

Home Visits Provide Care and Comfort for Disabled Man

"I am unable to walk much these days," Boris says with a shake of his graying head. "I can go about 20 meters, but then I have to sit down and rest." This condition is the result of a variety of cardiovascular and other ailments that have, over the course of the past decade, left the 69-year-old confined to the St. Petersburg apartment he shares with Tamara, his wife of 44 years.

A former airplane and robotics mechanic, Boris volunteered to travel to Ukraine in 1986 to assist with cleanup efforts following the nuclear disaster at Chernobyl. "I spent four and a half years there, rotating 15 days of work with 15 days of rest, during which time I returned home to be with my wife and son," Boris explains. "Robots were used to retrieve radioactive ore and other contaminated materials. I was a specialist in this area, so I felt it was my duty to help." It was a duty Boris carried out with pride—he was even awarded the Russian Order of Manhood for his efforts—though the fear of what prolonged exposure to radiation would do to him always loomed in the back of his mind.

"We tried to be careful, not to absorb too much radiation, but I suppose the things we did were of little help in the end," Boris says, explaining that the crews changed their uniforms daily and wore fabric masks—not respirators—while they worked. "They had a special person who measured the radiation each day and our uniforms were always contaminated, so I suppose we were all getting a good dose of it, too."

Six months after he stopped working at Chernobyl, Boris began to experience health problems. "I began having pain in my back and legs, and sometimes I would just lose consciousness. I had to live with my son and his family for about two years and was also admitted to the military medical academy for treatment for the fainting spells," he explains. No longer able to work, Boris was granted disability status and given a special pension. His condition continued to deteriorate and, by 1997, he was more or less housebound. When trips to the nearby clinic became too difficult to manage, Boris called his physician who arranged for in-home care. That's when he first met Marina Markova, senior nurse at Medical Center DELOR.

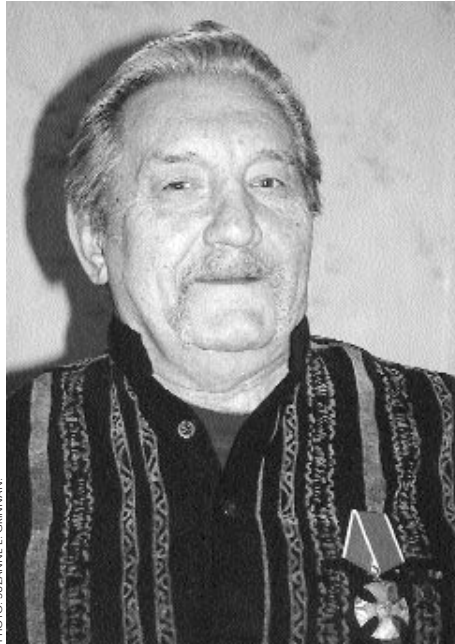


PHOTO: SUZANNE E. GRIMMAN
For Boris—who is wearing the medal he was awarded for his work in Chernobyl—living at home would be much more difficult without weekly visits from primary care nurse, Marina Markova.

"When Marina comes for her visits it is like youth, vigor, and beauty walk in the door with her," Boris says with an appreciative smile. "She's really very caring, attentive, and polite." She is also a skilled and knowledgeable nurse, he continues, noting that she provides a wide range of clinical services ranging from administering intravenous treatments and drawing blood samples to offering advice on nutrition and recommending admittance to the local hospital when necessary.

His wife shares his views on Marina and the home visits. "Marina is a wonderful person. She's been coming here to see Boris for more than three years now, so she really knows him and is familiar with his case. She treats him like a brother—she is so kind and attentive," Tamara explains. "It's also nice to have someone I can turn to for advice about health questions. Marina and her colleagues are very open and approachable, and answer all of our questions, no matter how inconsequential they may seem."

For the elderly and those recovering from illness or surgery, access to proper medical care can be difficult, or even impossible. Home visits from competent healthcare professionals can make a world of difference for such individuals. Many AIHA partnerships have implemented programs to serve this segment of the population and nurses are at the vanguard of efforts to bring clinical care, information, and compassion to homebound patients. In St. Petersburg, Russia, nurses from the Medical Center DELOR, a primary care facility started with assistance from the now-graduated St. Petersburg/Atlanta partners, treat as many as 110 people in their homes each month. This is the story of one man who receives home care visits; the story of the nurse who cares for him is on the other side.

