# THE IHS PRIMARY CARE PROVIDER

*A journal for health professionals working with American Indians and Alaska Natives*

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# Creating a Diverse Work Force


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The Mt. Edgecumbe hospital has had a longstanding goal to increase the number of Alaska Native employees at all levels of the organization. The vast majority of our patients are Alaska Native. Our Board of Directors believes Alaska Native patients should have the opportunity to interact with staff from cultural backgrounds similar to their own.

### The History of Our Efforts - A Growing Diversity

In 1988 12% of the Nursing Services (58 employees) were Alaska Natives, and only 4% of the 49 registered nurses (RNs) were Alaska Native. This was true despite 66 years of an Alaska Native preference hiring policy.

We wanted to change this situation, but we were faced with the following questions:

- Can we create a diverse work force reflective of our Alaska Native population, when traditionally few Alaska Natives have served as health professionals?
- Will attempts to create this work force aggravate staffing woes we experience from the nursing shortages?
- Many colleges, the Federal government, and others have ongoing programs to improve the rate of American Indians and Alaska Natives entering into the nursing profession. Still, the percentage of Alaska Native hires remains low at our hospital, throughout Alaska, and across the nation. How do we address this?

Necessity is often the mother of invention. In 1988 we were having a very difficult time recruiting RNs. Ninety percent of our nursing work force was comprised of RNs. We often provided care using a modified primary care model. Could we, we wondered:

- Safely shift some RN workload to unlicensed assistive personnel?
- Increase the percentage of Alaska Natives delivering nursing care by hiring more Alaska Natives into entry level positions?
- Offer a career development plan that advances Alaska Native employees — especially entry level employees — toward obtaining their professional licensure in nursing?

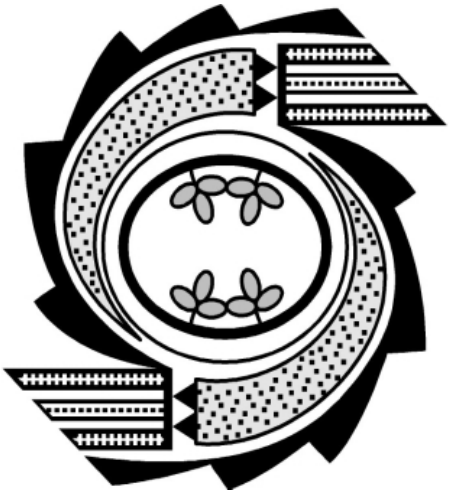
Over the next twelve years we found that the answer to all our questions was a resounding "Yes!" To succeed, we have needed a vision of the future and a process of continually developing and refining systems that support a differentiated work force, career development, and degree advancement.

Today, 54% of our 93 employees are Alaska Native. Twenty-one percent of our nurses are Alaska Native. Nine percent of our Alaska Native nursing staff are studying for a nursing degree. In the last three years, four Alaska Native nursing employees have left to attend nursing school.

### Education: the Key to Customized Roles

We began by analyzing each patient care role and establishing the expected scope of each role. To clearly communicate

## In this Issue...



our expectation of safe patient care delivery, we now define role expectations in all applicable policies, procedures, and patient care standards. We found that our unlicensed assistive personnel have very busy and significant roles in orienting patients to their environment, assisting patients with their activities of daily living, and performing safety checks. These are important functions of inpatient nursing, whether it is protecting the safety of a toddler, preventing an elder from falling, or preventing suicidal patients from injuring themselves. Additionally, our unlicensed assistive personnel perform critical support activities by serving as hospital runners, and cleaning and stocking all work areas to ensure that the professional staff can easily and efficiently carry out their patient care roles.

We developed role-specific orientation and annual training guides to ensure that we trained and evaluated staff according to their specific role expectations. We learned by trial and error. We found out almost immediately that if we wanted unlicensed assistive personnel to competently perform bed baths, record intake and outputs, and take vital signs for patients of all ages, they needed formal didactic training and close clinical supervision.

