National Nurses Week

*Mivic Hirose, RN, MS, LHH Associate Director of Nursing, NLC Chair-Elect*

The work of America’s 2.7 million registered nurses to save lives and to maintain the health of millions of individuals is the focus of this year’s National Nurses Week, celebrated annually May 6-12 throughout the United States.

"Nurses: Lifting Spirits, Touching Lives" is the theme for 2003. Annually, National Nurses Week begins on May 6, marked as RN Recognition Day, and ends on May 12, the birthday of Florence Nightingale, founder of nursing as a modern profession.

The DPH Nursing Leadership Council (NLC) is planning an exciting Nurse Week Celebration. NLC is coordinating several events in honor of the Department’s Nursing Staff.

There are three major activities planned:

1. **Date:** Wednesday, May 7th  
   **Time:** 11:30 a.m. to 1:30 p.m.  
   **Speaker:** Ed O’Neil, PhD, MPH, UCSF Center for Health Professions Director  
   **Topic:** Nursing Leadership  
   **Audience:** DPH Nurse Leaders  
   **Location:** LHH, Room A-300

2. **Date:** Thursday, May 8th  
   **Time:** 4 p.m. to 6 p.m.  
   **Speaker:** Jo Anne Powell, RN, MS, Golden State Nurses Association President  
   **Topic:** History of Nursing in San Francisco  
   **Audience:** DPH Nurses  
   **Location:** 101 Grove Street, Health Commission Chambers

3. **Date:** Friday, May 9th  
   **Time:** 12 noon to 1 p.m.  
   **Speaker:** Mary Foley, RN, MS, UCSF Regent’s Lecturer  
   **Topic:** The Future of Nursing  
   **Audience:** DPH Nurses  
   **Location:** SFGH, Carr Auditorium

In addition to the above events, the recipient of the O’Connell Society 2003 Award will be presented prior to Mary Foley’s talk on Friday, May 9th at 12 noon.

NLC will send and distribute announcements and flyers on the upcoming Nurse Week 2003 Celebration Events in April. Mark your calendars now as this year’s celebration of Nursing within the Department is not to be missed! ✫
How do you apply the Code of Ethics for Nurses in your nursing practice?

*Mivic Hirose, RN, MS*
*Associate Director of Nursing, Laguna Honda Hospital, NLC Chair-Elect*

The first established nursing code of ethics was the “Nightingale Pledge,” which was modeled after medicine’s Hippocratic Oath, in 1893. Since then, the Code of Ethics has been revised and modified. The American Nurses Association (ANA) most recently revised the Code of Ethics for Nurses with Interpretive Statements in 2001.

DPH Nurses protect and promote the health of all San Franciscans. We provide care for clients and their communities in various settings and roles. However, all care delivered by DPH nurses is characterized by one common attribute: fidelity to the ethical principles contained in the Code of Ethics.

Nurses from various departments and positions were asked the question, “How do you apply the Code of Ethics for Nurses in your practice?” It is with great admiration that we share some of our DPH nurses’ philosophy of commitment, integrity, and pride in their nursing practice. The following are excerpts from their responses:

Goldi Davary, RN
Nurse Manager, LHH:
“In my nursing practice I promote and enforce the following: to cure sometimes, to relieve often, but to comfort always.”

Didi Ditales, RN
Staff Nurse, 4M SFGH:
“I advocate for patients’ needs/well-being and treat each patient with respect. I attend classes to update my knowledge of the current trends for the benefit of my patients.”

