

Forward Planning Issues, Re-Configuring the Future

Cornerstone: Medical & Nursing Staff

The cornerstone of health care improvements in American Samoa is and always should have been, the guarantee that patients would be in the care of qualified and competent medical professionals and nurses. In the past, many planning projects were undertaken or produced for the purpose of proposing improvements to health care delivery. A common denominator often evident in these plans was the emphasis on re-shaping or constructing the physical or environmental plant conditions. Addressing the issue of medical and nursing staff was always mentioned as a priority item. However, this priority tended to get lost in the copious language that pointed toward a more important priority of improving physical environment conditions.

Through the last ten years, LBJ has faced harsh criticism from the community and federal health care funding providers that centered around the quality of medical and nursing care. Once begun, an apparent cycle of lowered medical care standards delivered locally, fed an ever burgeoning deficit created by an exponential increase in off-island patient referrals. The cycle continued in an ascending helix where unmanaged deficits created by 50% to 100% increases in the costs of off-island referral care essentially detracted from categories budgeted for staff development, maintenance or upgrading of facilities and facilities support systems, and essential medical equipment. It is a major irony to view the off-island referral costs over the previous ten year period. One quickly discerns that for the costs incurred by LBJ and the American Samoa Government for off-island referrals, qualified medical professionals and nurses could have been hired by the dozens and all the necessary medical equipment could have been purchased in redundancies of two.

The positioning of medical and nursing professionals, from an organizational standpoint, at the apex of future planning goals is the essence of placing patient care above all else. It is at the apex that actual contact and service to the people of American Samoa not only occurs, but where the people place their hope and faith in the hands of the hospital.

Table 1 illustrates a pyramid or truncated depiction of the ASMCA's priorities for future development. Note that below the apex, exists the vast system of support called LBJ Tropical Medical Center. The entire hospital environment must be focused toward providing qualitative support to that singular point of contact between the treatment and care professionals and their patients.

While the section to follow offers insight into the American Samoa Medical Center Authority's future vision of the state of health care in American Samoa, it is important to maintain sight of that *cornerstone* apex. To borrow an analogy from astronomy, care and attention to this primary goal will allow all the satellite areas of support services, facilities, operations, etc., etc., to revolve around it in a synergistic manner. However, to neglect this central core, we run the risk of creating an environment of a "black hole", to which all of the supportive satellites are not only nullified but consumed.

With that preface, we move forward to presenting thoughts on the future environment of LBJ Tropical Medical Center.

I. Medical Staffing Issues

Setting a Professional Standard

In addressing themselves to this issue, the ASMCA officially adopted United States American Medical Association standards for health care facilities that guide the recruiting and practice of both professional physicians and nurses. This major step has in turn provided the engine to address and establish new recruiting standards, and retrograding existing personnel.

Establishing a Unilateral Classification System

The ASMCA is currently at work in developing a unilateral classification system for both doctors and nurses. One of the contributing factors to problems of recruiting and retention of qualified people in the past has been the inconsistency with which personnel management was handled. An apparent double standard was being practiced that allowed for lowered expectations of competencies and qualifications on the one hand, and exorbitant rates of compensation to off-island recruitment on the other. Constructing a unilateral classification that will apply to all who meet the licensing and practice standards, is a positive means toward mitigating past deficiencies.

Removing Current Inconsistencies

At present, LBJ serves a secondary role as a training platform for students enrolled in a Medical Officer or MBBS program. While this practice has been in place for some time, it is necessary to cease all activity and arrangements of this nature. Quite simply, LBJ does not meet the qualifications nor standards to be a training ground for interns and residents. Neither in qualified medical professionals on staff nor in environmental support systems does LJB meet this standard. Therefore, continuation of this practice only places LBJ in a position of liability.

Meeting Medical Professional Staff Needs

LBJ's present profile of medical staffing is summed up in the following manner:

Current Total Medical Physician Staff:

Current Board Certified Physicians:

Number of Board Certified Physicians Needed:

Current Ratio, Certified/Non-Certified:

Year 2004 Ratio Goal, Certified/Non-Certified

At present, LBJ has a staff of ??? practicing physicians. Only ?? qualify as meeting a United States licensing standard for medical doctors. The rest are in various stages of medical school, including post graduate work. ??? of the practicing physicians, including chiefs of services are holders of an MBBS, a British medical degree, issued by the Fiji School of Medicine.