For many years now we have worked with our local university and other institutions in the community to offer an eleven-week Certified Nursing Assistant program. This program has served many purposes. It has:

- Supplied high quality didactic and clinical training.
- Allowed our nurses opportunities to develop skills as lecturers and preceptors for content where they have a high level of expertise, and in relatively low risk settings.
- Provided a training forum that is adaptable to meet employer needs within state guidelines. Since we have provided the lead instructor and 90% of the instruction, we have been able to match the state requirements with our needs as an employer. For example, we introduce many important hospital roles such as the infection control specialist and safety officer. Also, we have added other elements, such as assertive communication training and how to manage aggressive patients.
- Improved public image. The other local hospital, home health agencies, and nursing home also rely on our class to supply their unlicensed assistive personnel needs. Our local college, employment center, welfare-to-work programs, and health care agencies recognize our hospital's role in supporting quality education, work force development, and collaborative relationships.
- Helped defray internal training costs. The Nursing Services spend extensive staff time (salaries) providing lectures, class coordination, and student preceptorships, and are reimbursed in part by the university for the instructors' fees. The costs would be prohibitive if we tried to produce the same quality of training entirely within our hospital.

We also learned that we could not develop an Alaska Native work force if we set our entry level position as Certified Nursing Assistant. We did not recruit enough Alaska Natives directly into the program. So, we developed a Patient Care Extender (PCE) position – in effect, a "nursing assistant's assistant." Our only preemployment requirements are an interest in providing patient services, a high school diploma or GED, and an age of at least 18 years. We provide very task-specific orientation and training. These individuals are closely supervised. After training, the PCEs provide patient safety checks, assist the more functional patients with activities of daily living, and assist the nursing assistants with very dependent patients. They also provide clinical areas with cleaning and stocking support services. Our entry level wages and work environment have attracted many Alaska Native people who had never considered working in nursing before. Our career development opportunities have allowed many to advance rapidly through several pay grades, and have accounted for more staff pursuing nursing degrees. Over the years we have found that individual members of our existing staff have been critical in recruiting new individuals into these entry level positions.

### Meeting the Home Care Need

We have learned from our collaborative partnerships that when one gives a little, one often gets much in return. We have in recent years forged a new partnership that has many payoffs. In partnership with the state, we teach the Patient Care Attendant program. The state fully reimburses our costs for coordinating and teaching these two-week programs. The programs provide training to entry level workers so they can provide basic home care such as adult vital sign monitoring, and assistance with toileting, bathing, and transfers. Our hospital has benefitted from this partnership in many respects. It has:

- Added capacity for home care in many of our villages. Before we taught the program, many of our villages had no home care services. This resulted in longer hospitalizations for some patients.
- Created new village employment opportunities. Health is often linked with meaningful employment and economic opportunity. Many of our villages experience significant unemployment. Even a few new entry level positions can make a difference in the health of a community.
- Exposed village residents to health career opportunities. We found a new pool of people who had not formerly considered a career in health care.
- Established a broader and more qualified pool to recruit into our hospital entry level positions. We have routinely recruited one to three new staff out of each PCA class.

### More Education — You Gotta Get 'Em Young

Despite relatively good success recruiting entry level workers, we have a continued need to be creative. Our improved national, state, and local economies have resulted in more competition among employers for the entry level work force.

We support two health occupations training programs for high school students. We use these programs to recruit students into health care, and nursing in particular. We also share the advantages of students working in entry level positions to gain skills and experience and as a flexible sources of income during schooling.

We plan to try to cast a broader net by putting together poster sessions for local health and career fairs and other gatherings to advertise our entry level positions and career development opportunities.

### Creative Tools for Now and the Future

We have been able to use our existing nursing staff more efficiently through safe allocation of nursing tasks to nonlicensed staff and licensed staff whose expertise may lie in a different specialty, by using two tools: our training and evaluation system, and our patient classification system. The training and evaluation system allows us to train staff so they fully understand their role expectations. We can also systematically document that we have observed staff competently performing their assigned role. We use the patient classification system to quantify all patient care needs and project staffing needs by skill mix. The skill mixes are determined based on the need for:

- Area specific RN assessments or interventions.
- RN/LPN assessments/observations, therapy administration, and patient education.
- CNA/PCE patient safety checks and assistance with daily living.

