

Care Without Judgement

The HeART of Nursing

I get up every morning and come to work to do what I think most people in health care and certainly most nurses do is to, to help people to make people healthier. And it's interesting because what a lot of nurses have said to me and other people in healthcare said to me is like how do you work with those people? You know, like how frustrating must it be to work with people who don't want to change, or can't change or don't have the resources or the literacy or the education of the like. You know they're like 'that must be endlessly frustrating'. And my response is that's why I get up every morning because it's fascinating, it's endlessly interesting, it's endlessly rewarding. I actually started with an undergraduate degree in anthropology, got a master's degree in applied research in sociology to focus on medical and legal sociology. My life became more personally involved with people with HIV and AIDS, I had a roommate who died of AIDS and I helped take care of him. I decided I really wanted to move into direct care of people with HIV and I thought about going to medical school for about 15 minutes and then decided to go to nursing school. When I got out of nursing school and got my license in 1993, well even while I was in nursing school, I was working with people in the Tenderloin district of San Francisco. Lots of single room occupancy hotels, lots of populations were vulnerable and kind of pushed off to the side, and HIV was really spreading through those communities very rapidly. And those communities were not connecting to healthcare because the healthcare system wasn't set up to deal with those communities. The people in that hotel and, those patients, they really taught me to be a nurse. Like nursing school was helpful right, I learned how to do

procedures and skills and things like that. I didn't learn how to take care of folks like this. That's not what I was taught. They taught me how to do it. So they not only taught me how to be a nurse but really you know, these folks taught me how to be a human being. Allegheny Health Network is a large system. We have eight hospitals across a pretty large footprint in Pittsburgh. We want a patient to walk into any care setting within our network and feel like they're going to get the same high-quality care, the same excellent patient experience that they would have anywhere. So that's really our goal. Nursing has changed a lot, I think that it wasn't like I became a nurse in the Stone Age. We had technology, I mean we started, we were starting to use computers and things like that but it was pretty primitive and not really invading the clinical space very much so it didn't kind of intervene in the relationship between the nurse and, and the patient. And certainly the work that I was doing in those early years, there was no technology. I mean I hung IV bags and parks and hallways and stuff but you know that was pretty much it. But the technology has increased immensely over the years and not just the technology of medicine, the technology of medical devices and things that we now have to take care of, but then you know the electronic health record and the amount of data that we have access to. I think we face as nurses huge challenges and how do we negotiate and take advantage of the technology that we have without losing that art of Nursing. Our focus at Allegheny Health Network is to push care to the communities where people live. People are going to go to their community health centers, they're going to go to the outpatient centers. We're not only creating more effective, team-based, multidisciplinary primary care, but we're also developing cadres of community health workers like doulas and people who are going out beyond the health system into the community, identifying problems and helping navigate people into a system that actually wants to see them. Even though patients are sicker, we are caring for them better. We are in a health care world

where wellness is rising to the top so prevention is important, looking at those social determinants of health so that we can wrap that all around the patient is very important. But as care is moved out of the acute care settings to the community, we need to train our nurses to care for those patients in the settings that they're the patients are transitioning to. Stuart Fisk who is the director of the Center for Inclusion Health is a non-traditional nurse leader. He is leading at the bedside, he's leading at the clinic, he's leading at the board table, he's leading across the entire continuum and that is the best nurse leader. This is how we make our communities healthier. It's not about providing care to the poor and the underserved. This isn't charity work. This is how we solve the problem of the American health system and the poor health of the American population. A lot of the talk that people have now that social determinants of health has become this huge concept that everybody's talking about. That's what we're doing. The Center for Inclusion Health developed and integrated the first social determinants health screening tool into Epic and so that's becoming part of the standard of care. That's been incorporated into the nursing assessments in the inpatient settings. We're now working with Epic to actually devise a much more integrated and standardized tool for social determinants of health screening. Somebody's food insecure, somebody's housing in, secure what are we gonna do about that? One of the things we did was we developed the first healthy food center in the region. We collaborated with the Greater Pittsburgh Community Food Bank and we get food from them but we get high quality healthy food. It's clinical transformation, it's teaching and then we're looking at outcomes and programs and evaluating them. There's a lot of examples of people who I've worked with for decades now who I've seen go from being really sick, addicted to substances, to being homeless, struggling with all kinds of social determinants of health, and we have worked with them over the years in all of these things. You know we work with them in all these

domains. Evette, for example, is a person who was a patient first, she was one of the early patients in our clinic and we recognized that in her recovery, not only from substances but also from health issues that she had, she wanted to get back. She had that lived experience, so we hired her. You know, as a peer, to work with our patients as a living example not only what happens when you engage in healthcare but what happens when you engage in the right kind of health care. I came to Pittsburgh I believe in 1985 but I was using drugs then, got clean in 1998, that's when I found I was positive and came to the medical clinic at Allegheny General before it became the Positive Health Clinic. I met Stuart, he came in and I was scared. I knew right away the way he spoke how nice he was, told me about dealing with the virus, how I was gonna be okay. The way they made it, it's like I felt good about living and that's kind of like made me feel good about being an advocate because I was shown the good part of it and I wanted to be the good part of it because I have four daughters and I didn't want them to go through what I was going through. We had the reputation that if someone was diagnosed with HIV or you know and they were using drugs or had a mental health problem or were kind of difficult to deal with or whatever you know, refer them to the Positive Health Clinic. And so we developed a clinical program that could really you know accommodate those folks and then what we found was that more and more people wanted to come to our clinic because it was a really great clinic, because our clinical outcomes were good, because we cared for people in a team-based multidisciplinary manner. You could get all of your care there that you needed from substance use treatment, mental health, pharmacy services, everything under one roof. And that's really then the genesis for what has become the Center for Inclusion Health. So the issue of how do you move into a population like this as a health care provider, into a population where there's very little trust of the healthcare system because so many of these people have been rejected by the healthcare

system because they're stigmatized and they're poorly understood. So we as healthcare providers, how we got trust was we moved into their world and we lived by their rules in many, many ways. They directed the care that we gave. I still work with the same types of stigmas that we worked with 30 years ago, and that's really what we try to do in the Center for Inclusion Health, is to continue that process of breaking down the stigma, the exclusion, the saying that you should get your care over there, the you know, those people, those patients, we still use that language and they're not those patients, they're our patients. So Darcy is another example of someone who came to us very fragile, having been through really the entire life of the AIDS epidemic, having been diagnosed at a very early in the epidemic, having survived when all the people around her died. When I met Stuart, I knew pretty early on that things were changing and that maybe I had a shot. I knew that Stuart Fisk was in the fight and that I might have a hope for a great ally. I am optimistic about the future now and I do have hope of getting older. People give back, when we give to them in the right way, they get back sometimes way more than we give. The kind of thing that is most transformative for me is that when I see people who when I met them, who came to our clinics or came into our programs, their life expectancy, their risk of dying in a very short period of time, is huge. People who recently overdosed on heroin, people have just gotten out of jail, people who have just been diagnosed with HIV and AIDS at the same time because no one ever offered them an HIV test in the last twenty years. And then ten years later, I see them and they're still alive and I look at them and I think you know, I knew you when your life was, when the value of your life was low because you didn't have a life expectancy and here you are. So it's that kind of stuff and people come up to me on the street and they hug me, you know it's that kind of stuff, it's you know, that's what I like. It's the heart of nursing.