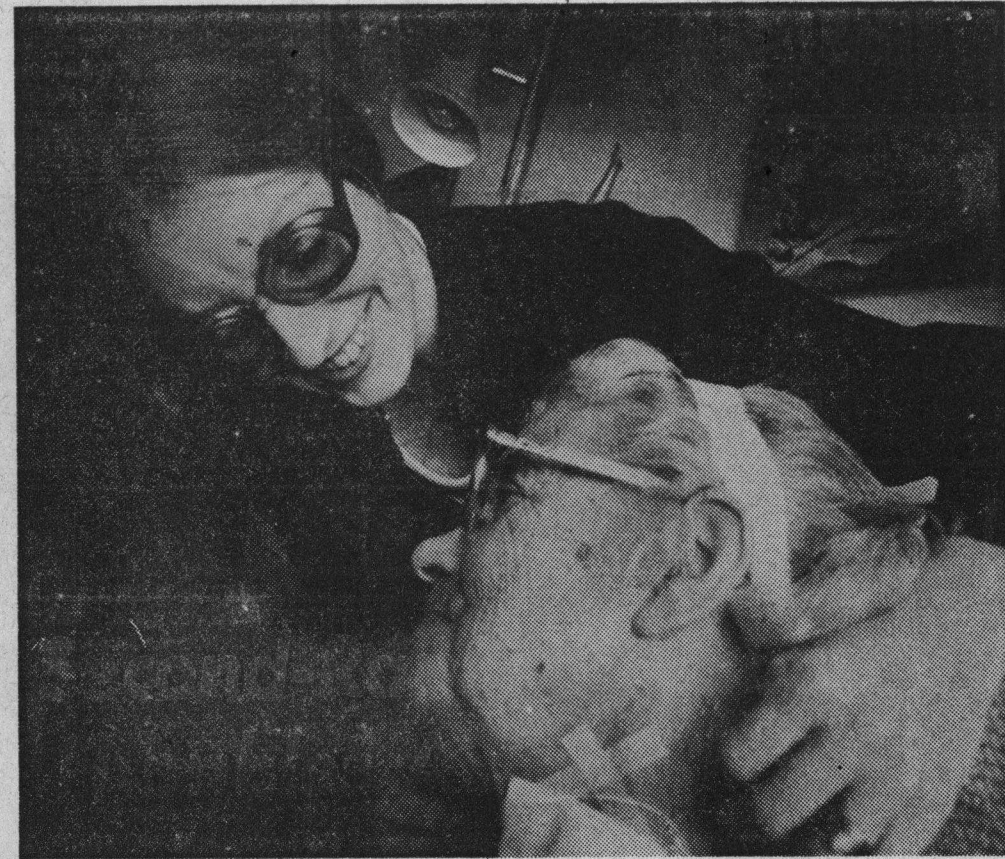




As a visiting nurse, Sally Ann Daitoku travels miles in her car each day

## Year Of the Nurse



Sally irrigates drain tube for her patient, Anna Herrmann

"There is a lot of teaching in what we do," says Sally Ann Daitoku, R.N. and a visiting nurse. "And we get to know our patients better than nurses in hospitals do — we almost become members of the family."

# Visiting Nurse Compares Work In England and Here

By BARBARA BURKLO  
Sentinel Staff Writer

Sally Ann Daitoku, R.N., works for the local Visiting Nurse Association and, since she has served in the

Our first stop is at the home of a patient who is a diabetic, and whose husband has suffered a slight stroke. The patient requires a great deal of support in her insulin

Sally takes her blood pressure, finds it has risen, asks the patient a few pertinent questions and reports on the phone to the doctor's office. The patient points out that

to prove we are doing skilled nursing."

Although she believes England has gone too far with socialized medicine — that, as ideal as it sounds, it hasn't always worked out

hospital setting. It takes three years of constant work experience and training under supervision, and a battery of difficult tests — which, on the final one, does

to keep these patients who just need a dressing changed or other daily attention at home rather than in a hospital or convalescent hospital. "Visiting nurses are rather

In her navy and white VNA garb, Sally picks up her stethoscope and other equipment, jumps in her car, writes down her observations and notes on the

  
The  
COUNTRY GIRL  
and C.G. JUNIORS  
**OPEN  
SUNDAY**  
11-4  
BankAmericard, Master Charge



# Visiting Nurse Compares Work In England and Here

By BARBARA BURKLO  
Sentinel Staff Writer

Sally Ann Daitoku, R.N., works for the local Visiting Nurse Association and, since she has served in the same role in her native England (where they call them field nurses), she can make many comparisons about the health care here and there.

Traveling about with Sally on her daily rounds several mornings ago, it came clear that the visiting nurse has not only variety but a great deal of decision making in her work.

