

TALES FROM THE RADIO ROOM: COORDINATING HEALTHCARE TO RURAL VILLAGES IN THE ALASKAN ARCTIC

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Disclosures

- No financial disclosures
- I am employed by Maniilaq Health Center
- I am not employed by CHAP



Northwest Arctic Borough







RADIO ROOM

- Attached to the ER at MHC
- Initially villages would report patients over radio frequencies and wait for response
- As technology progressed clinic notes would be faxed back and forth
- Mon-Fri 8-5 2 providers split all village traffic
- Afterhours the ER provider covers all villages

Village Clinics

- Each village has a small clinic with 2-3 exam rooms and a trauma bay
- Depending on the size of village between 1-6 Health Aides
- Each village has an assigned PCP who visits 2-4x yearly



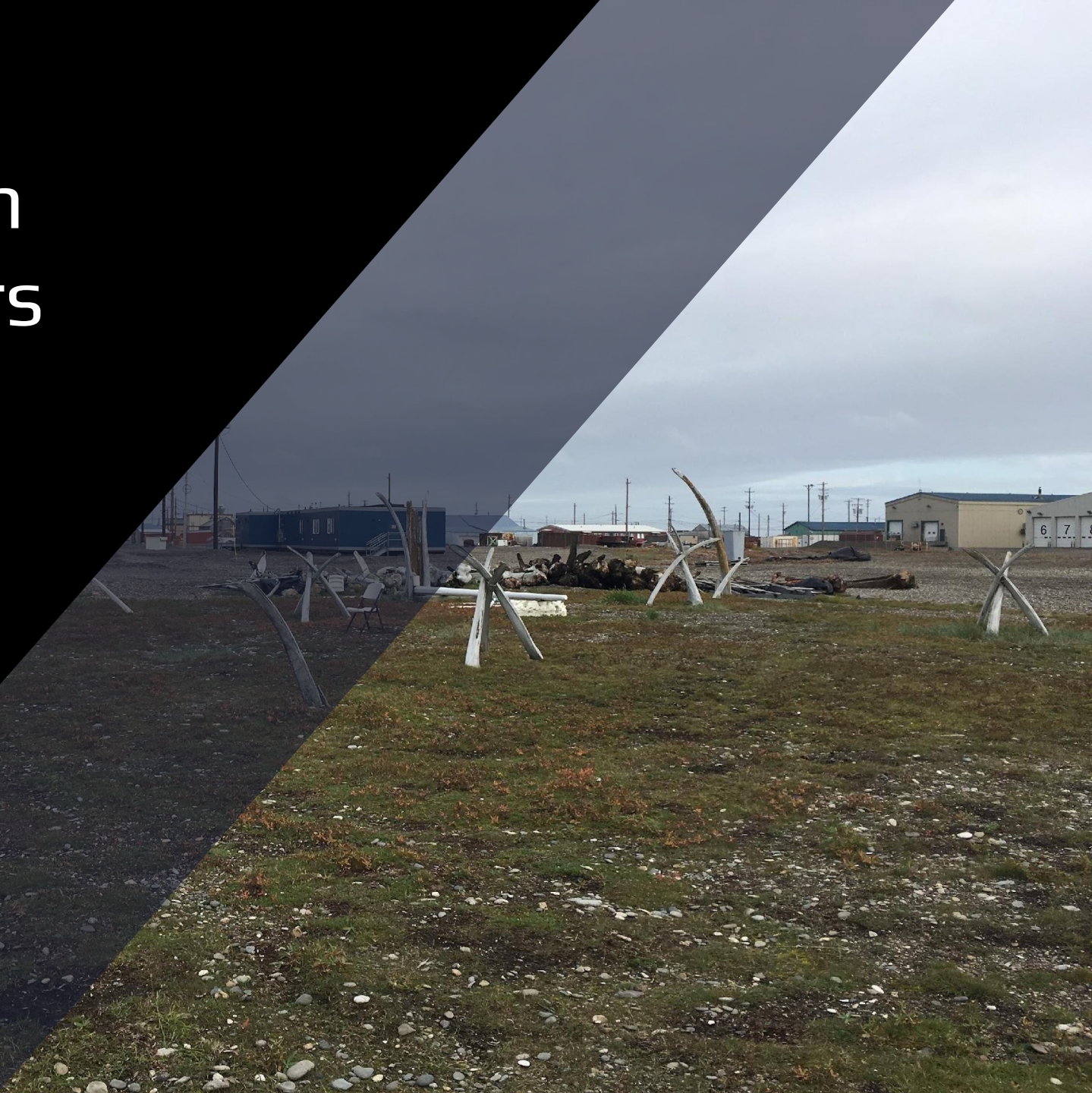
Community Health Aides/Practitioners

- Referred to as CHA/Ps
- Alaska Natives from their home villages
- Sequential training sessions in Anchorage (CHA Levels 1-4, finally CHP)
- Follow algorithms from the CHAM to evaluate patients
- Report pt to Radio Room provider – EHR note, phone call, photos, Zoom



