

Major Challenges:

- Health Care Financing Administration (HCFA) issued its directive proposing de-certification of the LBJ Medical Center on March 1998 if the American Samoa failed to institute corrective actions to remedy cited deficiencies.
- LBJ Medical Center became the target of public criticism because of continual shortages in needed drugs and medication due to lack of funds.
- LBJ Medical Center was overspending its approved budget by an average of \$5 million a year, primarily due its off-island medical referral program.
- Due to mounting debt with Straub, Queens, Kapiolani, Kuakini, and Tripler, LBJ Medical Center was advised to suspend referral of local patients until acceptable agreements were executed to address these debts.
- Mounting debt with pharmaceutical companies caused local medication shortages and forced advanced payment arrangements at prices far greater than those offered by companies in the GSA system.
- According to HCFA, LBJ Medical Center did not have an ACTIVE GOVERNING BODY with legal authority that PROVIDED GUIDANCE and MONITORING of the facility's conduct and to ASSURE that QUALITY CARE would be provided to the patients.
- The uncertainty of obtaining supplies when needed was a primary and common occurrence that threatened the quality of care provided to the patient.
- Basic diagnostic equipment were either non-functioning due to lack of parts for repair or suffered obsolescence thereby jeopardizing the quality of health care provided to the patient.
- Health Services Regulatory Board's inactivity raised uncertainty over the quality and competence of clinical staff thus, assurance that the best quality of health care is provided to the patient is questioned.
- HCFA was most critical of the absence of a comprehensive QUALITY ASSURANCE program to ensure periodic evaluation and assessment of the QUALITY OF CARE provided to the patient.
- Granting of clinical privileges did not occur, thus, causing grave concern especially with recent Fiji Medical School graduates requiring constant supervision and requisite prohibition on dispensing drugs.

- The LBJ Medical Center was built in 1968 to accommodate a population of 23,000. The territory's estimated population in 1998, 30 years later, is 61,000; reflecting a 165% increase in the same period. Consequently, the physical structure of the current buildings are deteriorating at an accelerated rate creating pressure for identification of financial resources to provide needed maintenance or construct new facilities.
- Key clinical skills needed to fill LBJ Medical Center's service gap could not be obtained due to lack of funding and inadequate salary levels compared to stateside standards.
- Morale of existing staff was at unacceptable levels caused by compensatory time accumulation, lack of leadership commitment, inadequate medical supplies, constant medication and drug shortages, frozen annual increments, lack of training opportunities, and staff shortages.
- LBJ Medical Center did not meet the requirements of the 1987 Life Safety Codes for existing health care facilities. Specifically, the LBJ Medical Center was not able to meet a level of the fire safety at least equivalent to that prescribed by the Life Safety Code through the use of the Fire Evaluation System for health care facilities.

The FBI Medical Center was built in 1968 to accommodate a population of 20,000. The center's estimated population in 1997, 50 years later, is 40,000. Reflecting a 100% increase in the same location, the physical structure of the center buildings are deteriorating in an accelerated rate creating pressure for renovation of building systems to provide needed maintenance of structural and facilities.

Key clinical services provided by the FBI Medical Center are being impacted by the lack of funding and maintenance which levels compared to state-of-the-art facilities.

Atoms of training staff was at unacceptable levels caused by decreasing the recruitment and retention of leadership personnel. Inadequate medical support, constant medical and drug shortages, frozen medical personnel, lack of training opportunities, and staff shortages.

FBI Medical Center did not meet the requirements of the 1997, the Safety Code for existing facilities. Specifically, the FBI Medical Center was not able to meet a level of the Safety Code dependent on the funding provided by the Safety Code through the use of the Extension System for health care facilities.

CONCLUSION

1998 was a year of determining critical areas of our hospital operations that needed to be addressed and resolved. It was a year of building a firm management foundation on which a Five- Year Plan could be developed to insure that the health care needs and services to the people of American Samoa would be available for them into the 21st Century. 1999 will be a year devoted to improved health care, patient services and management systems for the hospital. It will be a year of developing, finalizing and implementing an achievable Five-Year Plan. 1999 will also be a year to establish financial stability.

CONCLUSION

1988 was a year of determining critical areas of our hospital operations that needed to be addressed and resolved. It was a year of building a firm management foundation on which a five-year plan could be developed to insure that the health care needs and services to the people of American Samoa would be available for the 21st Century. 1989 will be a year devoted to improved health care patient services and management systems for the hospital. It will be a year of developing, finalizing and implementing an ambitious five-year plan. 1989 will also be a year to establish financial stability.