To ensure patient safety, we recognized that we always needed to meet staffing needs for the highest level of skill a patient requires. We have added two managerial oversight functions to ensure we meet this safe staffing requirement:

- Monthly Acuity Calculation Accuracy Reports. Nurse Managers are required to enter both the projected staffing and the actual staffing for each shift into a monthly report work sheet. The work sheet produces a flag for any shift where the area-specific RN needs are not staffed as projected, the combined RN/LPN needs exceed actual licensed hours provided, or total

projected staffing need exceeds actual staffing by 120%. The Nurse Managers must report how the patient needs were safely met during those shifts.

- Master Bedsheet and Staffing Plan. Each shift the Master Bedsheet and Staffing Plan links electronically to each area's acuity calculation work sheet to produce one document that contains: all patient names, bed numbers, and diagnoses, sorted by area, as well as each area's total projected staffing mix. From the master schedule, the Administrator, Nursing Services (ANS) or the designated Nurse Manager then enters the scheduled staff for that shift, and compares projected staffing needs to actual staff provided. Nurse Managers schedule for their mean patient care needs to ensure they are adequately staffed the majority of the time. However, on any one day, patient care needs fluctuate. One area will be busier than usual while another area may be much slower. Since the charge RNs update their acuities each shift, the ANS has up-to-date information about each area's staffing needs. The ANS reviews each area's staffing needs and floats staff accordingly. The written staffing plan is distributed to the charge RNs in each area. With this total overview, Nursing Services can meet our daily safe patient staffing needs 1) usually with already scheduled in-hospital staff, 2) with a minimum of overtime, and 3) avoiding undue stress on any one area's staff or manager.

Since we have instituted these mechanisms, staff have expressed a sense of increased support because they:

- Can identify available staff should patient care demands sharply increase during their shift.

- Do not feel nameless or as isolated, since each scheduled staff member is reflected on the plan. If there is a need, they can ask for or offer staff by name and know what staff are available as hospital resources.
- Recognize that Nursing Management reviews and responds to all area staffing needs equitably.

These two mechanisms have given staff comfort with our efforts to create career development opportunities and establish the level of 24 hours a day, seven days a week support needed to provide quality patient care. Along with education and role customization, we feel these mechanisms point the way to the future as creative strategies to promote a diversified work force.

**Summary: Diversity = Worthwhile Goal + Complex Process**

Our hospital and Nursing Services have committed ourselves to the building of a diverse work force. We have discovered that, to achieve this goal, many elements need to be present, the most important being:

- A clear vision for the future.
- Training programs that promote career mobility for nursing personnel in a variety of training settings: community-based; entry level inpatient care; advancing skills for unlicensed assistive personnel; degree completion; advancement; and cross-training for licensed staff.
- Training programs actively supported by the community, state, and Federal health care agencies and educational institutional.
- Finely tuned information management systems that support cost-effective and safe patient staffing using a variety of skill levels, and track career development and training of individuals and groups. □

# Annual Patrick Stenger Award Presented to "Wisdom Steps"

*The Patrick Stenger Award is presented by the National Indian Council on Aging at the NICOA Biennial Conference to a program that has demonstrated excellence and innovation in the care of American Indian and Alaska Native Elders.*

This past August, the National Indian Council on Aging Patrick Stenger Award was given to Wisdom Steps, a health promotion program developed by the Minnesota Board on Aging and Indian communities throughout the state of Minnesota.

Born of a partnership between Indian communities in Minnesota and the Minnesota Board on Aging, Wisdom Steps invites elders to guide themselves and their communities toward better health. It involves community-based needs assessments (done with the help of the National Resource Center on Native American Aging), health education, health screening, and healthy living activities. A major emphasis this past year has been on education and incentive programs aimed at encouraging preventive health practices.

Lead committees from three Indian communities helped develop models for parts of the Wisdom Steps program this year. Committee members from the Leech Lake Reservation and elders from Minneapolis worked on "Medicare for American Indian Communities," producing informative and readable brochures on the Medicare program. They also developed a training manual about Medicare for the staffs of Indian advocacy, health, and human services programs.

