



SEARHC

SouthEast Alaska Regional Health Consortium

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Nancy Sanders, Executive Administrator
Alaska Board of Nursing
550 West 7th Avenue, Suite 1500
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Dear Dr. Sanders:

The Southeast Alaska Regional Health Consortium (SEARHC) operates numerous clinics throughout the sparsely populated island archipelago that makes up our region. The frontier setting in which we operate is one of the most challenging health care environments in the country. While our region is unique, health care providers in all regions of rural Alaska face similar obstacles.

For the past six years, SEARHC has been the lead agency in a demonstration for the Frontier Extended Stay Clinic. The other Alaskan clinics are the Iliuliuk Family and Health Services, Inc., in Unalaska, and Cross Road Medical Center in Glennallen. This letter of introduction outlines the issues that each of our clinics face.

In most of SEARHC's geographically isolated communities the consortium is the only health care provider. Regardless of size, all communities require access to a broad range of health care services. This is inclusive of everything from prevention and well care to stabilization of critically ill patients. In addition, access to urgent and emergent care services must be provided on a 24/7 basis. Limited x-ray services are a vital component of patient care in many of these clinics.

Given the complexities described above, clinic staffing in rural areas is extremely challenging. While a community of one hundred people requires the spectrum of services described above, the realities of funding limit the number and types of staff available to meet these needs in a low patient volume setting. Staffing simply to cover a 24/7 schedule is highly inefficient given the number of patients served. The primary tool used to mitigate these challenges is training. Clinic staff are trained to perform a variety of tasks which in an urban setting would all be handled by a number of individuals. This is particularly challenging in the provision of clinical services. In the tribal setting, the Community Health Aide model was developed to address these unique needs. In the course of patient care, Health Aides perform functions that would be accomplished by nurses, primary care providers, pharmacists, and other health care professionals in an urban setting. In many of these clinics, the Health Aide scope includes performing x-rays.

SEARHC operates two sub-regional clinics in Southeast. The Haines Health Center (HHC) serves northern Lynn Canal and the Alicia Roberts Medical Center (ARMC) serves Prince of Wales Island. Both of these clinics serve several thousand patients including large numbers of non-Natives. These clinics are the only provider of emergent and after hours care in their regions. The size of the patient populations served by these clinics have allowed for the augmentation of services and provider types beyond the Health Aide model. Primary care services are provided exclusively by physicians and midlevel providers. Other primary care team members include nurses, nursing assistants, and medical assistants.

Despite the higher level of care providers, the sub-regional sites face many of the same challenges as the smaller clinics. Recruitment is extremely challenging and staffing is impacted significantly by

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the number and types of health care workers available. In addition, the need for staff to assume multiple roles remains. While radiographs are critical to patient care, there is still not an adequate volume of patients to support a dedicated radiology technician. Even if one tech could be justified by the volume, recruitment would be challenging and it would be impossible for one employee to cover the clinic 24/7. The reality is that other individuals in the clinic will need to take x-rays or patient care will be adversely impacted.

While physicians and midlevel providers are allowed to take x-rays, this is not part of the core training of either of these professionals. In addition, it is not possible for a provider who may be caring for multiple patients to perform this duty. For these reasons, this function is performed by other members of the health care team in SEARHC clinics. This model is seen throughout the state.

Within the tribal health system, the need for training of limited radiology imagers in field sites has been long recognized. To address this need, training is offered centrally through the Alaska Native Tribal Health Consortium (ANTHC). The Healthcare Providers Diagnostic X-ray Imaging program has been taught by Ron Deis, a certified radiology technician, for many years. This "bush radiology" course is available to both tribal and non-tribal organizations. Numerous SEARHC employees have participated in this training over the years. Subsequent to this, additional training was provided through the SEARHC radiology department. These employees have gone on to safely and effectively provide radiology services in locations throughout Southeast. In addition, advances in technology have further enhanced the ability of these limited imagers to perform these duties. Auto-exposure machines have significantly improved image quality and reduced patient radiation exposure. The use of teleradiology allows for prompt feedback on patient positioning. Quality improvement activities have been facilitated through this enhanced portability of interpretive services. Our radiology programs are subject to the same regulatory standards as those in urban areas.

Over the past decade, there have been numerous attempts to pass legislation which would limit the ability of non-radiology techs to perform x-rays. These efforts have been consistently opposed by organizations serving rural areas on the grounds that they were unnecessary. This opposition was based on our many years of providing safe and effective radiology services through the training described above. Co-incident with the legislative efforts, the University of Alaska developed and eleven credit Limited Radiology program which offers an Occupational Endorsement. Realistically, a full time employee will take 12 to 18 months to complete this coursework. SEARHC has supported several employees in pursuing this training. While all felt that the training was of high quality, we do not believe that it resulted in significant improvements in the safety or quality of x-ray services beyond our traditional training pathways.

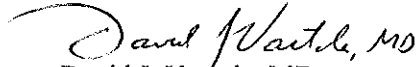
Registered nurses are among the most highly trained and medically sophisticated members of the health care team in SEARHC's sub-regional clinics. We believe strongly that taking plain x-rays should be within a rural RN's scope of practice. The placement of stringent limitations on this practice is not clinically or legally necessary and would reduce the role of a highly skilled member of the health care team. Neither the State of Alaska nor the State Medical Board has restricted the ability of clinical providers or medical assistants to perform x-rays. The current program consisting of training through ANTHC augmented by additional follow-up training at the local level has proven effective. We are in the process of tightening up the competency assessment of limited imagers trained on this pathway. We encourage the Board of Nursing to consider acceptance of this training as the basis to include limited radiologic imaging in a nurse's scope of duties. While the University based program also represents excellent training, this route is impractical as it will preclude nurses from performing all necessary duties in the clinics for an acceptably long period of time.

SEARHC places great value in its nursing staff. Our rural clinic nurses have accepted the most challenging assignments in the organization. They care for critically ill patients who would otherwise be hospitalized and perform functions that are accomplished by other professionals in urban settings.

They are well trained, highly competent, and clearly able to perform simple x-rays within the training we have provided them.

We request formal inclusion of limited imaging within the scope of practice for nurses at SEARHC Haines Health Center, SEARHC Alicia Roberts Medical Center, Cross Road Medical Center, and Iliuliuk Family and Health Services, Inc.

Sincerely,



David J. Vastola, MD
Medical Director, CHCS, SEARHC



Patricia Atkinson, MAT
Program Manager, Frontier Extended Stay Clinics