quickly and easily, he adds. The IHS no longer has to prepare and distribute reports manually and on paper, thus eliminating the lag time between data consolidation and actually addressing issues

that need improvement – a time savings of days or even weeks, Gomez says.

“We’re trying to alleviate the data burden from our hospitals and clinics so that they can spend less time on the computer and more time serving patients,” Gomez says.

Ultimately, that could prove to be one of the greatest suicide-prevention measures of all. According to the data, chronic diseases like diabetes and hypertension are evident in many suicide cases, Gomez says. So are alcohol abuse and methamphetamine use.

“SAS helps us to see beyond subsets such as location and age group so that we can look at co-morbid conditions of a subset of patients who have attempted suicide,” he adds. “SAS helps us to see the other conditions a patient is being treated for so that we gain a more complete picture rather than just

reacting to someone who has considered or even attempted to take his own life.”

Securing needed funding

The ability to show that data to lawmakers in Washington helps build a stronger case for needed additional funding, Gomez says. And by building the portal on existing SAS infrastructure, the IHS maintains consistency so that users don’t lose time learning new technology.

“It’s not that we don’t use other tools in our applications, but the cornerstone of our major applications is SAS,” Gomez says. “SAS does such an efficient job processing large files, and it’s easy to create data marts that drive other applications. That’s why we use it.”



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