Carolyn Kaufman, RN, CNS, MFT
Program Director, Mobile Crisis Treatment Team:
“As the Program Director of the Mobile Crisis Treatment Team (MCTT), I am committed to assisting staff in achieving the mission of our unit. The mission of MCTT is to provide the least restrictive level of care for consumers and their families. As positive change agents, we recognize the benefit of empowering individuals to make informed choices on the path to recovery. Since we evaluate individuals and their support systems in the field, we are privileged to see the unique ways that consumers attempt to survive. We can evaluate positive and negative relationships with family, community and society. We recognize the richness inherent in the cultural diversity of San Francisco and understand that cultural competency is an ongoing educational process for all staff. Many cultures distrust providers of mental health services for fear that accepted cultural practices are misinterpreted or seen as pathological. We are committed to providing services in the consumers’ language and attempt to understand the stresses individuals experience in the context of culture. We respect the need to assist the individual in finding unique ways to attend to the basic activities of daily living. We recognize that we must engage with spiritual and social supports available in the larger community and work with these agencies to create a viable safety net. We act as consumer advocates in situations where multiple city departments and private agencies are putting pressure on mental health to take clients to the hospital as a preamble to eviction. We accept our responsibility to safeguard the civil and constitutional rights of the clients we serve. In the role as educators, Mobile Crisis staff participate in training throughout the community and take an active role in the San Francisco Police Department’s Police Crisis Intervention Training recognizing the power of education and collaboration. These training help insure that mental health consumers are provided information from officers that might lead to the voluntary acceptance of mental health assistance rather than the limited services provided through incarceration in the criminal justice system. Mobile Crisis is dedicated to educating the public to the negative influences of stigma as it affects the people we serve.”

Diane Kile, RN, MS
Center for Special Problems:
“Part of the work at the Center for Special Problems is in forensic mental health. Working with offenders of domestic violence and sexual abuse can be challenging. Our primary commitment is to our clients, but we also treat offenders in order to stop the cycle of violence and abuse and to protect the public as well. By treating each client with compassion and respect, we are able to see the offenders as individuals in need of understanding and help. It is by being responsible to preserve our own integrity and safety, to maintain competence and to continue personal growth, that we are able to assist this challenging population.”

Alta Monroe, RN
Mobile Crisis Treatment Team:
“I maintain personal and career growth by practicing with dignity, respect and
competent nursing care. I am also committed to advocating and promoting the safety and health care of my patients.”

Grace Salud, RN
Staff Nurse, 4M, SFGH
“I apply the nurses’ code of ethics in my practice by protecting my customers’ and co-workers’ privacy, respecting their rights and beliefs and cultural diversity. I make myself responsible for my own actions and I make myself responsible for my own education growth by attending classes related to my practice.”

Ethics Corner

Mary McCutcheon, RN, MS
Nursing Supervisor, LHH, NLC Immediate Past Chair
Anne Hughes, RN, MN, FAAN, Advanced Practice Nurse, Palliative Care, LHH

Fictional Case Study: Mrs. Smith is an 88-year old female who has lived at LHH for 17 years. Her medical diagnoses include severe dementia, arthritis, hypertension and recent massive CVA. Following acute care hospitalization, she returns with a nasointestinal tube through which she is receiving intermittent enteral feedings. The neurologist reported that it is unlikely that Mrs. Smith will return to her baseline. Before her stroke, Mrs. Smith walked with a front wheel walker, fed herself, participated in ward activity programs including bus trips, was able to communicate her needs to staff, and was occasionally incontinent of urine. Mrs. Smith has neither family nor durable power of attorney for health care. At the interdisciplinary team meeting (IDT), the question is raised about continuing the tube feeding as Mrs. Smith requires mittens to prevent her from pulling out the tube.

When a patient is no longer able to eat or is not eating enough to maintain health or recover from illness/injury, clinicians find themselves in the position of needing to evaluate whether nutrition support (enteral or parenteral nutrition) is indicated; and if indicated, for how long? The clinical criteria we use to determine whether or not nutritional intervention is indicated may be viewed by families as either starving their loved ones or of increasing their suffering. Even for professional caregivers the decision making process may be emotionally charged when they have cared for patients for many years. In Mrs. Smith’s case, if staff had cared for her for 10 years before her stroke, they may well have difficulty withholding artificial nutrition.

The ethical issues surrounding withholding or withdrawing nutritional support for chronically ill patients are complex. When a patient is cognitively intact or has articulated his/her wishes about artificial nutrition in an advance directive, staff have the comfort of knowing that they are honoring the patient’s wishes. If, on the other hand, the patient is cognitively impaired or has no surrogate decision-maker, or if family members are unable to make a decision about what the patient would want, caregivers are left wondering what action to take. At LHH, about 80 patients (residents) receive artificial nutrition every day. Most of the residents receiving enteral feedings have diagnoses of dementia or traumatic brain injury.