The Mille Lacs Band of Ojibwe headed the committee that developed materials for communities interested in organizing Wisdom Steps Walks. White Earth Reservation elders and tribal and IHS personnel are currently developing a model for Wisdom Steps "Medicine Talks," a program to help elders manage traditional, prescription, and over-the-counter medicines. A similar project is underway in one of the Dakota Indian communities.

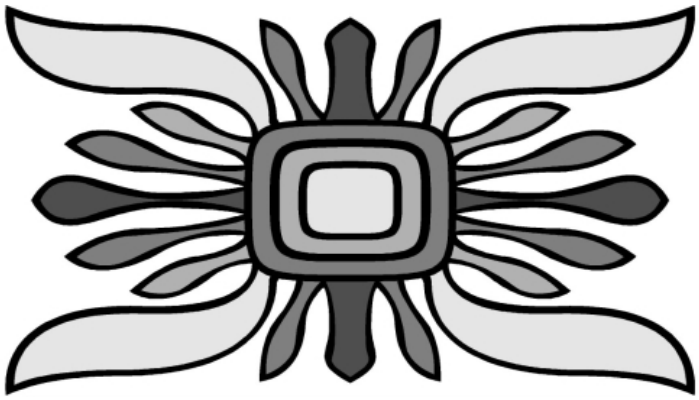
In all of these efforts, the first step has been to go to the elders in the community and ask them how best to approach these issues. More than a program, Wisdom Steps is a process — a process of partnership between state programs and Indian communities, and a process that invites elders to take the lead in promoting health and wellness in their communities.

For more information about Wisdom Steps, contact Mary Snobl, Minnesota Board on Aging Indian Elder Desk, 444 Lafayette Road, St. Paul, Minnesota 55155-3843; telephone (651) 297-5458; fax (651) 297-7855; e-mail *Mary.Snobl@state.mn.us*. □

# Do You Have a Magnet in Your Emergency Room?

*Cynthia Carter, RPh, Pharmacist, White Eagle Indian Health Center, Ponca City, Oklahoma*

While I was a pharmacy student, my husband worked as an oilfield welder while I went to school. This meant that I spent some of my time in emergency rooms. At times, no matter what precautions he took, pieces of metal would get in his eyes. After one particularly grueling experience, where the physician dug and dug and swabbed and dug some more for what seemed like forever, I decided there *had* to be a better way. I searched until I found a very small, very powerful surgical quality magnet. From then on, any time we went to the emergency room, I would grab my magnet as we left. The physician could usually be persuaded to try the magnet first. It did not require actually touching the eye, one would just get it very close and the offending piece of metal would slip out of the entrance wound with no additional trauma to the eye. What always amazed me was that there was *never* a magnet in the emergency department; we had to bring our own. I would like to recommend that all emergency departments, treatment room eye trays, and eye doctor's offices keep a small, powerful magnet available. Maybe someone in the IHS could find a source for disposable magnets, or maybe we could even create one of our own. □



# MEETINGS OF INTEREST

### Executive Leadership Development Program
### Session One (D): December 3-7, 2000 or (E): March 25-29, 2001, Omaha, Nebraska

The purpose of the Executive Leadership Development Program is to provide a forum where participants learn new skills and encounter different approaches to reduce barriers, increase innovation, ensure a better flow of information and ideas, and lead change. The goals is to provide essential leadership training and support for Indian health care executives whether they work in Federal, tribal, or urban settings.

The Executive Leadership Development Program will be presented in three 4½-day sessions over 12 months. Each session builds on the previous session. Participants should anticipate an intense experience to develop and practice skills to be an effective leader. Independent time is used for reading assignments or working with fellow team members on business simulations, cases, and presentations. At the end of each session, participants will receive a certificate of accomplishment from the sponsoring academic institutions. After all three sessions have been completed, participants will receive a certificate of completion from the Indian Health Service. For more information on Session 1 or subsequent Sessions for 2001, contact Danielle Steward, ELDP Program Assistant, Indian Health Service Clinical Support Center, Two Renaissance Square, Suite 780, 40 N. Central Avenue, Phoenix, Arizona 85004-4424; phone (602) 364-7777; fax (602) 364-7788; e-mail *ELDP@phx.ihs.gov*; Website *www.ihs.gov/nonmedicalprograms/eldp*.