In order to conform and meet the ASMCA's adopted licensing and practice standard, holders of an MBBS or post-graduate equivalent (or any other degree issued outside of the United States), are now required to sit for the "United States Medical Licensure Examination" exam. Furthermore, they are required to sit and pass this exam within a set time frame. Passing the USMLE, is a crucial step to ensuring that these physicians meet the prerequisites for progressing toward "Board Certification" for medical doctors. Upon successfully passing the USMLE, candidates are then required to pass and receive their "Board Certifications".

For those physicians currently possessing a foreign issued medical degree, they must sit for and pass the USMLE within two years. Upon successfully completing their USMLE exams, they will then be afforded two more years to sit for and pass the requirements for Board Certification.

At present, of the practicing physicians on staff, only ??% are classified as "Medical Doctors". It is the ASMCA's goal that by the year 2004, this percentile will be ??% of the medical staff. By strongly adhering to the licensing and practicing standards, and pro-actively supporting the achievement of these standards by underwriting education and licensing efforts of the medical staff, it is hoped that the profile of qualified medical personnel will exhibit a healthy combination of both on and off island recruited doctors.

The ASMCA's goal is to institute improvements in as efficient a means as possible and within budgetary constraints. However, inclusive of this goal is the philosophy to "give people the opportunity to succeed". This particularly applies to those physicians on staff who are graduates of non-U.S. medical schools. They will be provided the necessary assistance and wherewithall to proceed with meeting the USMLE and Board Certifications by LBJ. It is necessary to underscore that for those who complete this course, they will be qualified to practice anywhere nationally. This factor alone serves to benefit both the hospital and the individual. For those who succeed, in return they will be asked to provide a certain number of years of medical service.

II. Nursing Staff Needs

Current Total of RN's: 22

Current Total of LPN's: 64

Current Total of Nursing Staff:

Current Ratio, Licensed/Non-Licensed:

Total RN's Required: 36

Total LPN's Required: 93

Year 2004 Ratio Goal, Licensed/Non-Licensed:

In 1998, LBJ's nursing corps consisted of ??? of which 22 were "Registered Nurses", and 64 "Licensed Practical Nurses". The remaining of the nursing staff are in various sub-licensing classifications such graduate nurse practitioner or certified nurse assistant, etc.

By Health Care Finance Administration (HCFA), U.S. Department of Health and Human Services standards, LBJ is required to have (at a minimum) the following personnel requirements serving the in-patient and clinical services needs of the hospital.

Unlike the status of the medical physicians' staff, the nursing corps has been subject to a licensing and practice standard for some time. The Nursing Practice Act of 1995/96 solidified and enacted nursing qualification standards (those of the National Council Licensure Examination or NCLEX) for American Samoa. Concurrent to passage of the Act, LBJ instituted a tutorial program for the nurses on staff but not licensed, to study and sit for the NCLEX examination. Additionally, an agreement was entered into with the Sylvan Testing Company, to install and maintain a certain of computer stations that would enable the candidate nurses to sit for the examinations locally via a distance learning telephone link. The Sylvan Testing Center agreement offers maximum flexibility for candidate nurses, who all work full time shifts in addition to having to make the time available for studies.

NOTE* WHAT NEEDS TO GO HERE TO FINISH OFF THIS SECTION IS AN ESTIMATED DOLLAR AMOUNT TO COVER PROJECTED PROFESSIONAL NEEDS; RE-CLASSIFICATIONS SCHEMES; AND CONTINUING EDUCATION.**

II. Capital Facility and Equipment Issues:

As a rule of thumb, United States health care facilities engineering professionals adhere to the concept that every 20 years, a health care facility (clinic or hospital) is due for substantial if not total renovation and repair of the entire facility. Given this premise, the thirty-one year history of the LBJ Tropical Medical Center places our people and patients in an "at-risk" situation.

This assessment can be qualified by a quick review of the entire LBJ facility. With the exception of re-roofing all of the buildings by the Federal Emergency Management Agency, via hazard mitigation funds due to damage sustained by Hurricane Val in December of 1991, virtually no other major repair or replacement work has been undertaken. Interior spaces (including attendant infrastructural hookups) are virtually the same as when the doors opened in April of 1968. The wiring and plumbing of the entire facility has not been re-serviced (in spite of 31 years of deterioration and lack of proper maintenance attention). The electrical service transformers currently in use for the hospital are the only PCB transformers remaining in operation in the entire territory. What were once three (3) boilers, two have cannibalized in order to keep the third in operation. The chilling unit for the main air conditioner for "core" area is teetering on brink of structural collapse. Finally, based on the deficiency findings of the certification survey conducted by the Health Care Financing Administration, U.S. Department of Health and Human Services in 1993, the entire facility (all five wings plus the separated building housing the chapel), do not meet the fire safety code standards for health care

