

US Partners Reap Benefits of International Collaboration

By Julia Ross

For many of the US physicians, nurses and health care administrators who have participated in AIHA's partnership program over the last six years, collaboration with counterparts in the New Independent States (NIS) has led to surprising changes at home, whether in hospitals or in the community at large. US partners have not only gained an appreciation of different cultures and the challenges of health care delivery in formerly Communist nations, they have forged stronger relationships with colleagues and have learned to look at their own practices with a critical eye, often finding new solutions to seemingly intractable problems.

Building Bridges

From Boston, Massachusetts to Kansas City, Kansas to Tucson, Arizona, the volunteer-driven partnership model has had a lasting impact on the lives of providers, patients and citizens alike. Efforts to promote teamwork and reach beyond hospital walls to spur community change--trademarks of AIHA's partnerships since the program's inception--have yielded an array of networks aimed at improving health status in the US and abroad.

In Tucson, Arizona, for example, several attempts at collaboration among different hospitals had been blocked by concerns about violating US antitrust laws, but joint participation in a partnership with Almaty, Kazakstan provided a legal route to working together. Emily Jenkins, JD, project director for the Tucson, Arizona-Almaty, Kazakstan Health Care Coalition, explained that, as a result of working on infection control issues with physicians and nurses in Almaty, infection control specialists from five Tucson-area hospitals teamed up to launch a WHONET program to track drug resistance at home.

"When a problem occurred at University [of Arizona] Medical Center (UMC) over a Legionnaire's Disease outbreak among immunosuppressed patients, specialists from UMC were able to advise the other hospital infection control specialists on a response that saved the other hospitals thousands of dollars," she said.

Louise Redford, project coordinator for the Bishkek, Kyrgyzstan-Kansas City, Kansas partnership, said organizing a statewide effort to donate medical supplies to Bishkek led to greater community awareness and interest in the Central Asian nation. "It involved service organizations, businesses and schoolchildren, who collected aspirin and bandages and dropped them off at special collection stations," she recounted. "Back in the schools they studied Kyrgyzstan. Now, the [University of Kansas] Medical Center is identified with Kyrgyzstan and we get many inquiries from schools and the media whenever there is any news [about the country]."

Partners at Boulder Community Hospital in Boulder, Colorado--which is paired with City Medical Center in Dushanbe, Tajikistan--have seen relationships grow with other community organizations as well. "We have worked closely with city government, the Boulder County Health Department, Sister Cities, the University of Colorado, low-income clinics and various churches and service organizations," said Barbara Fisher, the hospital's vice president for nursing and partnership coordinator. "Partnership activities have already enhanced a strong image in our community and opened many opportunities to work more closely with these groups."

And NIS partners themselves often take initiative in reaching out to American communities. During one of many visits to Jeffersonville, Indiana and Louisville, Kentucky, Irina Bakhtina, MD, director of the Postgraduate Nursing School at Russia's Medical Center of St. Petersburg in the Name of Sokolov, met with representatives from the local Rotary chapter and YMCA. As a result, both organizations are planning initiatives in Russia.

Change is also evident within US hospitals, where administrators have noticed improved camaraderie and teamwork among staff who have participated in partnership exchanges. Minneapolis's Hennepin County Medical Center is one hospital that has benefited from such a shift in attitude, said Cheri Galbraith, project coordinator for the Chisinau, Moldova-Minneapolis partnership.

"There has been more open communication between different departments ... all the way from hospital administration to the emergency department, to surgery and nursing and infection control," she reported. "We have had team meetings to discuss [different] aspects of care, and because of a particular experience [our staff] had in Moldova, teams back in Minnesota came together to discuss solutions, for example infection control teaming with family practice to discuss options for care."

A New Perspective

US partners who have had the opportunity to observe the mechanics of health care delivery in NIS countries and the often spartan conditions under which physicians and nurses must work say they have gained a new outlook on their own professional environment.

According to Phil Latessa, president of the Iowa Hospital Education and Research Foundation, explaining the intricacies of the US health care system to a foreign audience prompted clinicians participating in the Stavropol, Russia-Cedar Rapids, Iowa partnership to reassess everything from spending patterns to job descriptions. One Iowa volunteer remarked: "There's nothing like trying to explain to a Russian delegation the US system for training nurses, with three different ways of getting to the same license, to teach you that there is lots of duplication, waste and insanity in our system."

In helping partners in Tashkent, Uzbekistan to open a Women's Wellness Center (WWC), nurses and physicians at the University of Illinois at Chicago (UIC) found that many of the issues under discussion were applicable to problems they had been experiencing at the UIC Women's Care Center, such as the need to attract more patients and use better marketing strategies. "As [Tashkent] visitors came to our UIC campus, we brainstormed possible solutions, and we often implemented similar recommendations offered to Tashkent's WWC in our own [women's center]," said Fran Jaeger, MSW, PhD, administrator at the UIC Perinatal Center and partnership coordinator. Admiration for NIS clinicians' resourcefulness in stretching sparse resources has also influenced US partners as they look for ways to cut costs in an increasingly competitive US health care environment.

"When one of the Ukrainian nurses let us know that what we throw away in one day could be used for six months in Ukraine, the staff made a concerted effort to decrease waste of supplies," said Sheila Fruehauf, RN, of Millard Fillmore Health System in Buffalo, New York, referring to her partners in L'viv, Ukraine. "The end result was money saved and an appreciation of how fortunate we are."

UIC's Jaeger noted that increased job satisfaction among US participants was an important outcome of her partnership. "It is really possible to get into an 'ivory tower' in an academic center like UIC, and partnership interactions helped avert this," she said. "Achieving higher morale is no small consequence."

"Both US and NIS personnel have an increased sense of their personal effectiveness and ability to reach out in vast, new areas of growth," added Kirsten Levy, project coordinator at Boston University for the Yerevan, Armenia-Boston, Massachusetts partnership. "It does not happen every day that one can be invited to share in the reform of a nation."