### 2001 Midwinter Conference on Women's and Children's Health
### January 26-28, 2001; Telluride, Colorado

The sixteenth annual Navajo Area Midwinter OB-Peds continuing education conference will be held January 26-28, 2001 in Telluride, Colorado. Expert speakers from within IHS and from academic centers in the southwest will address a variety of topics of interest to physicians and advanced practice nurses who provide care for American Indian women and children. The conference format is designed to promote networking and permit winter recreational activities, as well as provide excellent learning opportunities. The IHS Clinical Support Center is the accredited sponsor for continuing education.

For further information, contact Martha Morgan, MD at the Gallup Indian Medical Center, P.O. Box 1337, Gallup, New Mexico 87305; telephone (505) 722-1000; or Diana Hu, MD at the Tuba City Indian Medical Center, P.O. Box 600, Tuba City, Arizona 86045; telephone (520) 283-2501.

### The 2001 Meeting of the National Councils of the IHS
### January 29 - February 1, 2001; San Diego, California

The National Councils (Clinical Directors, Service Unit Directors, Chief Medical Officers, and Nurse Consultants) of the Indian Health Service will hold their 2001 annual meeting January 29 - February 1, 2001 in San Diego, California. An exciting and informative program is planned to address Indian Health Service/tribal/urban program issues and offer solutions to common concerns throughout Indian country. Indian Health Program Chief Executive Officers and Clinico-administrators are invited to attend. The meeting site is the Bahia Resort Hotel, 998 W. Mission Beach Drive, San Diego, California. The Clinical Support Center (CSC) is the accredited sponsor for this meeting. Please contact Gigi Holmes at the Clinical Support Center (602) 364-7777, or e-mail *gigi.holmes@phx.ihs.gov*.

### USPS: A Pediatric Odyssey. The 35th Annual Uniformed Services Pediatric Seminar
### March 3-7, 2001; Louisville, Kentucky

This meeting is sponsored by the Uniformed Services (which includes the US Public Health Service) Section of the American Academy of Pediatrics, and is intended for general pediatricians and primary care providers. It will be held at the Hyatt Regency, in Louisville, Kentucky. More information about the seminar can be obtained from by going to the website *cme@aap.org*.

### Advances in Indian Health
### May 2-4, 2001; Albuquerque, New Mexico

Advances in Indian Health is offered for primary care physicians and physicians assistants who work with American Indian and Alaska Native populations at Federal, tribal, or urban sites. Medical students and residents who are interested in serving these populations are also welcome.

Both new and experienced attendees will learn about advances in clinical care specifically relevant to American Indian and Alaska Native populations with an emphasis on southwestern tribes. Opportunities to learn from experienced,

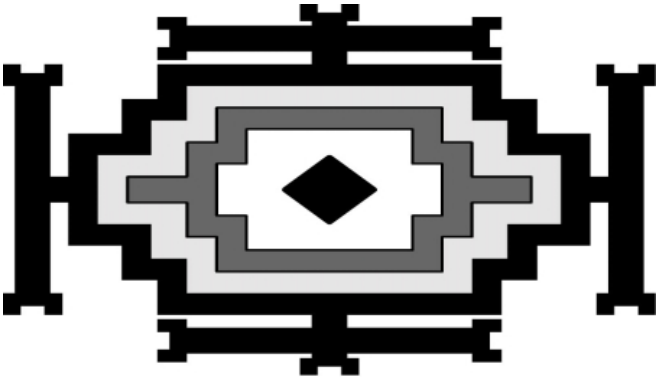
career clinicians who are experts in Indian health will be emphasized. Indian Health Service Chief Clinical Consultants and disease control program directors will be available for consultation and program development.

