## **UC San Diego**

### Spring 2016 - UC San Diego Health Journal of Nursing: The Unique Power of Nursing

#### Title

Sulpizio Cardiovascular Nurses in the Community

#### **Permalink**

https://escholarship.org/uc/item/5rx7w9q2

#### Journal

UC San Diego Health Journal of Nursing, 9(1)

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#### **Publication Date**

2016-04-01

Peer reviewed

# SULPIZIO CARDIOVASCULAR NURSES IN THE COMMUNITY

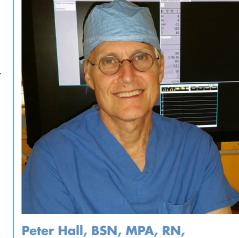
By: Peter Hall, BSN, MPA, RN, CCRN

Throughout the year, during any month, volunteers with UC San Diego's Sulpizio Cardiovascular Center can be found out in the community striving to improve the health of the public. From the most prosperous to the most distressed neighborhoods in the county, the trademark blue and white UC San Diego Health canopy has become a familiar sight; the reassuring symbol of a guardian of the community's health.

Approximately 20 times a year, groups of nurses and nursing students turn out to provide health screenings on behalf of the university. Their focus is on risk factors for heart disease, stroke and diabetes. Using sophisticated hand held meters they are able to check both glucose levels and total

cholesterol levels. These are good general screening tests as they can be performed randomly. According to the Harvard Medical School (2009), total cholesterol results are valid even when obtained from nonfasting individuals.

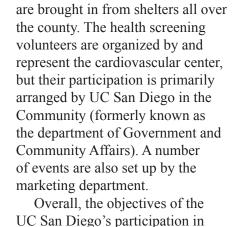
Additionally, the volunteers take blood pressures and, very importantly, provide health education. Literature covering diabetes and cardiovascular health is distributed in both English and Spanish. A special emphasis is also placed upon stroke awareness. Even someone who is not at personal risk for a stroke may, if educated in the early signs, be able to help a potential victim of the disease. Nursing students and nurses alike provide basic teaching as they interact with their screenees. Any



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person that presents with strongly positive risk factors will be offered brief, expert counseling by one of the nurses in the group.

The health screenings take place at community events throughout the region, most of which, but not all, are health related. They range from general civic occasions such as the Chula Vista Christmas parade and the Annual Somali American Cultural Festival to highly organized functions that provide services for underserved communities. An example of the latter is the annual San Diego Volunteer Attorney Association's Women's Resource Fair, a large event to which women



these activities can be boiled down to health screening and community outreach. Each event involves elements of each but, depending upon the circumstances and the population served, in different proportions. At an event such as the Women's Resource Fair, the goal is to provide necessary services to people who are marginalized in society and who may have no access to the health care system at all. I personally dealt with one woman whose blood glucose was in the area of 300 mg/dl, significantly higher than the normal range of 80mg/ dl to 120mg/dl. I counseled her on the dangers of untreated diabetes and provided her with information about the disease and the treatment and lifestyle recommendations associated with it. I urged her to seek medical attention as quickly as possible, gave her a list of federally funded clinics in the area and told her how to get in touch with the County's health access services. Fortunately she was a citizen and, therefore, eligible for coverage under the Affordable Care Act. People in similar circumstances are frequently seen by the UC volunteers. Often they are not citizens and do not qualify for coverage. For some, the ten minutes spent at the UC screening booth is be the only contact they've had with the health system in a year or more. Typically at such events we will



Nursing students from San Diego State University volunteering with UC San Diego in Chula Vista.

continue operating even after all of the other booths have closed up for the day.

By contrast, the events which take place in more affluent communities draw a very different crowd and call for a different approach. At the Solana Beach 5K run for diabetes prevention in November 2015, for example, the attendees were, for the most part, people with health insurance. In this instance, much of the focus shifted to outreach on behalf of the University. There was an emphasis on letting community members know about the care and the services that they could receive at UC San Diego. This isn't to say, though, that the screening and education efforts are less important. No economic class has a monopoly on high cholesterol and anyone can witness the onset of a stroke.

The Sulpizio Center's health screening initiative began in 2007 when Lisa Baer RN, then manager of the cardiac cath lab, put together a team of UC nurses to staff a booth at the American Heart Association's Heart Walk. The venture began to gain popularity and, by 2010, the marketing and community affairs departments were booking screenings at a growing number of events. At this time Lisa left the organization and Thomas Collins MA, RN from the electrophysiology lab and I took over the coordination of the booths. Today, David Mier from UC San Diego in the Community arranges the University's participation at the majority of the events and Thomas and I coordinate and supervise the actual screening activities. As the volunteer recruiter, I've responded to the challenge of staffing 20 events per year by turning to the area's nursing schools for help. Currently, the Student Nurses' Association at San Diego State University (SDSU CNSA) provides screeners for many of the events. Frequently, Mobe Montesa MSHSA, Nursing Director for Cardiovascular Services or Joann Calingay MSN, RN from the Hillcrest CCU will also bring



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students from Kaplan College.

