

Community Health



Lauren Cornelius, RN (left)
and Penny Chaffee, MA (right)

Nurses on the frontline



**NAME
A BRICK**

**ON OUR NEW
BUILDING PATHWAY**

You can take part in this exciting endeavor by purchasing a brick to memorialize a friend, family member, or business in the “Name a Brick” campaign. The bricks will form a pathway in front of the building, where visitors can stroll and read the names on the bricks. To purchase a brick, visit chslv.org or find a brochure at any of the clinic waiting rooms.

JANE & JACK
CARTER

Unless you have spent a lot of time at the doctor’s office, you may not fully grasp the extent of what nurses do. Nurses are on the frontlines of administering and evaluating a patient’s treatment and are a patient’s greatest advocate. They know what symptoms might be a red flag, can assess a patient’s emotional state, and pinpoint a patient’s most important concerns.

Nurses also provide emotional support. They counsel patients and their families on just about anything related to the patient’s physical, mental, and emotional health. Their knowledge of illnesses, injuries, recovery process, medications, and social services, combined with well-honed people skills, provides comfort and stability to patients. CHSLV’s primary care clinics are staffed with nurses who are skilled in the myriad aspects of patient care. Applesed Pediatrics’ Amy Wenger, RN, says their job is to assess what patients are saying and to look at the big picture. That means knowing a little about the family, asking the right questions, and having a conversation that can help look at a physical clinical picture. It also means finding

what else might be going on to contribute to their symptoms, such as their emotional state and social settings. “We try to assess all of that with each patient we see. That way we can help get the ball rolling for the attending physician. We pinpoint the most important thing the provider needs to deal with in that visit.”

Behind the scenes

When you have a doctor’s appointment, the first person you see is a nurse, who takes your vital signs, reviews your medications and history, and discusses your concerns. They enter all that information into the electronic medical chart so the provider can read it in advance and be up-to-speed when coming in to meet the patient. But it doesn’t stop there. Nurses are the masters of multi-tasking, and much of what they do is behind the scenes.

“The actual hands-on tasks—drawing blood, giving immunizations—is a very small part of what we do,” says Nichole Bailey, LPN, practice administrator at Stowe Family Practice. “We do a lot of follow-up, such as entering doctors’

orders, tracking down paperwork from referrals, talking with insurance companies to make sure there is approval for special procedures, and coordinating with other clinicians. CHSLV's family practices have multiple providers, and the nurses need to be aware that each provider has his or her own way of doing things."

Most of all, nurses are advocates for their patients. "They may be feeling vulnerable," says Wenger. "We try to make them feel comfortable and recognize when they may not be exhibiting 'normal' behavior. We really know our patients, especially if we see them often."

A lot of people don't know what resources are available to them. "That's what I love about CHSLV. We have the Community Health Team that can connect people to services they might need," says Bailey.

Most trustworthy job

"For some people a nurse might be the nicest person they have seen in a long time, the person who has smiled and listened to them," says Wenger. "It's probably the most favorite part of my job. We're able to make a connection in a way that is safe."

Across the board, nursing is considered one of the most trustworthy jobs. Helping patients

feel safe and comfortable will set the tone for when their provider comes in, and for good continuity of care. Wenger adds that it's vital to meet patients on their level. "It's important to take time to get to know them. In pediatrics and geriatrics we're often dealing with family members and we need to let them know we're on their side. We let them know that we want what's best for their child, parent, or friend. Building a rapport and trust makes people happier and healthier."

"We're always working towards better patient satisfaction," says Bailey. "We recently switched to teams, so there are a couple of doctors working with a couple of nurses, and we've gotten comments that it's nice to see the same people when they come in. They like the continuity of care. They feel that person knows them better when they're not bouncing around with different providers or nurses."

Sometimes a patient doesn't want to say much, and a nurse can only get the basics. Patients may feel their health is a private matter and only want to talk to their doctor. Lisa Whipple, RN, clinical coordinator at

Morrisville Family Health Care, says it's important to understand that a patient might not feel conversational. "We try to look at the big picture, assess the situation, get the answers we can, offer help. If a patient only wants to talk to the doctor, we let the doctor know in advance."

Evaluate everything

Other aspects of nursing are evaluation and time management. "You really need to know how to prioritize and manage your time," says Bailey. Whipple agrees. "You have to know how to ask for help and delegate, which helps to build teams among the staff. We want to help each other, as well as the patients. Lamoille County is a small community and everyone knows each other, so we can't take our work home with us. It's important that nurses debrief with each other and support each other."

"We really have to keep things close to our chest, and it helps to talk to other nurses," says Bailey. "We always look at what works well and what didn't. We evaluate everything: patients, workflow, each other. 'Evaluate' is probably a key word to describe nursing. At the end of the day, evaluating everything serves our patients better."

