

SEARHC really does serve Southeast

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In preparation for writing this article about the Southeast Alaska Regional Health Corp., I traveled to Juneau and observed a two-day meeting of the SEARHC Executive Committee, which also serves as a hospital governing board for the Mt. Edgecumbe Hospital.

First, a little background about SEARHC:

SEARHC was chartered in 1975. In the beginning the organization was small and conducted a few field programs, among them, the Community Health Aide Program.

In 1982 the Juneau clinic was taken over in their first effort at assuming a major Indian Health Service program under P.L. 93-638, the Indian Self Determination Act.

In 1985, SEARHC launched a serious effort to move the 78-bed Mt. Edgecumbe Hospital in Sitka from IHS control to SEARHC control.

In January of 1986 the move was accomplished, making SEARHC the largest tribally operated 638 agency in the United States. Since then, the Medical/Dental Clinic in Juneau has been replaced with an attractive building that houses the corporate offices as well as the clinic.

The current staff complement of SEARHC is 385 employees, serving approximately 12,000 Alaska Natives in the Sealaska region.

In addition to inpatient and outpatient services, Mt. Edgecumbe also provides mental health and alcohol treatment services.

Field services include: Women Infant and Children (WIC), health education, sanitation, remote maintenance, emergency medical services, alcohol and mental health.

The SEARHC annual budget totals approximately \$17 million in both federal and state contracts. The inpatient mental health program at Mt. Edgecumbe is the only such program in the entire Indian Health Service in the United States.

The Executive Committee meeting I attended was chaired by Lincoln Bean, from Kake.

As an observer I was struck by the variety and complexity of issues brought before the committee and by the efficiency and effectiveness with which Bean got through the agenda.

The committee heard reports from board President Ethel Lund, from the Executive Vice President Niles Cesar and from a host of other presenters.

Here is a partial list of topics addressed by the committee:

- Art Willman, vice president of operations, discussed strategies for getting more out of their budget. Money is a constant problem for SEARHC, as it is for all the tribally operated health services.

- Moving patients to Mt. Edgecumbe Hospital was offered as one alternative to leaving patients in more costly non-Native facilities.

- Staff reported on efforts by SEARHC to improve the skills of "middle" management people within the organization. A series of training retreats had been held, aimed at department heads, and designed to bring out their management creativity.

- As Willman told the executive, "by asking our employees to help create the future of SEARHC, we are able to benefit from their more complete commitment. As a result of this effort, employees seem to be much more involved with their jobs than before."

- There was discussion about "tuning up" for an upcoming review of SEARHC facilities by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

- A favorable JCAHO evaluation is of great practical value to health organizations, since it is a review of the quality of services, and as such assures the Native people of Southeastern Alaska that their "creature," SEARHC, is providing services that meet the standards of excellence established by the health industry on a national basis.

- It is also important from the standpoint of securing third party reimbursement, such as private insurance, Medicare or Medicaid for services provided by SEARHC.

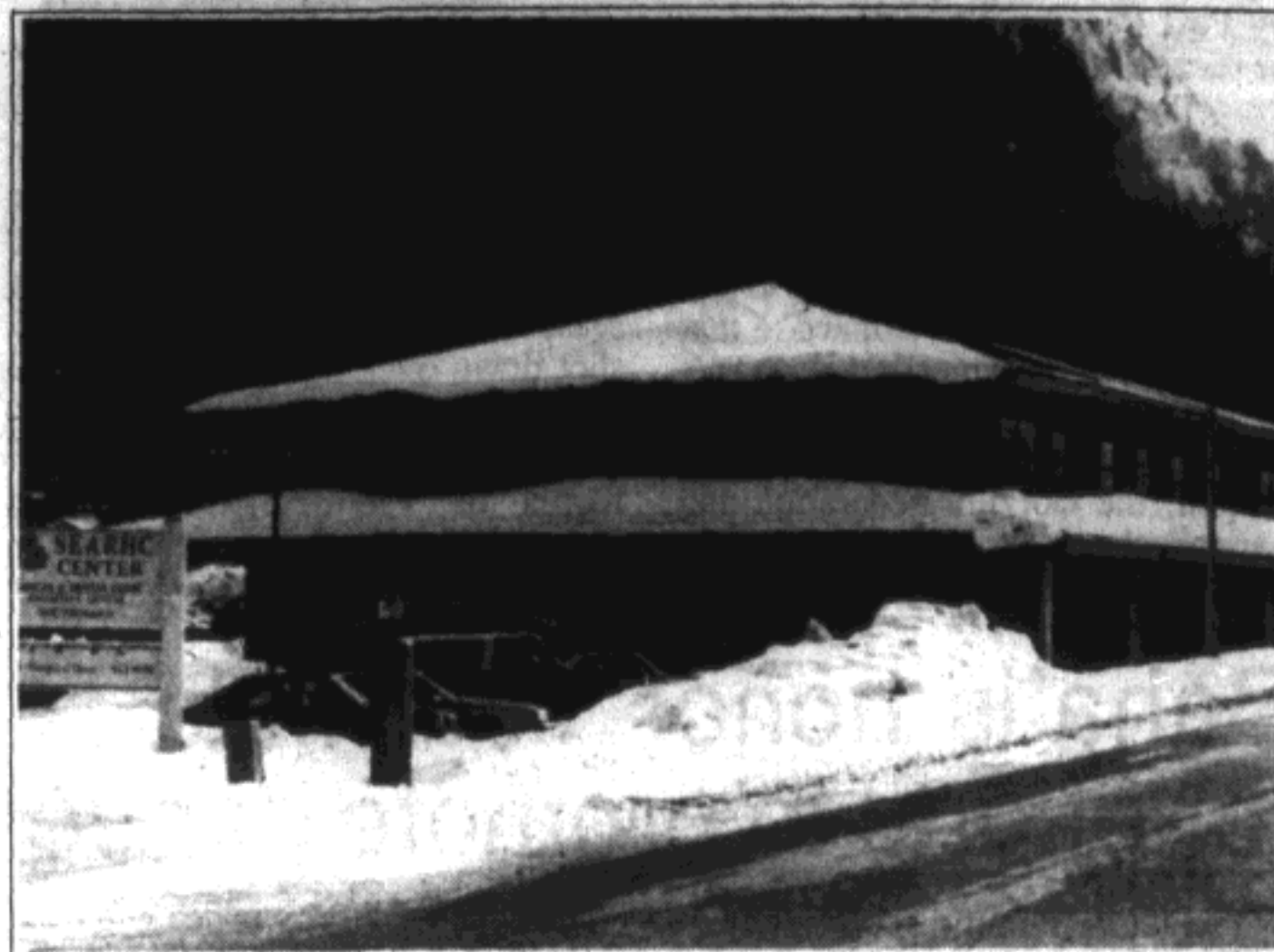
- The "tune up" in this case had been provided by a visiting team from the Alaska Area Native Health Service (IHS) and the outcome was that SEARHC was given very high marks for the quality of its services.