Sitting at a table next to a vase of lilacs Tamara brought in for him, Boris reminisces about the time before he became so ill. "I would go to the stadium to watch soccer matches—I've loved soccer since I was a boy—and I would play basketball . . . I was strong and athletic." He would also fashion tin soldiers, using a special mold and soldering tools to replicate the uniforms of Russian troops from the 18th century. Now crossing the room is a chore and making the tiny soldiers is too stressful. "I still do some electronics projects though," he says with a shrug. "I can fix just about anything—televisions, clocks, watches—and family and friends often bring me things to repair. It's good to have something to do."

"For people who have no trouble getting around, Marina's visits may not seem all that important," Tamara says. "But, for Boris, they are everything."

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St. Petersburg Nurse Finds Her Niche in Primary Care

For me, providing care to people in their homes is extremely rewarding, not only because I am helping patients, but also because it gives me greater autonomy. Inpatient care is dominated by physicians, but home care is truly a nurse's domain," Marina Markova explains, noting that being a nurse in Russia today requires more independent thinking than it ever has. As senior nurse at Medical Center DELOR, a primary care facility established by the St. Petersburg State Medical University Hospital and DELOR—a private company that coordinates patient referrals to the hospital's specialists—Markova's responsibilities range from training new nurses to patient care. Despite her varied duties, home care remains one of her most satisfying tasks.

Observing this confident, energetic 40-year-old deftly juggle her duties at the Center, it's difficult to imagine

that she hasn't been involved in primary care for decades. In fact, Markova was a surgical nurse in the hospital's urology department for almost 15 years when, in 1996, she heard about a new clinic the hospital planned to open. At that time, healthcare reform efforts leaning away from highly-specialized care and toward primary care were already underway. As part of AIHA's St. Petersburg/Atlanta partnership, the facility was well-equipped to make family medicine part of the changes they were implementing. But, Markova explains, the concept of primary care is not deeply rooted in the Russian mentality. "Under the Soviet system, the idea of family medicine became lost in a sea of specialists. Telling people that a general practice office was opening in their community meant nothing to them."

Nevertheless, Markova was convinced that primary care was the wave of the future, so she enrolled in a nine-month course and obtained a certificate in primary care nurs-

ing. When Medical Center DELOR opened its doors later that year, she joined the practice as senior nurse. Eager to learn more about her chosen career path, she signed up for two more courses—both at the Post-graduate Nursing College at St. Petersburg Hospital #122, a member institution the St. Petersburg/Louisville partnership and the only place in the city that offers an American-style nursing curriculum. There, classes on

clinical practice and management opened up a world of new ideas for her and, when the opportunity to participate in a professional exchange hosted by the Georgia Baptist Medical Center in Atlanta arose, Markova was eager to see the theories she had

learned put into practice. "My experience and the courses I had taken gave me the knowledge, but seeing everything with my own eyes impressed me more than I ever thought it would," she says.

Something else impressed Markova even more: the way the nurses in Atlanta were viewed—not only by the medical community but by patients as well. "Nursing is a respected profession in the United States. Nurses work capably and independently, yet they also work as a team with the physicians. In Russia, this hasn't been the case, but it is starting to change," she remarks, noting that similar doctor/nurse teams were established at DELOR soon after she returned from the exchange.

"The doctors I work with now view nurses as partners. They are starting to spread this notion to their colleagues and to the patients. But, even though the first encounter most of our patients have is with a nurse, not everyone is so quick to change,"

The past decade has seen dramatic changes in the role of nurses in the NIS and CEE. Once viewed as assistants only capable of following orders, nurses have taken on new responsibilities that have resulted in greater autonomy for the profession and improved care for patients. Increased opportunities for education and training have led to a wide range of new programs that transcend the boundaries of hospital walls. Today, nurses help bring healthcare directly into their communities by conducting health seminars; establishing school-based programs; screening the public for chronic conditions at health fairs; and visiting ailing patients in their homes. This is the story of one nurse who provides home care; details about one of her patients appear on the other side.

she says, explaining that the team structure at DELOR helps staff provide comprehensive care, while ensuring they operate in a more cost-effective manner. "In the past we had a relatively high rate of hospitalizations, but our American partners showed us that many patients didn't require hospital care. What they really needed was social care—someone to teach them how to manage their conditions, to talk openly with them, and to oversee their treatment" Markova explains. For the elderly or chronically ill, this means home visits.

"With long-term patients such as Boris, I feel that we have developed a relationship that transcends clinical care—we are a team. This is a particularly important approach when patients are living on a fixed income and may not be able to afford the medication they need." Healthcare providers alone cannot solve all the problems that exist today, she concludes, noting, "Having spent time working with kindred spirits in the United States, I've come to believe that grassroots, community-based partnerships such as these are the most effective way to implement reform."



PHOTO: SUZANNE E. GRIMMAN

Marina Markova at St. Petersburg's Medical Center DELOR.

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