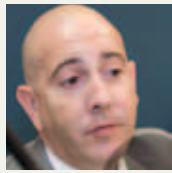


Making a Difference

VNSNY home visits last longer than you think. Learn why.

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VNSNY Podcasts

How well do you know your colleagues? Turn to page 2 and find out.

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Behind the Frontlines

An interview with Ana Miyares, the manager of Community Connections TimeBank.

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Hidden Talents

An organist, a photographer, an actor, and two singers in this issue of Frontline.

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FrontlineVNSNY



THE RIGHT CARE NOW™

It's a Bird! It's a Plane!

No, It's a VNSNY Clinician on a Scooter!



From the very first VNSNY nurses who famously scaled the rooftops of the Lower East Side and rowed boats from Manhattan to Roosevelt Island, VNSNY employees have utilized nontraditional means of transportation to reach their patients. Following in the footsteps of those first pioneering nurses, a number of current VNSNY employees choose to visit patients by bike, roller blades, scooter – and one intrepid social worker even travels by motorcycle. ▶ continued on page 4

The nurse has left, the patient has been discharged. **Now what?**

We all hope that we make a difference while we're at work – but the nurses, rehabilitation therapists, medical social workers, nutritionists, physicians and home health aides at the Visiting Nurse Service of New York make a difference even when they've finished providing care.



Our clinicians aren't always told that. A nurse in VNSNY's Nurse-Family Partnership was recently pleasantly surprised when a social worker at Albert Einstein said that VNSNY's patients made social workers' jobs easier.

This one nurse's experience was unusual only in that the social worker made the effort to communicate. Even if it isn't always mentioned, appreciation for VNSNY's work – and its positive repercussions – is widespread.

It's natural. Doctors, nurses, administrators and social workers like having patients who understand the system and know not only what to expect, but also how to communicate.

Deirdre Mole is a geriatric nurse practitioner and the administrator of the house call program at the Wright Center on Aging. She says that the one-to-one care offered by a VNSNY nurse makes all the difference. "A VNSNY nurse enters a person's life and can influence healthy practices. The nurse educates." Patients take that education with them, applying it to self-care and to their interactions with the medical community. That's good for everybody – not just the patients.

▶ continued on page 3



The nurse has left, the patient has been discharged. Now what? ▶ continued from page 1

Dr. Stuart Framm would agree. He sees VNSNY clients in an adult residence on the Upper West Side and in his office at the Allen Pavilion of New York Presbyterian.

At New York Presbyterian, Dr. Framm sometimes refers patients – either those newly discharged from the hospital or those who see him in his office – to VNSNY. He says VNSNY nurses do a great job of organizing patients’ medications and teaching patients to not only cope with, but also to actively manage their diseases.



Congregate Care nurse Dyan Summers discusses flu prevention with residents of the adult home that she serves.

As part of the Congregate Care program, there is a strong VNSNY presence in the adult home that Dr. Framm visits once a week. There, Dr. Framm sees approximately 60 patients; of those, around 40 are seen by Dyan Summers, a VNSNY nurse, as well. Framm says, “I can definitely see a difference with the patients she follows.”

That statement’s not likely to surprise Margaret Reilly, Professor of Nursing at Queensborough Community College. She says that VNSNY nurses aim to “provide the patients with a skill set for other health issues that may come up.” They learn what their resources are. “That’s a knowledge that generalizes to health care management overall,” Reilly observes, “across their life.”

Dr. Framm would agree. Whether VNSNY patients are in a group residence or in their own homes, he says, “they’re more educated. They have a broader sense of their conditions – and I think that’s due to the nurses educating them about their disease – diabetes, heart disease, or other things. Then, when I see them, they have a better idea of what’s going on.”

Does this affect Dr. Framm’s work? “Oh, definitely. It saves me time, in terms of going over things. It’s not

like I have to reinvent the wheel when I see them. The nurse acts as my eyes and ears in the community.” He reiterates his reliance on Dyan Summers. “She’s an RN and a nurse practitioner, so she has more clinical skills.” Her knowledge – like that she gives the patients – is invaluable to Dr. Framm. He puts it plainly: “It really takes the pressure off of me.”

According to Dr. Framm, VNSNY patients “are more aware of what to expect.” Their knowledge goes beyond surviving in the system. “They learn more, they have a sense of taking responsibility for their health and their medical condition. They have more ownership of it.”

That sense of proprietorship is vital. When illness disrupts someone’s life, having a feeling of confidence can mean a swift, rather than a slow, recovery. It can make the difference between life and death.

“Some people, when diagnosed with chronic diseases, become depressed,” Dr. Framm observes. Gaining awareness and control can “alleviate that feeling of helplessness or hopelessness. It makes them feel that they have some power. It gives them control. I think that helps a lot.”

Trust is key here. As Professor Reilly sees it, patients “look to the VNSNY nurse as a lifeline for information, direction, resources, encouragement, for coaching.”

You can’t put that in a pill or a needle.

Reilly says that new patients are often floundering – lost. You can easily imagine the frustration of a doctor trying to bridge the canyon of confusion. “What the VNSNY nurse does,” says Professor Reilly, “is bring clarity to the situation.” That clarity benefits everybody: the patient, the family, caregivers and the medical community.

Deirdre Mole adds, “The VNSNY nurse can also be more in touch with the doctor. The nurse translates to the patient the medicalesse, the medico-speak.”

The health care system can bewilder even the knowledgeable, so it’s understandable that new patients are often overwhelmed. A VNSNY nurse becomes “a navigator, as a translator for the language, the jargon and the jungle that is the health care system,” Reilly says. Patients learn their ways around, and each accomplishment makes the next easier. Reilly states the thought pattern: “If I have success here, then I can have success again.”

VNSNY patients are confident. They think, Reilly says, proactively: “Where do I go if I have a problem? What’s a resource I can use? They have a sense of, ‘Okay, we resolved that problem. If something else comes up, I know a place that I can go, I know resources that I can utilize, and I know information that I can obtain.’”

A reporter for a major New York City daily newspaper recently summed it up: “In medicine, the mind is the greatest tool. The Visiting Nurse Service of New York puts that in each patient’s kit, giving people a chance to go beyond recovery—to thrive—arming people with the knowledge they need to be better patients and healthier New Yorkers.”

VNSNY Home Visits Last Longer Than You Think

Nurses’ visits may be brief. In contrast, patients live and cope with their diseases every minute of every day – so it is fortunate that a nurse’s influence outlasts the time she spends with her patient.

That stay may last only an hour, but the results can be seen at all hours.

Here are some things medical professionals tell us they see in VNSNY patients:

- Greater confidence
- Awareness of available resources
- Competence in attending to medical needs (diet, medications, exercise, etc.)
- Knowledge of medical terminology and the medical system
- Greater ease in interacting with doctors, nurses, clinicians, technicians and social workers
- Education (VNSNY patients are well-informed about their conditions, the medical environment, and how to be active participants in healthcare)
- Sense of control over the disease
- Easier to deal with
- Active, thoughtful participation in their medical care