The conference will be held at the Holiday Inn Mountain View Hotel, 2020 Menaul Blvd. NE, Albuquerque, New Mexico 87107; telephone (505) 884-2511; fax (505) 881-4806. The special conference room rates are $60.00, single occupancy. The deadline for reservations is April 14, 2001. All room rates are subject to state and local taxes which are currently 10.8125%.

For registration information please contact Kathy Breckenridge, UNM Continuing Medical Education at (505) 272-3942 or Julie Lucero, Albuquerque Area Indian Health Service at (505) 248-4016. The conference brochure will be available in January 2001. To be placed on our mailing list, please call the University of New Mexico Office of Continuing Medical Education at (505) 272-3942. The brochure will also be available in January on our website at *http://hsc.unm.edu/cme*.

### American Indian Kidney Conference
### July 11-13, 2001; Oklahoma City, Oklahoma

The National Kidney Foundation of Oklahoma and the Oklahoma American Indian Kidney Council will sponsor this second annual conference to be held at the Clarion Meridian Hotel and Convention Center in July 2001. Information on prevention of hypertension, diabetes, and kidney disease and coping with kidney disease will be provided over the three days. The target audience included patients and their families, community health providers, medical professionals, and tribal leaders. Continuing education will be available for healthcare providers. For more information, contact Jo Ann Holland, RD, CDE, at the Lawton Indian Hospital, Lawton, Oklahoma; phone (580) 353-0350, extension 560.



# POSITION VACANCIES

*Editor's note: As a service to our readers,* THE IHS PROVIDER *will publish notices of clinical positions available. Indian health program employers should send brief announcements on an organizational letterhead to: Editor,* THE IHS PROVIDER, *The IHS Clinical Support Center, Two Renaissance Square, Suite 780, 40 North Central Avenue, Phoenix, Arizona 85004. Submissions will be run for two months, but may be renewed as many times as necessary. Tribal organizations that have taken their tribal "shares" of the CSC budget will need to reimburse CSC for the expense of this service. The Indian Health Service assumes no responsibility for the accuracy of the information in such announcements.*

### Registered Nurse
### Social Worker
### Administrative Assistant
### Shingle Springs Rancheria; Shingle Springs, California

The registered nurse is responsible for patient services management. Qualifications include current RN license, one year experience in an outpatient clinic setting, and driver's license (must be insurable by the tribe's automobile insurance company). Salary range: BS degree $36,102 - 46,931/yr., DOE; AS degree $29,392 - 35,568/yr., DOE.

The LCSW is responsible for the overall management of the mental health department. Qualifications include current State of California LCSW license and assurance of skills to provide evaluation and counseling of individuals and families. Salary range: $43,270 - 56,250/yr.

The administrative assistant performs general office duties and provides general administrative support to the Executive Director. Supervises administrative department clerical staff and volunteers. Minimum one year office experience required. Salary range: $7.50 - $10.50/hour.

For information about any of these positions, contact Shingle Springs Rancheria, P.O. Box 1340, Shingle Springs, California 95682-1340; attention: Personnel; telephone (530) 676-8010; fax (530) 676-8033

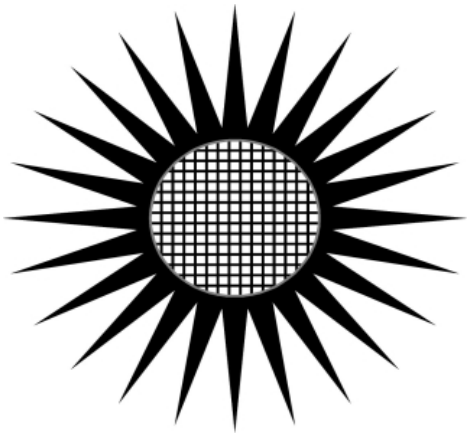
### Field Environmental Health Specialists
### District Environmental Health Specialists
### District Injury Prevention Specialist
### Navajo Area; Window Rock, Arizona

The Navajo Area Division Of Environmental Health Services (DEHS) is recruiting for Field Environmental Health Specialists in Crownpoint, New Mexico as well as in Winslow, Many Farms, and Tuba City, Arizona, and for District Environmental Health Specialists in Fort Defiance, Arizona, and Shiprock, New Mexico. The Field Specialists have duties and responsibilities in the areas of water quality, food service, institutional environmental health, vector borne diseases, epidemiology, and injury prevention. The District Specialists plan, organize, direct, and evaluate a comprehensive environmental health program. DEHS is also recruiting for a District Injury Prevention Specialist in Shiprock, New Mexico. The District Injury Prevention Specialist collects and analyzes data, coordinates injury control activities, plans demonstration projects, and coordinates training.