- Quality assurance is perhaps the most important responsibility borne by a hospital governing board. The SEARHC staff was quite professional in making certain that the Executive Committee understood that responsibility and the ultimate liability that goes along with it.

- Appropriately, the Executive Committee took this part of the meeting especially seriously.

- They discussed the Adolescent Residential Treatment Center (ARTC), a drug and alcohol treatment program for youth that will operate out of Mt. Edgecumbe Hospital, in Sitka.

- This is one of two residential treatment programs in Alaska that will be



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funded by the IHS under P.L. 99-570, the Omnibus Drug bill. The other will be operated by the Tanana Chiefs Conference and Fairbanks Native Association in Fairbanks.

ARTC will be in full swing this month, will serve 16 patients at a time, and, in addition to 40 days of residential treatment, will feature a 20-day wilderness "challenge" camp.

The residential treatment will be provided in Sitka; the "challenge" camp will be provided on False Island.

Much like the Outward Bound program, prospective students will enter the ARTC program as a group and will progress through together.

- The sudden loss of a staff psychiatrist last year brought a halt to the SEARHC mental health program.

- Fortunately, recruiting efforts paid off so well that SEARHC not only filled the position, but Sitka now has three of the five psychiatrists in the Southeastern Alaska region.

- With a full staff complement, the state has agreed to authorize reimbursement for psychiatric services provided at Mt. Edgecumbe Hospital.

- The Executive Committee heard recommendations by Mt. Edgecumbe medical staff regarding hospital admitting privileges for new medical personnel.

- Staff presented "The Caring Edge," a program of training for hospital and clinic staff designed to help employees at all levels treat patients as people as a means to improve consumer relations.

I met with Ethel Lund, Niles Cesar and Art Williams during breaks in the Executive Committee meeting to discuss the impact that SEARHC has

had on the lives of the Native people of Southeastern Alaska.

They shared a consensus that the takeover of IHS programs under P.L. 93-638 has had a positive result. People now feel they are in control.

As Cesar put it, "Hospital and clinic services are now more sensitive to the needs of the people. When problems come up now they are solved locally — we don't have to go to 'big brother' to get them solved."

It is clear that the remarkable success of the program has been due in large part to the extraordinary quality of leadership provided by Lund and Cesar.

The higher management levels of SEARHC are loaded with talent.

One major hurdle in taking over the Mt. Edgecumbe Hospital was that the existing IHS staff elected to remain, either as SEARHC employees or as IHS employees assigned to SEARHC.

Certainly, an important factor in the organization's success has been the relative stability of personnel. It would appear that competent employees throughout SEARHC have elected to stay with a "winner."

This is not to say that SEARHC is not plagued with tough problems. During the years when IHS programs were being transferred to SEARHC control, tremendous energy was given over to consolidation and a great deal of attention was paid to the "center-piece" of the organization — the Mt. Edgecumbe Hospital.

With that out of the way, SEARHC leadership will now concentrate on improving services in the Native communities.