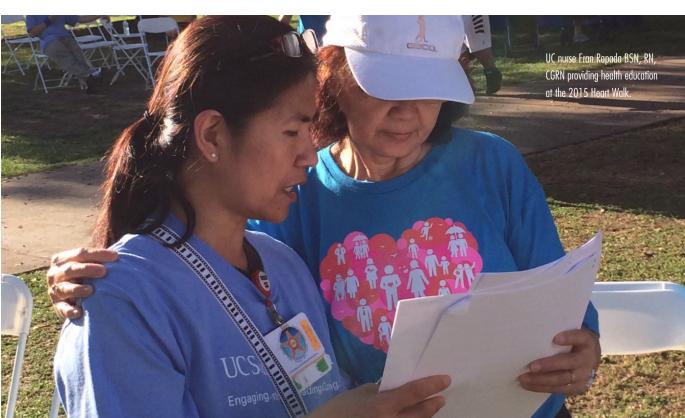
A few core volunteers who started with us as students, have succeeded in becoming UC San Diego nurses. Marilyn Cerrillo BSN, RN, who was instrumental in the staffing of events as an officer of the SDSU CNSA, has now taken a position on Thornton 3W. Lysette Sanchez BSN, RN, also from 3W, and Jamie Boyer BSN, RN, PHN, soon to start in the Thornton OR, have been two of our most dependable volunteers ever! Johnathan Bills RN from the SCVC ICU and Jennifer Whittemore RN from 6W at Hillcrest started with the program as City College students and contributed significantly to its success. Both are finishing their BSN degrees now. Of course, the goal is always to staff screening events with as many UC nurses as possible, nurses like Fran Rapada BSN, RN, CGRN from the Thornton GI lab and Kim Dinh BSN, RN from SCVC 4A/B who have joined us on many, many occasions. Additionally,

non-nurses such as Prescott Lederer EMT, trauma tech in the Hillcrest ED have also contributed enormously to the initiative.

Volunteers always feel good about the services they provide at any given event, however, the real impact of their efforts can't be assessed without data. Accordingly, a data collection tool has been in use for the past two years. The numbers reveal that at-risk people are being identified and counseled at many of the events, especially those that take place in underserved neighborhoods. There haven't been people available, though, to compile the data in a meaningful, aggregate manner given the voluntary nature of the operation. That, however, is changing. Starting in the fall of 2015 our data tool was revised and now includes information about health care coverage. Moreover, the data is now being compiled by interns with UC in the Community and submitted to the County of San Diego. Starting this spring, the SCVC screenings

will take the shape of a bonafide community resource with the addition of undergraduates from the UCSD public health program to the staffing mix. These students will be on hand to speak with event attendees who are found to have no access to healthcare and, utilizing tablet computers, link them directly to county services.

These enhancements to the Sulpizio initiative bring it into a whole new phase. There is real potential now for the program to impact the health of the region's underserved residents. However, more volunteers are needed, especially those who see themselves taking on a leadership role. This service to the community is an outstanding example of why UC San Diego Medical center is a Magnet institution. If you want to be a part of it, all you need to do is go to the community outreach calendar on the Nursing website, find an event that interests you and join in.



## UGANDA Easter UGANDA TRIPPORTO UGANDA Western UGANDA Jinja

\* Kampala

By: Connie Sherwood, RN, CNIII, PCCN

KENYA

ver this past summer, I had the privilege of traveling to Uganda on a community service mission with several of my fellow church ladies. We traveled with Bread for Life, which is a non-profit organization, committed to connecting volunteers with needs across West Central Africa. This organization focuses on continually finding the needs of under-privileged communities and providing vocational service. This monumental trip will forever be etched in my memory, as it forced me out of my comfort zone on so many levels.

Not only was this my first time out of the country, but it was also my first flight! We departed from Los Angeles and 24 hours later we were in Entebbe, Africa, a whole different world. This trip that challenged me to re-evaluate my day-to-day



GEM Foundation, caring for children with special needs



#### Wind of Victory Orphanage in Jinja

relationships and changed the way I view people as a whole. As time passes, I am slowly struck by each experience and vivid memories as they gradually sink in, almost as if it was too much to process all at once.

Uganda, officially the Republic of Uganda, is a landlocked country in East Africa. Our group spent the majority of time in the capital and the largest city in Uganda, Kampala. Kampala is slightly smaller than Oregon, with a population of 1.5 million and a poverty level of 24.5%. Thankfully the official national language is English. This made it easier to connect with others and begin to understand the culture and struggles of everyday life in a third world country. The city of Kampala is a chaotic jam filled with smells, sights and poverty I had never experienced before. Lack of traffic lights, stop signs, or rules of the road, made our bus travels

sketchy.

When we arrived safely at the Namirembe Guest House, I was grateful that it had some of the comforts of home. We considered ourselves lucky as for the most part; the people we helped live with no running water or electricity. However, we quickly realized in spite of what they lack, the African citizens are amazing and resilient people. They do not have all the things Americans assume are essential, but they find strength and comfort in close relationships with each other, built through conscious investment in one another.

Each day our team started before sun up and didn't stop until sundown. On our first mission, we cared for orphans in the Sanyu Babies' Home. I was heartbroken as I walked into a group orphans with outstretched arms yearning for us to carry them. It was clear that they outnumbered