For additional information, contact Chuck Freeman at (520) 871-1451. CVs can be mailed to the Office of Environmental Health and Engineering, P.O. Box 9020, Window Rock. Arizona 86515.

### Family Practice Physicians
### Chapa-De Indian Health Program, Inc.; Auburn, California

Chapa-De Indian Health Program is seeking two additional BC/BE family practice physicians, one to join our Auburn staff and one to join our Woodland staff. Chapa-De is a comprehensive community care system located in beautiful Northern California. We provide medical, dental, behavioral health, optometry, and pharmacy services for 18,000 registered patients in a four-county service area. Join our staff of four family practice physicians, a pediatrician, and a family nurse practitioner. Provide inpatient care at a nearby 100-bed hospital. Enjoy a competitive salary, excellent benefits, every fourth night call, and an opportunity for IHS loan repayment. For more



information please contact Darla Clark, Clinical Administrator, at (530) 887-2800; e-mail at *dccdihp@yahoo.com*. CVs can be faxed to (530) 887-2849.

### Primary Care Physicians
### Crownpoint Service Unit; Crownpoint, New Mexico

The Crownpoint Healthcare Facility is seeking primary care physicians for its family practice model hospital in the high desert of the Four Corners region. This area is beautiful, with many opportunities for great outdoor activities, such as exploring Anasazi ruins, hiking or biking on the mesa, fishing, and skiing.

The hospital includes a six-bed ER, a 17-bed inpatient unit (medicine and pediatrics), a labor and delivery unit, and a busy outpatient clinic. We serve rural Navajo communities in northwestern New Mexico.

We have an energetic and dedicated medical staff with a wide variety of experience and interests, both at work and at leisure. We are expecting several vacancies beginning in summer and fall 2001.

For more information you can visit us online at *www.technet.nm.net/~jphunter/medicalstaff.htm*. Please call us at (505) 786-6411 if you are interested in interviewing or if you have questions. You will probably get our voice mail, but please leave a message and we will get back to you. CVs can be faxed to (505) 786-5840. We look forward to hearing from you.

## NATIVE AMERICAN MEDICAL LITERATURE □

*The following is an updated MEDLINE search on Native American medical literature. This computer search is published regularly as a service to our readers, so that you can be aware of what is being published about the health and health care of American Indians and Alaska Natives.*

*The Clinical Support Center cannot furnish the articles listed in this section of* THE PROVIDER. *For those of you who may wish to obtain a copy of a specific article, this can be facilitated by giving the librarian nearest you the unique identifying number (UI number), found at the end of each cited article.*

*If your facility lacks a library or librarian, try calling your nearest university library, the nearest state medical association, or the National Library of Medicine (1-800-272-47887) to obtain information on how to access journal literature within your region. Bear in mind that most local library networks function on the basis of reciprocity and, if you do not have a library at your facility, you may be charged for services provided.*

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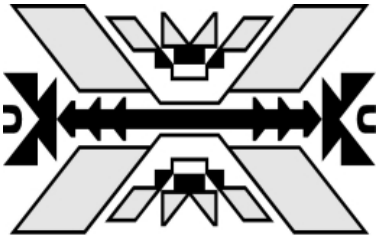


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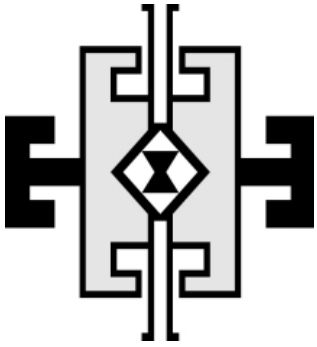

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