Community Health Aides/Practitioners

- Can give/dispense oral meds
- Give IM meds
- Start IVs and give IV fluids (no IV meds)
- Blood draws to send out labs and POC
HGB, BG, UA
- EKGs
- Suturing wounds, procedures
- Vitals, wound care, splinting,
breathing treatments, home visits,
codes





Radio Room

- Wait for EHR note or phone calls about pts
- May “see” 60+ pts per day (120+) between 2 providers
- Decide on higher level of care, transport, referrals, f/u appointments
- Emergency? – commercial flight or Medevac?

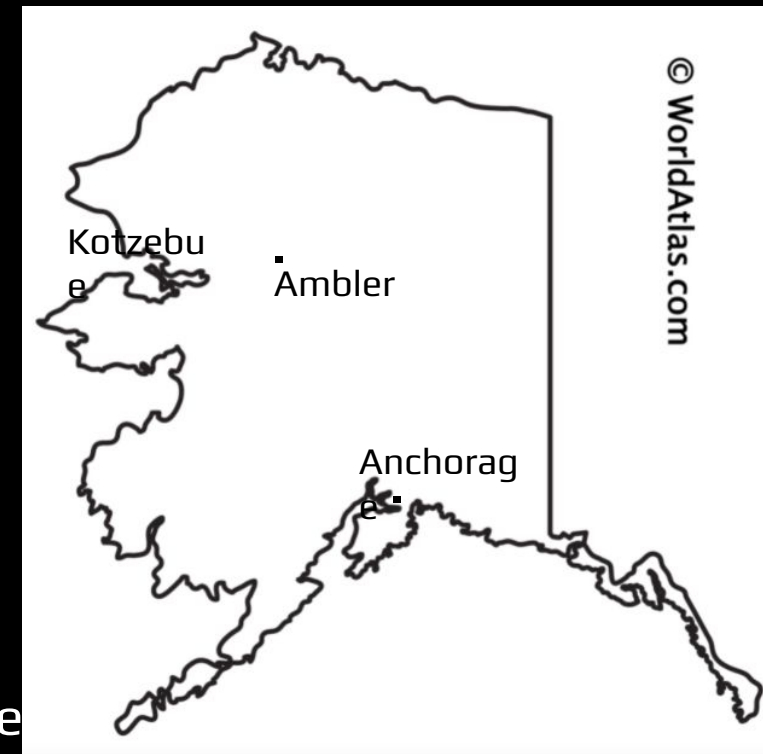
MedEvacs

- Local flight team in Kotzebue
- Anchorage, Fairbanks, Deadhorse available as back ups
- \$20-80K per flight



Referral Centers – Case Study

- 6yo female in Ambler; weak, tired, pale; no medical hx
- O2 sat 88 on RA; POC HGB 2.6; recheck 2.8
- Requesting direct transfer from Ambler to ANMC in Anchorage
- Unable to get Peds on the phone, Medevac won't take off without accepting physician
- ED accepts pt, flight takes off from ANC
- PICU calls; requires different flight team



Weather Windows

- Arctic weather can ground flights any time of year
- Sometimes for days at a time
- May have to utilize other flight teams/facilities based on windows



COVID

- Many villages initially cut off all travel at start of pandemic
- Each village council has separate rules regarding testing, quarantine, travel
- Many village homes have 10+ people living in a small space
- An outbreak can infect most of the population
- Transporting with COVID requires a Medevac



COVID

An aerial photograph of a vast, frozen body of water, likely a lake or sea, covered in numerous ice floes of various sizes. The sky is overcast with grey clouds. A dark blue diagonal graphic element cuts across the image from the top right towards the bottom left, creating a split background for the text.

- Typically lagging a month or so behind the rest of the US
 - Overall hospitalizations and deaths lower compared to world numbers
 - Continue to have issues with logistics and resource utilization
 - “COVID camp” constructed in Kotzebue to house people needing quarantine
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COVID – Village Travel

- 34yo F slipped on ice, injured L ankle, pain to lateral malleolus, can't bear weight
 - In village, needs to come to ER for Xrays and splinting
 - Tests positive for COVID, asymptomatic
 - Any alternatives to treat remotely?
 - Automatic Medevac
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COVID VACCINE DISTRIBUTION



Questions?

- CHAP Alaska
www.akchap.org
- Maniilaq Association
www.maniilaq.org

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