"There is a lot of teaching in what we do," Sally says, "And we get to know our patients better than nurses in hospitals do — we almost become members of the family."

Our first stop is at the home of a patient who is a diabetic, and whose husband has suffered a slight stroke. The patient requires a great deal of support in her insulin schedule, as well as constant checking on her diet.

"This patient remains stable as long as we make daily visits," Sally explains, "But on her own, she is not able to handle it."

At the next stop, a woman who has multiple difficulties awaits Sally's visit. She stops here several times a week, depending on her own evaluations. The patient, who has suffered a stroke, has a paralyzed arm, a leg in a brace — very high blood pressure and one functioning kidney. She was on dialysis for a while and now is able to be without it.

Sally takes her blood pressure, finds it has risen, asks the patient a few pertinent questions and reports on the phone to the doctor's office. The patient points out that her new orthopedic brace-shoe does not fit properly. Sally agrees, and promises to contact the manufacturer for a re-fitting.

Our third visit is at the home of an elderly patient who has had an abscess on her neck for some time. It is the duty of Sally or another of the visiting nurses to irrigate the drain tube each day.

Calling the patient "Luv", Sally chats with her briefly as she treats the problem.

Cases later in the day will include two cardiac patients and one with a broken leg — in the latter case Sally will make her periodic check to see if the home health aide is giving the patient the proper care. She will also evaluate and reassess the patient's further needs.

Much of Sally's time is spent justifying the treatment she gives with the myriad rules and guidelines set up by Medicare and Medi-Cal.

"Medicare and Medi-Cal are the hardest things in the world to work with, after experiencing socialized medicine in England," she says.

"Over there, the quality of care is basically the same, but things are so much simpler — there are no forms to fill out and less paperwork. Here, we have

to prove we are doing skilled nursing."

Although she believes England has gone too far with socialized medicine — that, as ideal as it sounds, it hasn't always worked out too well there — she also believes that some kind of socialized medicine has to come to this country.

"First, we should look at other countries which have it — including Canada and Sweden, and then work something out."

Nurses and doctors are paid far, far lower wages in England than in the United States, and she says when she left England more than three years ago, the nurses were striking for more pay.

Further, she believes it is too easy for foreigners to go to England and get either free or very cheap medical, dental and eye care — putting a further burden on the English taxpayer.

Comparing a nursing education in England and the United States, Sally says, she feels, from a practical standpoint, that the British nurse gets a better education.

On the negative side, she says once a British nurse receives her R.N. degree she is a nurse forever — with no requirements for more training. She notes our system of requiring 30 hours of continuing education units per nurse per year is a fine idea.

The reason she likes their education better in England is that it is all done in a

hospital setting. It takes three years of constant work experience and training under supervision, and a battery of difficult tests — which, on the final one, does not include multiple choice questions but uses essay type instead.

"You're better equipped to take charge of a whole floor after three years experience in the wards — rather than coming from a school," she says.

Sally particularly enjoys the kind of nursing the VNA provides.

"There's no place like home, no matter how sick you are, you want to be at home," she observes, "And it is cheaper in the long run

to keep these patients who just need a dressing changed or other daily attention at home rather than in a hospital or convalescent hospital.

"Visiting nurses are rather like a buffer — there would be no place but an institution for a lot of these people to go if we weren't there."

Sally says she has taken care of a lot of colostomy cases of late, and notes they need special attention and encouragement in order to make it on their own.

"Even after we've discharged them, we tell them they can call us if they need us — nine times out of ten, they don't call, but they know we are there."

In her navy and white VNA garb, Sally picks up her stethoscope and other equipment, jumps in her car, writes down her observations and notes on the patient she has just visited and sets out for the next challenge.



Hooded terry blouson of polyester and rayon is just right for keeping warm. In Banker's gray by Aileen.

**DU IC**  
JAPANESE FOLK CRAFTS & ANTIQUES

WE FEATURE UNUSAL AND HANDCRAFTED GIFTS... BEAUTIFUL HANDEMBROIDED JACKETS, JEWELRY & EYEGLASS CASES AND COIN PURSES...



ORIGINAL WOODBLOCK PRINTS, IMARI WARE

BRANCIORTE PLAZA (OLD DOMINICAN HOSPITAL) 555 SOQUEL AVENUE

MAKE A HOLIDAY HIT WITH FAMILY & FRIENDS  
Give our Gift Certificates

**PORTOLA HOUSE**  
Steaks • Seafood • Spirits

476-2733  
3326 PORTOLA DRIVE SANTA CRUZ

Dell Williams Jewelers  
Established 1927

FOR THE TIME OF HER