In November 2002, LHH began an Institutional Conversation about Quality of Life and the Long Term Use of Enteral Tube Feedings. The conversations are facilitated by the Bioethics Committee (chaired by Dr. Jim Budke) and the End of Life Salon (chaired by Anne Hughes, CNS). The purpose of these discussions is to create an environment in which all members of the care team can come together to talk about these issues and to reflect on our practice. To date, two conversation meetings have occurred with between 25 and 40 in attendance. The attendees have included dietitians, nurses, physicians, speech pathologists, activity therapists, social workers, administrators, city attorney, quality improvement staff and the long term care ombudsmen. These conversations have included discussion about our individual and disciplinary perspectives on tube feedings; reviews of related literature; and findings of a chart review of almost 30% of residents who receive tube feedings. Additionally, over 900 LHH staff have weighed in on the topic by completing an institutional survey!

What is clear, is that while the ethical guidelines about withdrawing support may be unambiguous, dealing with these issues emotionally is not so straightforward. LHH’s institutional conversations are ongoing. Our future meetings will examine what, if any, legal actions have occurred related to withholding or withdrawing artificial nutrition; how the standards of practice for dietitians influence their recommendations if a resident is losing weight; and how the quantity indicators of weight loss for nursing homes (publicly reported on the web) influence practice. For nurses, we may not have considered these questions in school, but may have faced the issue of providing or withholding artificial nutrition in personal relationships and wondered, what is the right action? At Laguna Honda Hospital these institutional conversations provide us a place to examine our practice and explore the ethical issues we have to face in long-term and end-of-life care.
The Role of the Psychiatric Nurse Practitioner in the Behavioral Health Care System

Kim Schoen, RN, NP
Community Mental Health Services

The Psychiatric Nurse Practitioner role is new to the behavioral health system. The Psychiatric Nurse Practitioner role was introduced by Tom Mesa, Director of Older Adult Community Mental Health Services, in 2000. Currently, there are three full time Psychiatric Nurse Practitioners in the Older Adult Mental Health Clinics: Shelly Hom, Susanne Killing and Kim Schoen. The Psychiatric Nurse Practitioners bring Masters level primary and psychiatric training in the treatment of psychiatric illness. Psychiatric Nurse Practitioners are distinct from primary care Nurse Practitioners due to their focus in psychiatry.

The Nurse Practitioners carry a caseload of clients for whom they provide assessment, medication, case management and crisis response in both the clinic and homecare settings. The NP role is particularly suited for our clients because most have a history of homelessness, substance abuse, and comorbid medical diagnoses.

Psychiatric NPs work in collaboration with psychiatrists using standardized procedures. The standardized procedures dictate when supervision with a psychiatrist is required. Psychiatric Nurse Practitioners are currently prescribing medications (referred to as a furnishing license in CA). Currently, the Nurse Practitioners have supervision with our medical director twice a month reviewing cases which are complex and/or not responding to treatment. The Nurse Practitioners recently received provider numbers and can bill Medicare medication services in addition to MediCal.

Also, the Nurse Practitioners at the Older Adult Central City Clinic are a perfect fit for providing psychiatric consults at a weekly on-site clinic at North of Market Senior Services, a primary care clinic. As the system of care searches for strategies to integrate services, the nurse practitioner helps lead the way.

Nursing Leadership Council Responds to Layoffs

Sue Currin, RN, MS
Chief Nursing Officer, SFGH,
NLC Secretary

The Department of Health is facing new challenges with the budget this year. The financial picture at the state level left the City with the difficult task of determining which critical services will be cut in order to balance the budget. The decisions being made are not about the importance of one program or service over another—they are about the current City finances and budget constraints.

The Nursing Leadership Council (NLC) has discussed the proposed DPH layoffs and impact on the work environment. Sharon McCole-Wicher and I are the designated nursing representatives on the Lay-Off Task Force. The Task Force is chaired by Rod Auyang and is meeting biweekly to outline a process to coordinate staff reassignments.

Seniority lists are available for staff to review in the Human Resources offices. If you have specific concerns related to your position, don’t rely on rumors, contact Rod Auyang at 206-5033.

