

ANMC crisis report released

(More details of the current staffing crisis of the Alaska Native Center in Anchorage (Tundra Times, Aug 25, 1976) have been made available to the Tundra Times in a report prepared for distribution to the members of the Alaska Native Health Board.)

A special meeting was called Aug. 17th in Anchorage to inform the Board of the severity of the staffing problem as presented by the clinical staff of ANMC and the administrators of the Alaska Area Native Health Service.

The report, titled "Background Statement on the Crisis at the Alaska Native Medical Center," was prepared for that meeting and states in the introduction, "The gravity of the present situation, however, is such that, unless forceful measures are taken and some relief is forthcoming, ANMC will soon cease to function effectively as a referral hospital, and in fact may have to substantially cut back or eliminate a number of basic services."

It goes on to outline the general nature of the problem as

a high workload, staff shortages due to a recruitment problem and a basically inadequate staffing level compared to other hospitals, and staff morale. As of August 13, 1976, ANMC had 45 vacant but funded positions, or 10.8 percent of the total authorized positions. However, the report maintains that even that level is 1/3 lower than the average at other hospitals of similar size.

ANMC reduced its bed capacity from 276 to 183 in 1973 due to staff shortages. There are now 170 beds being used with further

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cuts likely "in order that safe care can be provided."

One major result of all this has been the direct effect on staff morale: "There is widespread feeling of discouragement, frustration, and even hostility abroad and it seems to be increasing as the staffing situation degrades further."

The administration attributes much of the discontent to the heavy workload, inefficient recruitment process, low salaries compared to the private sector, and basic low staffing level. Other factors include, "An increasing consumer frustration reflected in complaints and hostility; abusive alcoholics and lack of security services; uncertainty about promotion opportunities or even job security; payroll errors and late checks; lack of tangible improvement over a long period; and apparent

ineffectiveness of Native advocates of the program."

Specifics in the report detail especially crucial shortages in nursing, anesthesia, emergency room coverage, and night coverage for x-ray and lab. However, other departments are suffering. About shortages in House-keeping the report states, "Though the present level [of cleanliness] is probably safe, it is certainly not acceptable to many patients, visitors, or members of the staff."

As for emergency coverage: "Probably no other single issue has caused more poor morale and outright hostility in the medical staff over a long period of time than the problem of O.D. [Officer of the Day].... They feel they were not hired to do emergency room work, and that their duties as specialists take all the time and energy

they have available."

Added on to the problem of O.D. is night support services: "Without the ready availability of laboratory and x-ray services during off hours, the quality of emergency care we provide is necessarily inferior to that offered by other hospitals."

The report concludes with an appeal to the Medical Center staff, the Area Staff, and the Alaska Native people to work together to solve the problems because, "The Medical Center is the clinical focus of the whole Alaska Area Native Health Service. When the "health" of this facility is poor, as it now is, the ill effects may be very far-reaching in the entire health program serving the Alaska Native people."

Indications from the August 17th meeting as reported by the Tundra Times, were that the

Native Health Board was very responsive and willing to participate in addressing the problem, that the majority of the staff likes the hospital and wants to stick out the staffing crisis, and that no immediate cuts were being anticipated in direct health care services.

Area head, Gerald Ivey and Personnel Officer, Charles Watson, feel that things will definitely be improving in the next month with a new effort to loosen up the red tape of recruitment and with the awareness on the part of the federal government of the wide gap between Wage Grade (blue collar) and General Schedule (white collar, professionals) salaries offered by the govern-

ment, as well as of the special Alaska problem of intense competition from the private health care sector.