Call for Nominations for the O’Connell Society Award for Advancing the Profession 2003

Mary McCutcheon, RN, MS
Nursing Supervisor, LHH,
NLC Immediate Past Chair

The Department of Public Health Nursing Leadership Council (NLC) will present the O’Connell Society Award to the candidate whose contributions have strengthened the profession of nursing and the health of residents of the City and County of San Francisco. The following criteria are examples of ways nominees may have advanced the profession:
♦ Excellence in direct-care delivery in any clinical setting.
♦ Significant professional contributions that have improved the health or well-being of the public or of individuals.
♦ Innovative and creative contributions that have improved community health or patient care.
♦ Exceptional leadership of nursing, community or patient care services in any setting.
♦ Providing a positive professional influence through guidance, mentoring, and support of nurses in any setting.
♦ Advocating for patients or the health of the public in extraordinary ways.
♦ Significant contributions in education, professional development, and/or long-term learning of nursing professionals.

NOMINATION CRITERIA

If you would like to nominate a peer/colleague/staff nurse for the O’Connell Society 2003 Award, please follow these guidelines:

1. Candidate must be a Registered Nurse currently working for the San Francisco Department of Public Health.
2. Nominations/Letters of Support should not exceed one page in length.
3. Nominations/Letters of Support must be received by April 15, 2003.
4. Nominations/Letters of Support may be sent by e-mail or interoffice mail to:
   Mary Jo Webb
   (mary jo.webb@sfdph.org)
   1E37 Emergency Dept.
   San Francisco General Hospital
   1001 Potrero Avenue
   San Francisco, CA  94110

Celebrating Rita Smith’s Career at DPH
Paul Koo, RN, MS, Critical Care Clinical Nurse Specialist, SFGH

The year was 1981. The place was the Burn ICU at San Francisco General Hospital. A critical care nurse just assigned to the day shift walked into her patient’s room only to find him in cardiopulmonary arrest. She called for help. The Head Nurse came to the aid of this nurse. The nurse I described was Susan Currin, who is now the Director of Patient Care Services at San Francisco General Hospital, and the Head Nurse was Rita Smith, who is now the Director of Critical Care Nursing. Mallory Hondorp, currently the Head Nurse of the Medical ICU, recalls a similar incident just two years prior to this incident where an apnea alarm went off on a ventilated patient. As she tried to troubleshoot the problem, Rita Smith came to her aid and began manually ventilating the patient as the troubleshooting continued… Let’s fast forward to the present. Rita Smith is still coming to the aid of colleagues and staff who rely on her expertise. However, after more than thirty years of service to the citizens of San Francisco, Ms. Smith has announced her retirement from San Francisco General Hospital.

Rita Smith began her career at SFGH first as a critical care nurse in the Trauma Surgical ICU and then held positions as an Educator, Head Nurse, and most recently the Director of Critical Care Nursing. While she advanced to a position of greater administrative responsibility, most colleagues admired and respected her patient centered philosophy and her ability to focus others on the ultimate mission of the hospital—patient care. When asked to describe Ms. Smith, the common phrases her colleagues use are “direct,” “honest,” “loyal,” “supportive,” and a “mentor”. Indeed, many nurses credit Ms. Smith for cultivating their growth and advancement. In a recent survey, eight Nurse Managers, two Nursing Directors at SFGH and an Associate Director of Nursing at LHH credited Ms. Smith for her mentoring and support that led to their positions of leadership.

When interviewed for this article, Ms. Currin and Ms. Hondorp independently described Ms. Smith as a mentor, respected colleague, and friend. “It [Ms. Smith’s retirement] will be a big loss and a void at San Francisco General Hospital…. Things will never be the same,” said Ms. Hondorp. On the other hand, Ms. Currin sees this in a positive light. “I see this as an opportunity for the staff Rita cultivated to step up and grow…. She had prepared many to be ready for this day.” In what way the hospital will be impacted will not be known for a while. But the consensus is that many will feel the loss of a friend and a mentor that they have relied on daily for the past 30 years.
Sue Currin, SFGH's Chief Nursing Officer, was selected among many outstanding candidates to participate in the National Association of Public Hospitals' Fellows Program for 2003.

The following nurses received the DPH Employee Awards presented at recent Health Commission meetings:

January 2003

- Maribel Amodo, RN, SFGH Adult Medical Center
- Margo Dextraze-Cordova, SFGH Adult Medical Center
- Amalia Fyles, RN, MS, SFGH Adult Medical Center

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The Nursing Notes Editorial Board hopes that you enjoyed reading this newsletter. Feel free to send comments, feedback, and ideas. If you have questions you would like answered via this newsletter, please send them to any member of the editorial board. We welcome your input.

DPH Nursing Leadership Council

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